

# Surrey Heartlands

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## GP Online Consultations



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# Context

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- Limited insights available regarding public opinion and preferences for GP online consulting
- An NHS England national survey ran in May, but there was uncertainty around the ability to gain local insights
- In addition, the 2017/18 Surrey eConsult pilot demonstrated some patient interest (up to 10%) but didn't achieve significant quantities of consultations submitted. This, combined with largely positive patient feedback highlighted the need to better understand patient drivers
- Gaining both quantitative and qualitative insights was important to quantify the overall level of interest as well as the drivers for increasing usage.

# Methodology

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- A Surrey Heartlands Citizen Panel survey was carried out during August 2018
- It received 849 responses, with a further 194 people responding to an invitation sent via Heartlands PPG and patient groups. The former is listed in this report as weighted data, with the total of both shown as unweighted.
- In order to get additional insights, three focus groups were carried out in September 2018 in Guildford, Leatherhead and Woking.
- The Surrey Healthwatch citizen ambassador for the digital workstream helped design the focus group discussion guide and observed a group.

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## FINDINGS

# Overall a lack of awareness prevails

Within the sample no one had any awareness, understanding or experience of the NHS Online GP Consultation Service, hence as a new service in the Surrey area it will be key to get the message out in a positive and motivating format that differentiates it from anything that currently exists:

*Would it be similar to dialling the NHS helpline ? If they think you should go to an A&E, you go to an A&E (female, Leatherhead)*

*I think it would be like 111 helpline where they advise you what you should do or where you should go (female, Leatherhead)*

*I tried the Babylon app, run by the same people who run the NHS By Hand one, but private. It's fast to sign up, needing name, DOB and regular GP info'. You can book an appointment within an hour. They can call you through their platform or do a Skype call. They walk you through who they are, how your data is kept safe etc. They are a GP, but they're not your GP. They can share info' with your GP if you let them (male, Guildford)*

*I was on a one-to-one in America but different doctors could respond. It was via an app (female, Woking)*

**It will be key to make sure that the message is consistent and differentiates the online GP consultation service from other services offered by the NHS as an alternative and complimentary way of getting the care/help you need**

# Take-up is likely to be polarized...

Whilst some expressed an interest in the Online GP Consultation Service esp. when they had gained a deeper understanding of what it is and how it would work

*I was already open to online things before I came here, and I'm open to it in the future. It would be good for a carer, taking the pressure off and getting help. I feel the same about helping my child this way too (female, Woking)*

*I'm very positively in favour of this. I went to the surgery today for a referral. I couldn't park, I had to join a queue. I was in there for 20-minutes. This way, it would have taken me 3-minutes. I've now got to go back for the actual appointment too, whereas this would give me a response without having to go in twice at all (male, Leatherhead)*

Others felt they would still not use it or that it would not work for certain people:

- Very attached to their own GP and want to continue that personal face to face contact
- Suspicious of the security of information via online system
- Lower level of education/ non fluent English speakers less able to express self in writing
- Older people who are not comfortable with technology or those who have no access to it

*It will be a generational thing. People in their 60s and 70s won't be confident with a computer. For the next generation, it'll be automatic. I'm in my 50s, a cross-over generation (male, Guildford)*

*There could be an issue with articulate literacy (female, Leatherhead)*

*Are there options here? International students can't read English very well (female, Guildford)*

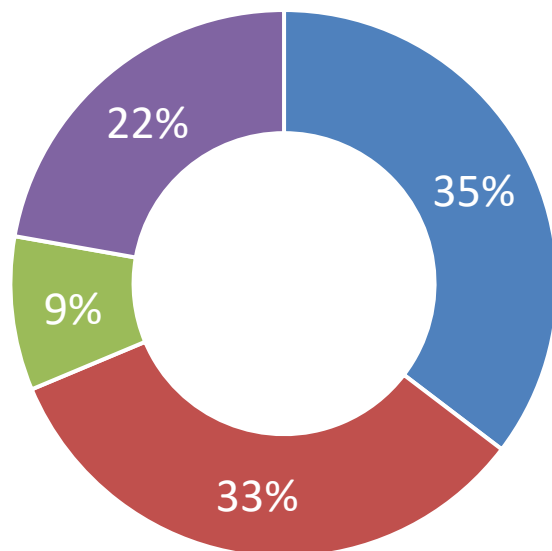
*It wouldn't work for me. I see my doctor and my doctor only (female, Leatherhead)*

*It would not be right for the elderly who may not be so confident with technology or have access to it (female, Woking)*

Of the sample in this research it felt like roughly 50% would be open to using the online consultation service for less urgent health issues

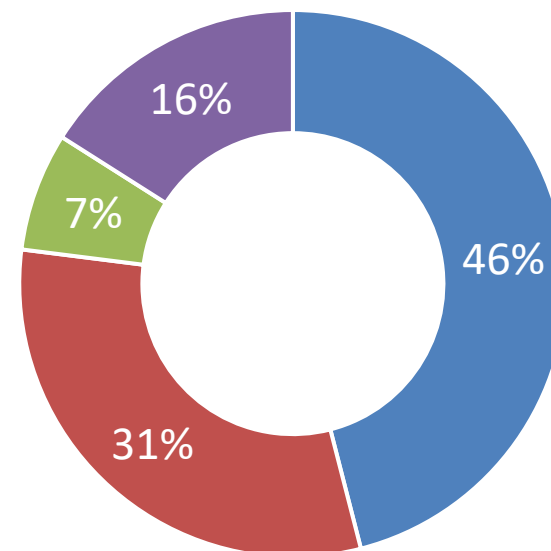
# Uptake of current online services

Weighted – panel data



■ Yes, have used it      ■ Yes, but have not used it  
■ No      ■ I don't know

Unweighted - all



■ Yes, have used it      ■ Yes, but have not used it  
■ No      ■ I don't know

**Q. Does your current GP practice have an online system (e.g. to book appointments or order your repeat prescription)?**  
Base: SH panel respondents weighted (776)



# Overview

S

1. Position as an alternative, *not* a replacement, for F2F
2. Transparency that it is not suitable for all conditions
3. Response time would ideally be tiered and more personal
4. Fast-track discussion with patient

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1. Fear of misdiagnosis or mistakes/delays vs. F2F option
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1. Need to overcome cynicism around motives for this service
2. Fears around the risk that the system may be overused
3. Reassurance around online security is key

