

Questions and responses from the Patient Participation Group (PPG) and Virtual Patient Participation Group (VPPG) regarding Online Triage

(V/PPG question in plain font – Park Medical Centre response in **bold**)

Unqualified Support

- 1) Thanks for the update. In a professional capacity I work with many practises across the country that already have this approach in place and it works very well. Supporting patients to access and use will obviously be a priority - and understandably more difficult for some at this time as no "live" demo sessions in waiting room etc. allowed.

Reception team will help patients once the system is live and effectively walk through the form with the patient over the telephone and help them to register/log-in to Patient Access. If a patient continues to struggle we are hoping to create a tutorial video which we would make available on our website/YouTube – volunteers from the PPG/VPPG would be great to either star in or help produce this.

Ensuring there are a balance of appointments between those made online and 8am telephone calls will also need to be considered to ensure some of the most vulnerable and frail who may not have IT access, wish or capability are not excluded from the opportunity of a same day appointment

All access will be via the online consultation route. Any patients who are vulnerable, frail or without IT access will be able to telephone the practice and the reception team will complete the forms on their behalf.

Look forward to testing as a patient.

- 2) I have not had to contact the Practice during lock down, although I have been aware of how requests for appointments are being dealt with. I have read the attached document and watched the video. The Online Triage system sounds good and I hope it will work well but I guess the proof of the pudding is in the eating! I look forward to seeing how it works in practice when I next need an appointment.”

Hearing Loss – Support and Concerns

- 1) I think this is an excellent development and is of special benefit for those with a hearing loss who find it difficult to use the telephone.
- 2) Presumably, patients with HL will be noted so that the response is not a telephone call. I much prefer an email or if a clinician wishes to speak to me, a video call.

Where possible, the interaction with patients will be conducted via the patients preferred method of communication. Evidence from other practices suggests this is predominantly via text message or email, particularly for those with hearing loss etc.

How does getting test results fit in with this? I normally call in because of difficulty with telephone calls but obviously that will not be an option and presumably the practice will not want telephone lines clogged with requests for test results? Will we be able to get test results online or by email?

There are various online forms for different medical symptoms, there are also some forms for ‘administrative’ sides of patient care eg. Test results, chasing referral etc and these would be used by patients enquiring about test results etc.

In time, we are hoping to open up more of the patient record online so patients will be able to check test results, read back on consultations and share their record with a third party (eg. Insurance company) if they wish to.

- 3) Given the demographics of the Moorlands, do we have any idea of what percentage of patients will be able to complete the form?

In the West Midlands, 90.9% of all adults access the internet, statistically this percentage is less in those aged over 75 (54% of men and 41% of women in this age bracket regularly access the internet). About 11% of Park Medicals patients are over 75 and they account for about 11 appointments per day, this would crudely be around 6 appointments per day in this age bracket who would require the form completing for them. There are various percentages for the other age brackets and those who are vulnerable or have a disability but when those are cross referenced against historical appointment demand the numbers will be manageable by reception.

- 4) As I said filling in a form online will help some people with hearing loss. However, I am concerned about those with a hearing loss who can't/won't use the internet and have to answer questions over the phone. They may not be able to hear them properly and be put off ringing up for an appointment. Is there a way, patients can be told about what questions they will be asked over the phone so those with a hearing loss can be prepared? Given that 70% of people over 70 have some level of hearing loss, and we are suffering from a backlog of people who have not had their hearing loss addressed (Covid 19 and CCG policy), a large number of people could be affected.

Any patient who struggles with the telephone or does not have the ability/facility to use the online forms will be able to visit reception and make a request in person. We anticipate that this will be a small number of patients.

Domestic Violence

- 1) How will the Practice deal with the issue of Domestic Violence as controlling Partners will quite often deny the abused access to Phone or Computer and the only way is to walk into the Practice?

Patients will still be able to visit the practice, during Covid-19 access to the practice is controlled via an intercom but eventually free movement will return. Patients will be able to make a request in person at reception – at present access to the building is still restricted and is controlled via the intercom.

General Concerns

- 1) Could a doctor be sure of the complete diagnosis without access to BP, SATs and heart-rate?

A clinician will not make a complete diagnosis without the necessary observations, if they feel the observations are needed they will invite the patient to attend the practice for recording of BP etc.

- 2) Patients do not always describe their symptoms accurately, but need gentle encouragement from their GP to voice their worries more succinctly or to recognise that something they have lived with for a while, is actually very significant. A bank of questions can seem very daunting!"