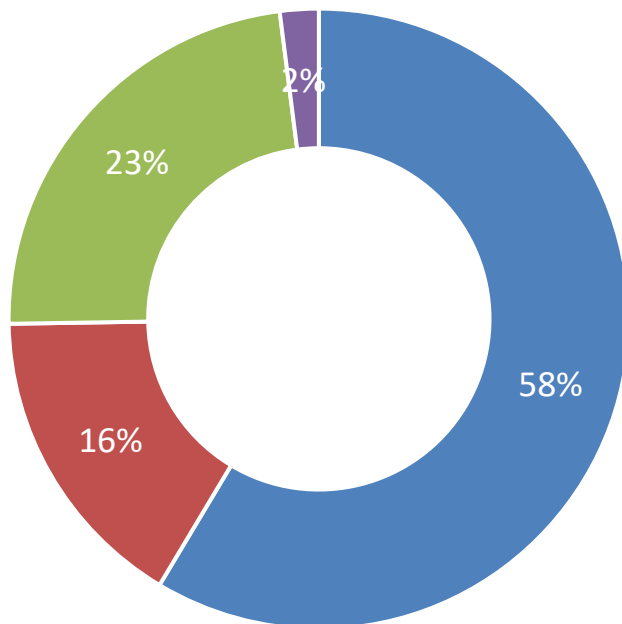
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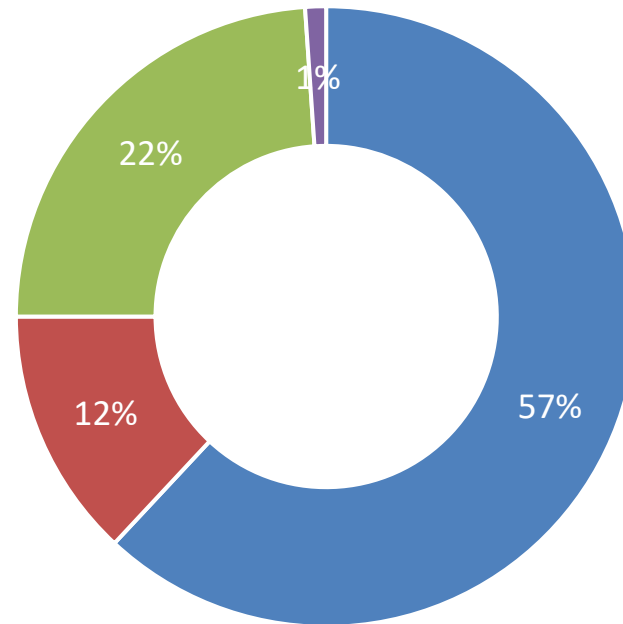
## Strengths of online consultations

# There is appetite for online GP service

Weighted – panel data



Unweighted - all



■ Yes ■ No ■ Don't know ■ Already do

■ Yes ■ No ■ Don't know ■ Already do

**Q. Would you be interested in having an online consultation with a GP/other health professional in the future?**

Base: SH panel respondents weighted (811)

# Position as an alternative, *not* a replacement

Essential to communicate that this is not a replacement for face to face consultations and support but an ***alternative option***. Many were concerned that they may not be able to access their GP/nurse directly and feared this may become a mandatory starting point of contact:

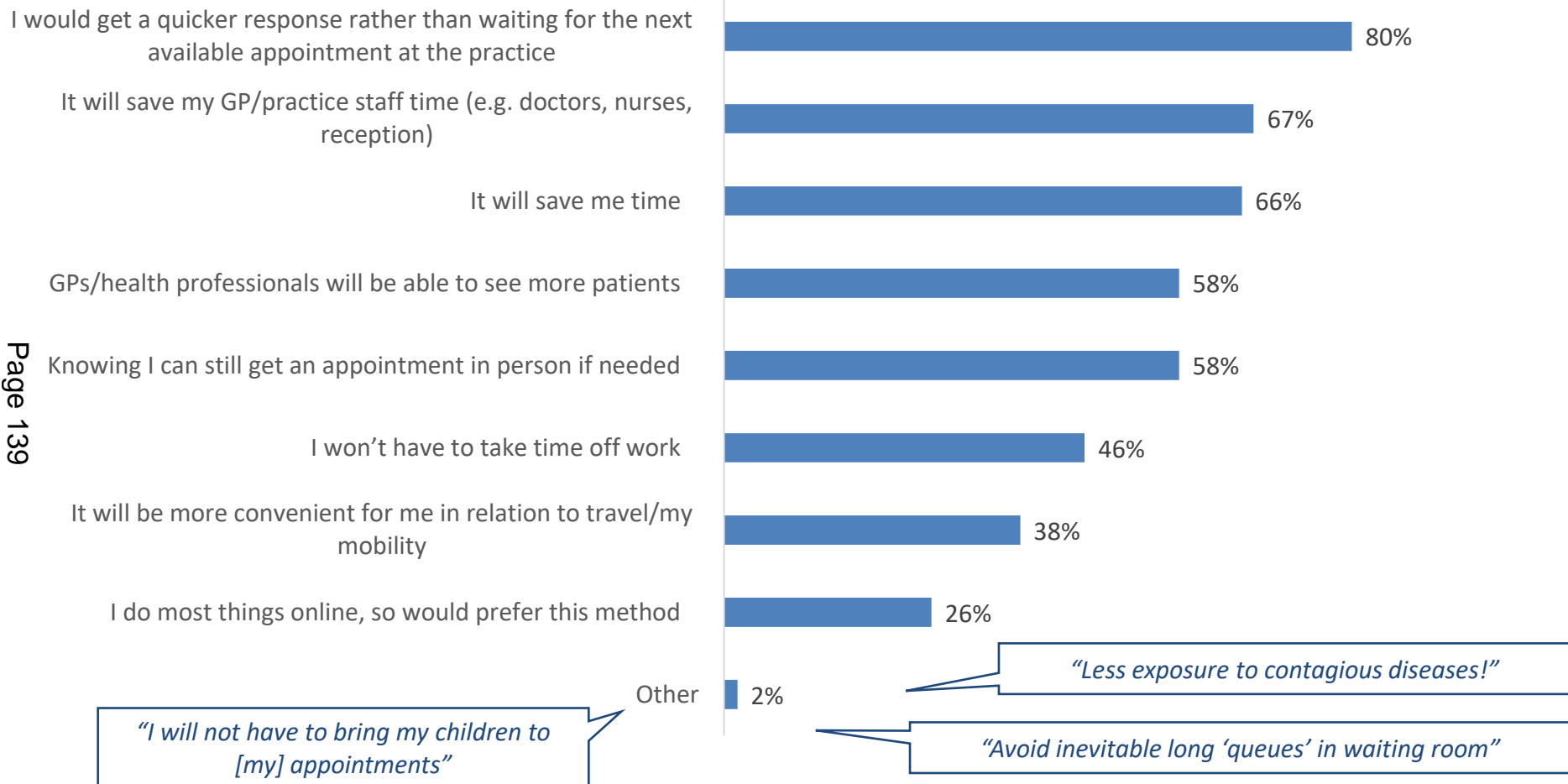
*It's not a substitute for a face-to-face appointment, if you so wish to book one  
(female, Leatherhead)*

*I fear you would end up having to do this and not be able to get an appointment,. It must be an alternative for those who want it  
(female, Woking)*

*It would not replace face to face would it?  
(female, Guildford)*

**Key to position this service as an alternative option that has significant benefits in specific situations to avoid this negative take out**

# Perceived benefits of online GP service



Q. What is it about online consultations that interests you? Base: SH panel respondents weighted (849)

# Transparency that it is not suitable for all conditions

Clearly the online service felt inappropriate and lacking in the necessary rigor and personal touch to deal with many situations and conditions.

- Serious symptoms felt to need a red alert to direct you to GP/111 or 999/A&E e.g. chest pains
- Ongoing conditions of greater severity that reference better as a face to face
- Those who feel they need the reassurance and nuances of face to face personal consultation
- New symptoms that are causing anxiety/pain
- Access to new medication and prescriptions

*My GP pokes and prods me, and you can't do that over the telephone or online. It lacks any personal touch or relationship  
(male, Woking)*

*A recurring check-up is acceptable, but I wouldn't want something serious or new done online (female, Leatherhead)*

*I think it's a good idea. I'd use it for some things, like repeat prescriptions or little things like spraining my wrist. For some things, I'd still need to see someone face-to-face. It's a great idea  
(female, Woking)*

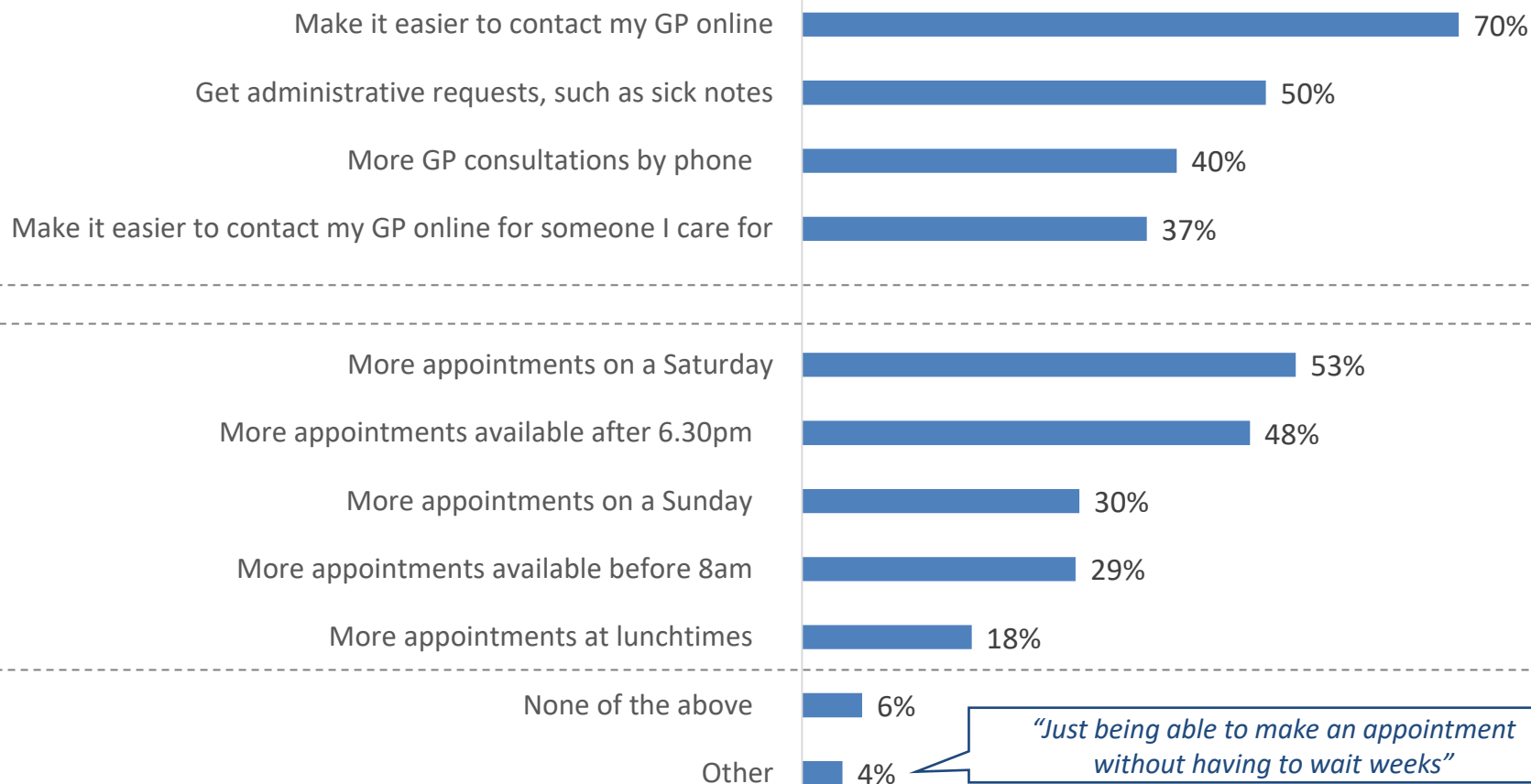
*Long-term conditions are personal and you build that trust up with your GP. I wouldn't feel comfortable having a review online. Repeat prescriptions are fine (female, Guildford)*

*You would definitely go elsewhere if it was urgent  
(female, Woking)*

**Clear messaging is needed to ensure patients do not feel they can not seek direct face to face appointments and support for situations and conditions they feel anxious about or have a need to discuss/address in person.  
New medication and new/worrying symptoms felt like key areas for face to face**

# Improvements to accessing GP

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**Q. Thinking about improving access to your GP, which of the following changes would be beneficial to you for non-urgent queries / consultations?**

Base: SH panel respondents weighted (849)

# Response time - tiered and more personal

Overall consensus that there could not be a “*one size fits all*” response time to the online consultation and a “*horses for courses*” approach would need to be put in place to ensure different situations are dealt with as appropriate with some safeguards in place:

- Potential for an alert to say contact 999/A&E if some symptoms seem urgent
- Option to indicate whether the patient feels their request/issue is urgent or non urgent
- Immediate feedback post submission that someone will be in touch within the next working day
- Potential to have a countdown time system that gives updates on how soon you will be contacted
- Key that you are contacted in some way or other and not left to the bottom of the queue
- Option to select time slots when you are free to take a call or visit the GP (if working/not totally flexible)
- Choice as to how you want to be contacted ( phone, secure text, e/mail etc.)