Evidence from use of the forms in other practices show that patients are often more comfortable putting down their symptoms in writing, particularly with difficult or embarrassing problems. The questions are designed to identify any 'red flags'* so patients can be directed to a more immediate response. After the questions (so no 'red flags' identified) the patients are required to complete a free text box where they can describe their symptoms in as much detail as they wish.

- 3) We all appreciate the difficulties for GP's and the pressure of work but hope that the significant changes mentioned are not forcing the practice to rush into this initiative too quickly

The practice introduced a duty team at the end of 2019 as a way of dealing with the overwhelming demand on the practice. The transition to online consultations was part of a longer term strategy and given the changes we have had to make to accommodate Covid-19 it seems sensible to bring this change forward.

- 4) Sounds good but feel it is important that instructions are given in a really simple way, partly to suit everyone and also to take account of the fact that patients may be feeling anxious about their condition and about using the less personal/tech/written approach.

The forms are designed in a very similar way to the gov.uk forms for TV Licence, Car Tax etc. and so look and feel familiar and are simple to complete.

- 5) There are issues of literacy and getting to grips with technology when you feel poorly. Not everyone feels able to just write symptoms down particularly if they are embarrassed.

Evidence from other practices is that a lot of patients feel more comfortable writing down their embarrassing problem rather than verbalising it. If people are too poorly to complete the forms then they are able to telephone and speak to a receptionist.

- 6) This has come at a time when people's ability to attend medical reviews has been curtailed and no doubt a lot of elderly patients feel vulnerable already. This could exacerbate that vulnerability.

Park Medical Centre has done everything possible to see any vulnerable or elderly patients when required. We have also had members of our nursing team contacting this group of patients as well as shielding patients to ensure they are safe and well. This group of patients will be able to contact the practice and request assistance from reception should they need to be seen.

- 7) What would happen if a request is received after the 11 am cut off and transpired that patient required urgent help?

The system identifies 'red flags'* and therefore the patient will have been directed to 111, 999 or asked to contact reception – if they are directed to contact the practice the receptionists will handle the call appropriately

- 8) System appears ok for patients with mobile devices – patients with a pc or laptop are going to have to leave their device on and keep checking to see if a reply has been received – Can patients be telephoned with triage request result?

The clinicians will make attempts to contact the patient and this will predominantly be by telephone. If they are unable to contact the patient this way then they will send a text message or email.

Staffing Concerns

- 1) In theory the online triage looks great and I can see how it will facilitate the running of the practice. However I can also foresee it causing problems for the elderly and non IT savvy. It is going to need a lot of hand holding explanation - more receptionists ? Of course it may also deter a lot of time wasters ! How will the practice inform patients of the change? Is this to be done when someone phones for an appointment - again more receptionists.

The forms have been designed to mirror other online forms that people are familiar with (eg. Tax Disc, TV Licence etc). Experience from other practices is that very few patients require hand holding. We will monitor the situation closely and will work with our staff to minimise disruption and waiting times. Communication to patients will be via Facebook, Website and if possible the local newspaper.

- 2) As a result of the circumstances we find ourselves in, a lot of elderly patients are going to have little time to prepare for these changes. Are the Staff seriously going to complete forms over the phone? They are going to be overwhelmed with calls. As a result of this something urgent could be missed because of being rushed. Alternatively, people will be left hanging on the phone redialling until they give up.

Experience from other practices (some have been operating this way for two years), is that very few patients require assistance with the forms.

If patients have access to the internet then they will be directed to complete the forms themselves, this way they can complete it in their own time, not have to share symptoms with a receptionist and we will get the symptoms in their own words without prompts or interpretation from our staff. This will also ensure the phone lines are free for those who genuinely need assistance to get through in a timely manner. If anything is urgent then this would be identified by a 'red flag'* symptom and handled appropriately.

- 3) We are an aged population – i.e. probably lots of patients will not have access to on line facilities. Will there be enough reception cover as presumably quite some time will be spent completing forms for patients i.e. will telephones not be answered because staff not available.

As answer above:

In the West Midlands, 90.9% of all adults access the internet, statistically this percentage is less in those aged over 75 (54% of men and 41% of women in this age bracket regularly access the internet). About 11% of Park Medicals patients are over 75 and they account for about 11 appointments per day, this would crudely be around 6 appointments per day in this age bracket who would require the form completing for them. There are various percentages for the other age brackets and those who are vulnerable or have a disability but when those are cross referenced against historical appointment demand the numbers will be manageable by reception.

****Red flag – this is a symptom which identifies a potential clinical emergency eg. Severe chest pain that spreads to arms, back neck or jaw***