*Also, a response in good time. There's a countdown to delivery time on a takeaway, so something more urgent would benefit from something like that. If it's not urgent, I'd still like a response that day*  
(female, Woking)

*48-hours for repeat prescriptions, to have it in your hands. It should be instantaneous.*  
( male, Leatherhead )

*This is not a 'one solution fits all' approach: a bad back is different from major depression or heart issues ( male, Guildford)*

*You would need to allocate times when you were available for a call back as it can be tricky with phone calls at work ( female, Woking)*

As a general rule, up to 4 hours felt acceptable for more urgent conditions/issues, by end of the next working day (24 hours) for the majority of less serious situations and up to 48 hours for admin e.g. repeat prescriptions



# Fast-track discussion with patient

Some felt that this could be an opportunity to gather information from the patient in advance and review and prepare for a phone or face to face consultation ( if necessary). Thus enabling the GP to make the most of their time with the patient and fast track to enhance the consultation process and get to better end results with more detailed diagnosis/informed treatment. Ideally making appointments more efficient and effective:

*I want them to read it before the appointment as well, so I'm not repeating myself. That would give me more confidence in the system. You don't want the doctor to say, 'what can I do for you?' when you walk into your follow-up appointment. You want him to save 10-minutes by not having to go through it all again (male, Guildford)*

**Potential to communicate that online consultation could be a fast track and proactive information gathering process to make the most of the next step interaction and deliver better results for the patient**

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## Weaknesses of the proposition

# Fear of misdiagnosis or mistakes / delays

Face to face felt much safer in terms of asking the right questions and getting the body language and nuances from a patient – it's often the small things that are said in parting that are the key insights as well as the more holistic face to face approach

Diagnosis was seen as a subtle and skilled art in many cases with the risk that online could miss the important cues and details could get lost in translation or sheer weight of submissions could lead to blasé/snow-blindness

*It could lead to misdiagnosis. Some things could be completely missed by, say, not checking blood pressure ( Female, Woking)*

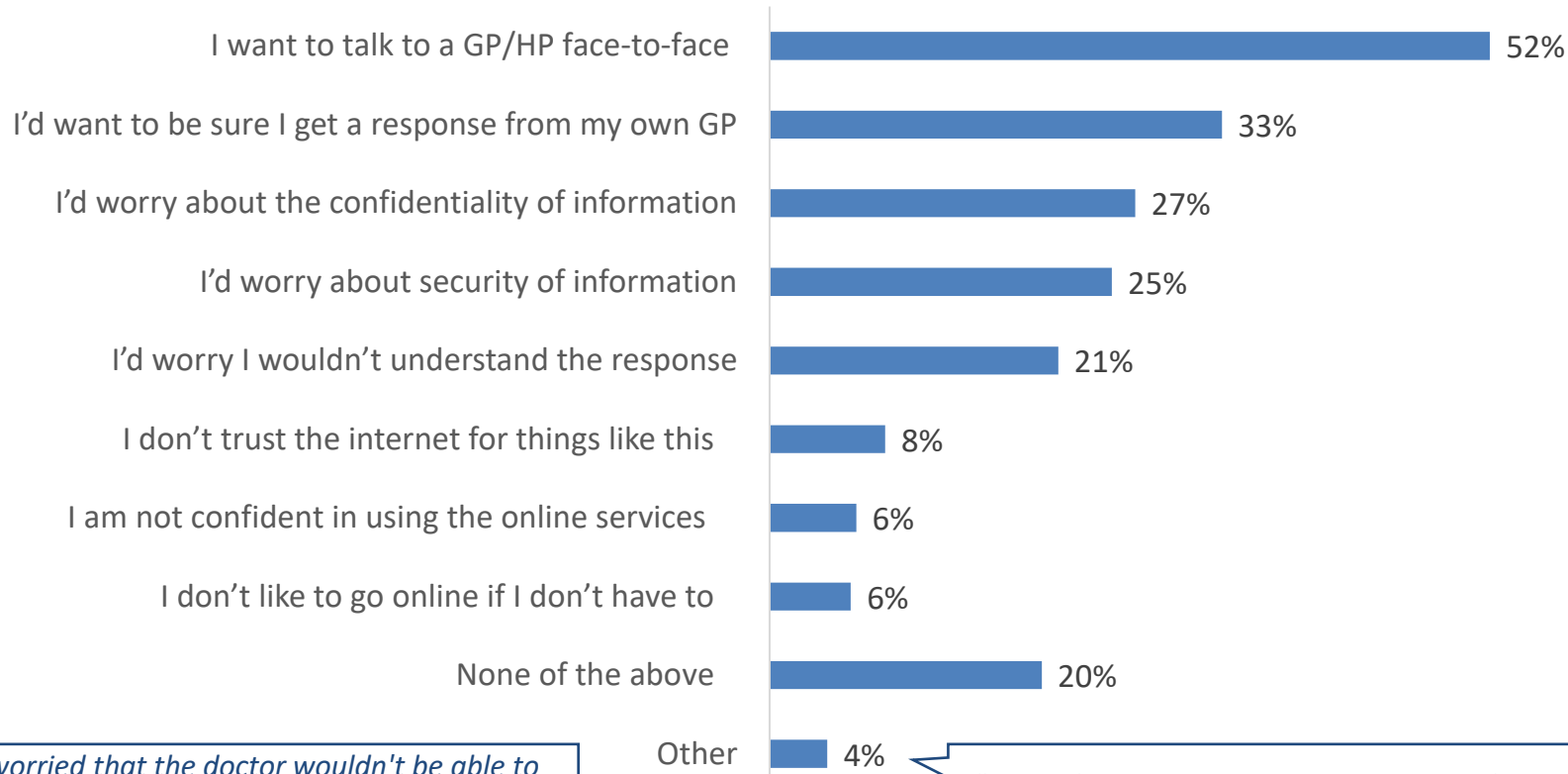
*How many of these can a person do without getting 'urgh' about it? They might not absorb the text like a face-to-face conversation ( female, Woking)*

*I think it's holistic speaking to someone, and a GP can see past the issue. If an elderly person is lonely, or a person looks depressed, they can pick up on those cues ( male, Guildford)*

*The GP might miss things, like non-verbal clues. If someone is the victim of domestic abuse and you're in your home talking about a bruise, it's not the same as going in where the door is shut ( female, Guildford)*

**Red alerts need to be in place for any worrying information submitted online. Opportunity for a photo upload facility to be able to show and tell and share physical symptoms as part of the online consultation e.g. puss on tonsils, rashes, which might help add important evidence for diagnosis and treatment. However, clearly an issue remains around how to make this service more personal, holistic and vigilant**

# Barriers to using online GP service



*"I am worried that the doctor wouldn't be able to analyse the problem holistically i.e. psychological"*

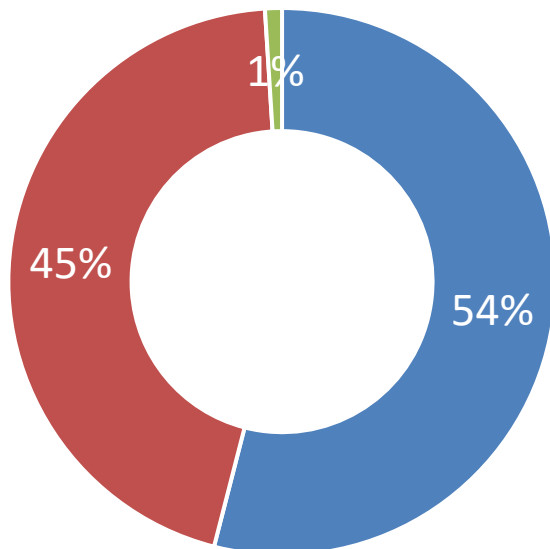
*"What if I need a physical examination of any type?"*

**Q. Which of the following things, if anything, would/do you find a barrier to using online consultations if they were available to you?**

Base: SH panel respondents weighted (849)

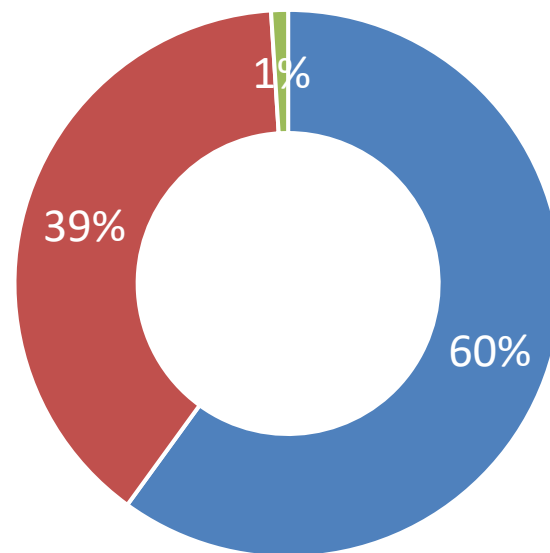
# Having a preferred GP is common

Weighted – panel data



■ Yes ■ No ■ N/A, only one GP

Unweighted - all



■ Yes ■ No ■ N/A, only one GP

Q. Do you have a specific GP you prefer to see? Base: SH panel respondents weighted (776)

# Ideally centralized back to your/a GP who has expertise

Whilst some patients were open to a consortium or even remote GP expertise ( e.g. those using university GP practice, hubs, larger practices, less engaged with their condition so open to broader GP interaction) others felt strongly that they would want to interact with their own regular GP for that personal touch and added level of trust which was essential to them if considering the service

*I don't care with some things, but with a chronic condition or mental health issue, I need to see someone I have a relationship with ( female, Guildford)*

*I would be OK with any GP or professional a bit like the Hub  
(female, Leatherhead)*

*I have close relationship with my own GP and would want to interact with her not a stranger from another practice (female, Woking)*

**Choice needs to be given as to whether you want to interact with your preferred/regular GP or are happy to get feedback from another GP in your practice or elsewhere. This should be part of the patient preference profile.  
Also preference for male vs. female GP?**

# Lack of continuity could be an issue

For some the fear of being passed from pillar to post with no track record of previous information and medical history created serious concerns that important details could be missed and the whole holistic picture might not be taken into consideration.

Also concerns over a lack of joined up information e.g. medication history, mental health, information from other experts that may not be added to the mix

*There's an element of keeping a diary. If you have anxiety or depression, you know you only have 5-minutes in the surgery. If you're sitting at home with a cup of tea, relaxed, you can describe your symptoms better. You could go back and look at how you felt as well, for once you're feeling better (male, Guildford)*

*They referred me to another surgery and nothing got solved! I wasn't happy with that appointment at all (female, Guildford)*

*When I communicate what a consultant has said to me at a medication review, that is one of the most useful things. This kind of extra information could be flagged up. As I am the only link at the moment (male, Guildford)*

An opportunity to introduce a system that may be able to act as a “*catch all*” and cross reference hub for holistic patient information e.g. suggestion that this could be like an ongoing diary for less confident patients to log their symptoms and issues or to add in details from referrals or out of practice expertise

# Linked back to your personal medical records

Real concerns about not having a seamless and joined up link back to personal records and history for the GP to reference and cross check information in order to respond to and diagnose/treat. This should be a reviewed with any information submitted online merely as additional context for that consultation rather than a replacement for medical records

- It would be like a call centre or 111 unless personal records are accessible

*It would be important that medical records are available to them. Otherwise it would be like a call centre. Like 111 (female, Woking)*

*He has to read your records and now this too, which is doubling what he has to read. Whether you smoke or not is in your records. Have it centralised (male, Guildford)*

*Comprehensive, based on the facts of the individual. If they don't know your history, how can they advise you? (female, Leatherhead)*

*I'd be uncomfortable getting a new prescription without my health records being referenced. It might interact badly with my current prescriptions (female, Leatherhead)*

**Information given during online consultation should be supplementary to the GP central records (not a replacement record) and this needs to be clarified to reassure patients that their inputs will be taken on board in context of their central medical records for fuller scrutiny**



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## Opportunities

# Clinical expertise is key

Online consultations still need to be dealt with by someone who can make proper decisions or there is a risk it will always have the outcome of being told you need to make an appointment with the GP!

- Fears that this will merely increase the burden on resources
- Create another level of admin/interface
- Further dilute service and resource
- Or at worst, not be referenced back to the necessary expertise to deal with the condition/consultation

*The person needs to be qualified, so they're happy to take some element of risk. Otherwise, the advice will always be to go to your GP anyway. They need to be able to make decisions ( female, Woking)*

*You need to be reassured on who is filtering and screening your input. It should be a trained health professional ( female, Guildford)*

*How many more staff are you going to bring in to cope with these demands? It'll need a dedicated team to deal with it. (female, Leatherhead)*

*There are just a few too many layers. You'll have to employ professional people. How many people are picking up the phone? How much pressure is on the GP? ( male, Guildford)*

**It will be key to reassure that there will be sufficient staff and trained/expert resource in place to manage the online consultation service and that submitted information will be properly and professionally addressed. Ideally this would be autonomously managed at a practice level to create best practice.**

# Leading to greater trust and 2-way dialogue

Trust was seen as an essential aspect of how the service should be set-up and delivered in order to differentiate vs. 111 which is often felt to be lacking in a personal touch and attention to detail.

- Dialogue between the patient and the GP/medical expert with the ability to get to the hub of the matter and go further faster if necessary could lead to a greater sense of trust.

*You can call 111 at the moment, but people don't trust it that much. You might trust this more, knowing there's a GP on the other end, even if it's not your regular GP ( Male, Guildford)*

*People don't trust 111 because of things on TV saying they're low-grade professionals ( male, Guildford)*

*The NHS top staff make the decisions and the doctors need to cope usually, so if this was organised by the GPs themselves, I'd have more faith in it. ( make, Guildford)*

**Everything possible needs to be done to make sure this feels as personal as possible, in spite of being online initially. If it was organised by the GPs themselves it would potentially feel more trustworthy**

# Potential to harness sympathy that the NHS is stretched

Good will exists around the fact that GPs/practices are under a lot of pressure and taking on huge workloads, with appointments hard to come by and that the system needs reviewing to help prioritise those who really need to be seen face to face vs. issues that can be resolved more effectively and efficiently online

- Ongoing serious conditions or vulnerable patients who need to see/talk to GP
- Symptoms that are concerning and causing real anxiety or that need quick diagnosis/medication
- Repeat prescriptions, referrals or advice that can be addressed less urgently

*It would free up more time for GPs to spend time with people who really need face to face and deal with other people in a more efficient way ( female, Guildford)*

*It gives them more time for a more serious case. The GP should make a judgement on how much time to spend on online consultations before saying, 'you'd better come in' ( male, Leatherhead)*

*I would always avoid going into the see the GP. I find it stressful doing face-to-face appointments, so I'd want to avoid being that burden on the NHS. I'm so for this, as I think it'll take a huge weight off the NHS. I know the elderly need to feel that connection, but others like me, don't feel face-to-face is necessary. (female, Woking)*

**However, reassurance is needed that the new online service will not detract from face to face appointments and indeed will make them more accessible for those who need them and that the service will be resourced sufficiently robustly and not place further pressure on GPs than currently**

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## Threats

# Need to overcome cynicism around motives

General underlying cynicism prevails around the motives for introducing an Online GP Consultation service..." *It feels like a dumbed-down cost-saving service*"

- Trying to cut down on GPs and save costs at the expense of patient care
- Potential to fob off patients and avoid addressing their issues
- Short cuts that may end up leading to more stages in the process and become less efficient
- Can they really deal with more people online ( e.g. 3 in 10 minutes?)
- Even might become a paid for service?

*I have some concerns. The NHS is a business with customers with a budget to make. I see this as a way of cutting costs (male, Woking)*

*It worries me that doctors have to diagnose in 10-minutes and they use that time seeing you, how you stand etc., so how can they diagnose three people in 10-minutes ( female, Woking)*

*If this is handled incorrectly, it could have 'cost-saving' all over it. If it's less quality and not a GP ( Male, Guildford)*

*It could be charged, like Directory Enquires is now. It used to be pennies but now it's £5 a call. One Government could start upping the charge, while the GPs get less funding (male, Guildford)*

Explain clearly that this service is being made available to generate more points of contact for support and advice and take the pressure off GPs to enable them to make the best use of their time, work more efficiently and reach out to more patients in the appropriate way for their needs

# Fears that the service may be overused

Mentions of the risk that some patients may “take advantage” of the online GP Consultation Service or abuse it to get priority appointments or repeat medication

- Could become a “go to” for patients who might not usually consult the GP directly
- All types of issues and niggles that could be time wasting for the GP
- Lots of extra admin and data for the GP to manage
- Misuse of the repeat prescription aspect for those who may be taking certain medications e.g. anti-depressants/painkillers

*People might book appointments or use it just to be silly, wasting the GP's time ( Female, Woking)*

*People might abuse it for medication, time off work, addiction to painkillers (female, Woking)*

*I might use it for niggles that I would not usually go to the doctor about ( male. Guildford)*

*I could just see it working without needing a one-to-one. I might use it pro-actively, rather than just waiting with an ailment until my 6-month check-up. It could be better for my health ( male, Leatherhead)*

**There will need to be some controls and checks to make sure GP's are not overloaded unnecessarily or having to deal with patients who might not use the service as intended**

# Reassurance around online security is key

Real concerns expressed around online security and protection of personal information, with breaches in the NHS system recently top of mind.

- Need to find safe and encrypted systems to reassure patients
- Potential to log in with NHS ID number as well as personal details for added security
- Password protected for extra security
- Essential that linking to centralized personal medical history files is secure
- Anxiety re. who would actually read/have access to the online submissions initially ( would this be a receptionist triage system in which case personal data would be available outside GP circle of trust)

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*You would need to be identity protected. Maybe have a password ( female, Woking)*

*Can the NHS actually cope? I don't think they can. Can they put the funding and security in place to give people confidence? (male, Guildford)*

*The NHS fails on their IT projects, so we don't trust them (female, Leatherhead)*

*Certain parts of my notes are locked so only my GP can read them. I wouldn't want to talk about certain things online. (female, Guildford)*

*Some might be embarrassed to write things down for the triage, before an appointment is considered. Unless you have a 'private' box on the form, people might be put off. It could be colon cancer and a bit taboo to write down (female, Woking)*

With the recent breaches in Facebook and NHS personal data security patients are understandably concerned by online systems when they will be potentially submitting personal and private information that might be better shared in confidence and face to face. ID/password and encrypted security are fundamental.



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## Service Delivery

# Appeal of service delivery



Q. Taking each of the following possible aspects of online consultation services, how appealing do each sound? Base: SH panel respondents weighted (849)

# Reactions to Option A (algorithm)

## Positives:

- Ensures that there is general data collection to create an overall profile/picture of the patient as context for consultation
- Walks patient through a series of questions that ensures they are thinking about their issue and giving the detail required in a set format
- Feels more formulaic and structured for those who are not sure what to write personally

*There are people who will not describe things clearly unless asked the right questions  
(female, Guildford)*

*I went for 'A', because the tick-boxes can remind you of things you might forget to say, like medical history and meds. I think 'A' is a better system but you could give an option to say it in more detail as well  
(female, Leatherhead)*

## Negatives:

- Having to put personal information in each time
- Danger that busy/less articulate people may not input data accurately
- Some felt they would not know family history info
- Feels very tick box format, lacking personal feel
- Could feel quite unintuitive and time consuming
- Feels too limited without ability to expand personally

*Will you be asked about alcohol and smoking every time? (female, Guildford)*

*I think it's limited, whereas with B you can describe and expand on things more  
(female, Woking)*

For many, felt to be too prescriptive as just algorithm, lacking the personal touch of more open-ended explanation and expression. Questions need to be asked in a more nuanced way to get to the right result and level of detail....linked back to centralised medical notes which can prompt for further details e.g. re. medication

# Reactions to Option B ( free text)

## Positives:

- More personal and closer to a face to face consultation in terms of ability to explain in more detail and in your own words
- Makes patient feel they are more in control and can express themselves openly and freely
- Explain how you see it/feel it
- Less tick box and more like a name not number

## Negatives:

- Some people may find it daunting to use open text only as less able to express in writing
- Not as easy for non UK nationals?
- May also miss out key information that is needed to assess the overall issue , lacking specific prompted questions for detail
- Need for some leading questions

*I prefer this as I think I'd describe it better than what I would in person. I like being able to write as much or as little as I like. You need to be more connected with the person receiving this, like with a profile of who's seeing you ( female, Guildford)*

*It's more user-friendly, not being put into a box. This gives more leeway and freedom; I've not been packaged. It's more personal ( female, Guildford)*

*I prefer 'B' as own words are crucial in my point of view. However, the initial registration of 'A' is also needed, as well as its response time and method ( male, Leatherhead)*

Whilst the open text option creates more freedom of self expression and felt closer to a real face to face consultation for some, it might be daunting for others or lack the rigor to illicit all the information needed. Hence some structured algorithm tick box questions and information was felt to be necessary

# Recommendations for delivering the service

Visual presentation of both options was felt to be dull and unengaging, with current NHS style lacking warmth and the personal tone they might expect from a face to face consultation

Desire for something closer to human interaction e.g. facebook chat box interface, warmer colours, profiles and icons to bring it to life and make it closer to a consultation

Also sense that it would be more practical and time efficient to register securely via ID/password and input your personal history/medication and lifestyle data **once** at the start which would be stored as your medical profile each time you log-in with a request for any updates if things have changed. Also linked back to personal medical records for cross reference

*A profile with key information in it. Like Facebook, where you can add information each time and your previous correspondence comes up ( female, Guildford)*

*You should have a log-in with the basic history stuff already on there, then 'has anything changed since the last time we saw you?' ( male, Leatherhead)*

*The GP has to read your records and now this too, which is doubling what he has to read. Whether you smoke or not is in your records. Have it centralised ( male, Guildford)*

Creating a more user-friendly, personal and seamless log-in and data capture system that does not require the patient to input all their details and background information each time they use the service and stores information like a personal profile or online history “like a diary” which can also be linked back to centralised records

# Recommendations for delivering the service

Overall, some confusion re. whether access to the GP/expert help would be 24/7 as wording was somewhat misleading

- need for clarification that the app/website are accessible 24/7 and you will receive a response to a consultation within a specific timeframe depending on the severity and nature of the situation/condition (within working day hours)
  - E.g. 3-4 hours for urgent
  - E.g. 24 hours /by end of next working day for minor issues/referrals
  - e.g. 48 hours for admin/repeat prescriptions

Reactions to Option A (algorithm) vs. Option B (open text) were polarised with older patients tending to prefer the open text which felt more personal and closer to a real face to face consultation vs. mid age group preferring the algorithm as more thorough and practical step by step information. Younger age group mainly looking for a combination

*In physical conversations, the GP gets a feel for you as a person, whether you're giving them all the information. This way ( free text), they have the opportunity to get that same sort of feel. Your own words give the doctor a feeling for you as a person, rather than just ticking boxes. However, I think a combination of the two is more relevant. The GP needs to know some information upfront and from your medical records so part of the initial requirements are for you to fill in details fundamental to your health before you then tell them, in your own words, the current issue (male, Leatherhead)*

**Overall a combination of the 2 delivery systems as a hybrid was generally felt to be the best solution, ensuring some guided rigor of questioning upfront to ensure key questions are asked around symptoms/issues leading to more open-ended freedom and self expression around description of symptoms via open text for those who want to expand and explain further**

# Additional suggestions for improvements

- 2 levels of information input e.g. urgent vs. non urgent
  - i.e. a traffic light system
- Start by asking if this is an ongoing condition or new
- Needs an option for multiple symptoms
- Tick box for own GP or another/male vs. female
- Time slots when convenient to be contacted
- As well as best way to be contacted
- Immediate response that you will be contacted within X
- In a friendly and personal way (algorithm tone better)
- Indicate if practice is closed from the start with indication of timescale within which they will respond
- End of Friday feedback felt to be poor outcome
- Red flag system to dial 999 if urgent symptom listed?
- Anything else we should know box at the end
- Photo upload option so show symptoms for diagnosis

*They could have a tick box to give you the option for your own GP or any GP and also male or female GP  
( male, Guildford)*

*Say if it's urgent or non-urgent at the beginning too, so you have a response indication at the beginning  
( female, Woking)*

*Say how concerned you are and when you want a response. If I'm not worried, I'd say, 'within 48-hours.'  
( male, Guildford)*

*Has it got a facility to say dial 999 or A&E now?  
( female, Leatherhead)*

*I'd feel I had given as much of my time into it as I wanted, which would make me feel respected ( female, Woking)*

**Key to make it feel as user friendly as possible with a personal tone and attention to detail that make the patient feel valued and respected**

# Summary

1. Weight should be given to fact that it is an *optional additional service* with a range of benefits to avoid a focus on appointment booking and perception of a triage system.
2. Need to reassure that this will not add a further step in the process which could create more admin/delays rather than talking directly straight away.
3. Use of positive scenarios and outcomes could help to bring this to life for patients, e.g. beneficial to those who find it hard to get to the practice/GP due to physical restrictions, personal issues or mental health.
4. Not for all scenarios; long-term conditions that are more severe need face to face time and personal contact with GP
5. Reassurance around link back to personal GP and practice is key for some.
6. Key to highlight and reassure re. the expertise of the team who will deal with the online consultations.
7. Need for more reassurance and safeguards that information will be ID protected and encrypted as well as an option for a *private information for your GP's eyes only*.
8. Link back to personal medical records also key as part of the security system



# Surrey Heartlands

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## Communications

# Clarification that this is not a “Digital Triage System”

Repeated mentions that the Online Consultation service might be a digital replacement for the “receptionist” as a triage system and concerns over who might be in control of the decision making process.....

- Mentions of it being similar to 111
- A way of taking the pressure off the receptionist fielding phone calls
- One more stage in the process before you can actually speak to someone?

*It's a triage service, like the nurses at my practice. They want you to use this first to see if you need an appointment or not. It could be good with taking the pressure off the GPs by cutting down on the appointments, but frustrating if you feel it's incorrect that you're denied an appointment ( female, Guildford)*

*It's no different from what my practice does already. The receptionist screens why you need an appointment; it's no different (female, Guildford)*

*It's like putting a triage department in a surgery. In a hospital, if anyone is asking for a bed, it goes to triage first. This is like that. As long as it's manned by professional people, it's okay. There are things on here that the receptionist could do, like a repeat sick note ( female, Leatherhead)*

**It will be key to position the online consultation service as more than an appointment triage system or gatekeeping service for appointment allocation and prioritization. It needs to be clear that this is a service that can cater for a range of needs and situations and has a range of benefits for patients**

## *“Consultation”* raises expectations interactive/F2F

The overriding perception and expectation at a spontaneous level was that an Online GP **Consultation** Service would be interactive and/or face to face or at the very least involve some personal interaction e.g. guaranteed phone call from the GP Practice

*Would it be like Skype or Facebook, like talking to someone online? ( Female, Woking)*

*A face to face Skype call or e.mails back and forth ( female, Woking)*

*A consultation is dealing directly with someone, not just sending an email. It's talking to someone, like via Skype ( female, Leatherhead)*

*I'd think it might be a Skype video conversation, but I wouldn't want to show them parts of my body over it! (female, Guildford)*

*An online conversation. If you contacted someone about an issue, there would be someone qualified on the other end of the online chat to either help you or re-direct you (male, Guildford)*

**Whilst some liked the idea of Video Skype, many felt this would be intrusive and a bit “in your face” with an overall preference for an more interactive live messaging /chat style interface creating a more personal and 2 way feel**

# Clarity needed around multi-faceted service & range of benefits

Whilst some patients hooked on strongly to the primary use as a way of getting an appointment into the system with your GP and hopefully being seen sooner, others understood it to be a service that can handle a range of different issues e.g. admin, repeat prescriptions, referrals etc.

- Digital access to repeat prescriptions felt to be very useful
- Ability to book blood tests or other check-ups with nurse
- Getting sick notes
- Ability to get a referral without having to see the GP
- Advice on self medication or how to handle a symptom/problem yourself
- On-going (stable) medical issues that need reassurance or checking
- Reassurance re. niggles about health that you may not check via face to face appointment
- Screening process to see if you need to see a GP/nurse or can manage with the pharmacist
- Potential for advice on other resources or ways of handling a condition, healthier lifestyles

**It will be key to make sure that ALL patients understand a range of positive outcomes for the Online Consultation Service and that it is more than just a way of triaging appointments with wider reaching uses and benefits**

# Clarity needed around multi-faceted service & range of benefits

*I think it would be a good opportunity to list my symptoms if I'm not feeling great, to see if I need an urgent appointment or a just a chemist visit  
(Male, Leatherhead)*

*If you just have a slight pain and want that reassurance, I'd put off making that appointment because I'd think, 'I bet it's fine,' but if I could talk to the GP beforehand, he might tell me to come in and have it checked. It would encourage people to talk more  
(female, Guildford)*

*Issues that aren't that serious. It's not always necessary to go into the surgery for an in-depth conversation (female, Guildford)*

*I know what my gout blood test is going to say, so I don't need to request a blood test, just a repeat prescription (Male, Leatherhead)*

*My 15-year-old has skin problems and it took three-weeks to get an appointment. If he could take a photo, send it and get it sorted this way, he'd not have to wait like that. Easy, sorted (Female, Woking)*

*Yes. I'd like to think I'd be seen a bit sooner. Not long ago, I called up and they said my soonest appointment was in 3-weeks. I was weak and fainting, so I had to ring up a week later to try and bring it forward. If I contacted them online instead, the ideal result would be being assessed a little bit sooner so I can have some advice or anything  
(female, Guildford)*

*It could be a source of advice and support for quitting smoking, healthy eating or preventative issues (female, Woking)*

*It would be great and fantastic for changing prescriptions, as it's a palaver. If you run out, the lines are engaged and the receptionists aren't that accommodating. It's a fight. The benefit would be having someone to email. It wouldn't even have to be a live chat. They could say they've done it or you need to see your doctor (female, Woking)*

*When I have been to the GP over the years, it's for reassurance, so you could ring up and they'll help you there first. A lot might just want that reassurance. You might know you're okay but not 100% and book an appointment because of that.  
(male, Guildford)*

*I think it's good. It would help me out. I have repeat prescriptions anyway and I could arrange my blood tests through it. However, I need physical blood pressure tests  
(female, Woking)*

*I would use if for chronic on-going conditions like diabetes  
(Female, Woking)*

# Emphasis on benefits should to be patient-focused

Benefits need to be communicated in a patient-centric way to ensure they feel that this is something that is being introduced as an additional and effective resource for them.

## Key benefits that were top of mind and meaningful were:

- Time saving/avoiding wasting time ( work/travel etc.)
- Better for mums/kids vs. cross infecting in the waiting room
- For carers who can not easily find time or for those who are less mobile
- When you know what the issue is and just want to get the solution in place
- Convenience (in your own space and timeframe)
- 24 hour access (to the site/app) but some confusion re. access to the GP for 24 hour response
- Quick and easy to do/saves hanging on the phone
- Private and passive for those who are less confident with face to face
- Removes barriers for those with mental health issues who may not have the confidence to seek help directly

*My son might have tonsillitis and it'd relieve the possibility of cross-contamination of being in the waiting room ( female, Woking)*

*It could be more private for those with social anxiety. Psychological support, for those with depression or anxiety. Online support with someone with specialised training might be good then ( female, Woking)*

*Convenience is the underpinning foundation of this whole idea. I would definitely use if for things I do not have to go in for (female, Woking)*

*It's a definite benefit to not have to take time off work, which you can't always do, or sacrifice that appointment and wait even longer for another one ( female, Guildford)*

**It will be key to communicate the benefits in a patient led manner so they feel this is a service that will benefit them vs. trying to prevent them from accessing the GP face to face**

# Learnings from the NHS poster

- Key to reassure and stress that this is an alternative service at the very top to avoid any misunderstanding and negative takeout
- Less prescriptive tone e.g. title as “***might this work for you?***” “***online consultation could be useful for you if...***”
- Icons work well but may need to be bigger and clearer
- Less is more in terms of words to really make an impact and uncluttered message

*Make it clear you can register at the surgery of online  
(female, Woking)*

*Make it more suggestive rather than telling you  
(female, Leatherhead)*

*You need to put at the top that you can still visit the surgery  
if you prefer (female, Woking)*



The poster is blue with white and yellow text and icons. At the top right is the NHS logo. The title 'Online consultation' is in large white font. Below it, a paragraph explains the service. To the right of the text are icons of a smartphone, a tablet, and a desktop monitor, all showing a stethoscope icon. Below this, a section titled 'Online consultation is useful if you:' lists six reasons, each with a yellow icon in a square box. The reasons are: 'don't have time to visit your practice' (person with clock), 'don't want to take time off work' (person at desk with clock), 'don't want to wait for an appointment in person' (people waiting), 'have mobility difficulties or can't leave the house for whatever reason' (person in wheelchair), 'care for someone and can't leave them alone' (person with another person), and 'want a medical consultation without anyone else knowing' (person with a crossed-out face). At the bottom, it states 'An online consultation is safe, confidential and provided by your own practice, not a call centre.' and 'Register for online consultation at your surgery'. The footer says 'Find out more visit [nhs.uk/GPonlineervices](https://nhs.uk/GPonlineervices)'.

**NHS**

## Online consultation

There is now a quick, convenient and secure alternative to visiting your GP practice in person, using your phone, tablet or pc for an online consultation.

Online consultation is useful if you:

- don't have time to visit your practice
- don't want to take time off work
- don't want to wait for an appointment in person
- have mobility difficulties or can't leave the house for whatever reason
- care for someone and can't leave them alone
- want a medical consultation without anyone else knowing

An online consultation is safe, confidential and provided by your own practice, not a call centre.

Register for online consultation at your surgery

Find out more visit [nhs.uk/GPonlineervices](https://nhs.uk/GPonlineervices)

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