

Briefing notes for Fiona for 'Digital First primary care and its implications for GP Practices'

Meeting date 4 February 2019

Implementation of digital approaches without destabilising GP

- GP always at the forefront of digital innovation in NHS
- GP been utilising computer records since the 1980s (<https://www.nethealth.com/a-history-of-electronic-medical-records-infographic/> -useful brief history of this)
- The issue is not with digital approaches it is with the current issue of this not being a universal offer to all patients and practices. The NHS was founded on the principle of health care equality for all citizens.

Better outcomes for patients

- Doctor-patient relationship has evolved, patients are becoming increasingly proactive in their own care. Digital developments can enable patients to safely monitor their conditions, interact with healthcare professionals to enable improved self-management of both acute and long term conditions.
- Consider a patient with an exacerbation of their asthma, digital technology through a smart phone can enable them to remotely check their pulse, respiratory rate, oxygen saturation, BP and they can add to this their PEFr. To this they can provide the GP with a structured history using one of the currently available online consulting tools and the GP or AHP would be able to assess the severity of the exacerbations, whether the patient required a F2F review, hospitalisation or could manage this by stepping up their treatment. The only thing this doesn't include is auscultation of the chest, there are apps that enable someone to use a smart phone as a stethoscope and in theory they could record this and send to the GP but this would require them understanding how to use this app correctly.
- Consider a patient with hypertension who utilising current technology can self-monitor their BP and remotely send this to the GP. With a clear plan for the patient they would be able to determine if the BP was well controlled or if they possibly required a change in treatment. This could then be achieved through either email, telephone or video consultation without the need for the patient to attend the GP surgery
- The above is currently achievable the issue is that at present these systems do not integrate with the GP clinical systems and there is a risk that important information will therefore not be recorded in the patient's health record

Equality and demand management

- GPs are currently struggling under the ever-increasing demand
- Digital technology has the potential to reduce the demand on F2F GP appointments enabling the GP and their teams to focus during the F2F appointments on patients who require direct contact.
- The concern is that by increasing availability you increase demand. This will only be successful if the increase in demand is at least met by the increase in self-management. This will take a shift in public expectations that has occurred over the past generation. Regarding patients who are normally fit and healthy but have developed an acute illness. As a generalisation, significant numbers of patients currently attend their GP as soon as they

develop any illness. We seem to have lost the support networks that people use to have to enable them to receive some basic suggestions and trial appropriate self-management. The

- hope is that developing AI will be able to provide this group of patients with appropriate advice to enable them to self-manage prior to seeking advice from a healthcare professional. If they then require advice it would help triage them to the most appropriate healthcare professional and not necessarily the GP.
- The worry in this is that vulnerable patients and those who are not technologically savvy, do not receive the same level of care. We need to ensure that we have methods of identifying these groups of patients and either enabling them to have direct access to healthcare professionals or advocates so that they can access and receive the digital healthcare systems.

Digital as part of a whole system approach

- Risk of adding digital 'solutions' as an addition to current systems and not offering them as part of a whole system
- Need a clear well communicated vision that the public understand and agree with regarding the development of healthcare.
- If we are moving to a digital first system, this will become the entry point into healthcare for the majority of patients. It would then become part of the whole system
- The worry is that digital solutions will be offered as another option for patients. This would risk causing further confusion for patients on how they access healthcare and unfairly benefiting those who are tech savvy who may have 'wants' at the expense of other patients who have clinically more concerning 'needs'

Safeguarding vulnerable patients

- Repeatedly in public enquires following a case of harm to a vulnerable patient, the issue of lack of communication between different agencies is highlighted as a key issue
- Enabling access to a single record could help prevent these events by enabling trends to be spotted earlier. Often in such cases, there are smaller issues that occur which taken individually would not suggest a risk to a patient but taken in totality can identify a vulnerable individual or one being put at risk.

System Approach

- We commonly talk about holistic care, yet the system is designed with numerous artificial barriers. We have the separation of primary and secondary care. Add to this how all the secondary care services appear to work in individual silos. This results in patients physically having to travel to the different parts of the system to receive their care. Digital solutions enable patients to be cared for without the need for them to physically travel the system
- An example of this is the NEL virtual CKD clinics. These enable a patient with renal impairment to be referred by their GP to a nephrologist, who is then able to review the patient's notes and investigations to provide advice regarding the ongoing care. Any changes to treatment can then be communicated to the patient or the patient is able to remotely access their own record and read the advice themselves. There is no need for the patient to attend either the GP practice or the hospital.

Demand on primary care

- Primary care is under increase demand. This is due to the increase in average number of consultations per patient per year, increasing population numbers and decreasing numbers of WTE GPs at a time when practices are under financial constraints meaning they may not be able to extend the primary care team.
- Unmet need is the concept that there is a cohort of patients with health needs that do not consult a healthcare professional. There are numerous reasons for this, one of which is access to healthcare but also includes things such as language, understanding of the healthcare system, cultural reasons, embarrassment, a symptom of the patient's condition/health.
- The hope for utilising digital technology is that it will enable patients to appropriately selfcare, for those that selfcare is inappropriate it will enable improved triaging so that they are booked with the most appropriate member of the primary care team in an appropriate timeframe for their symptoms rather than just on a first come basis. The worry is that it won't assist with the current demand but will unearth a further demand for patients who may not have consulted for very minor problems, consult ,as access becomes much simpler. Consider how email has increased the amount of correspondence compared to when there was a more complex process in writing and delivering a letter -the worry is that opening up digital avenues to patients will have the equivalent result.

Upscaling current models

- Any of the current digital offers that are significantly reliant on a GP consultation are limited. This is due to the falling numbers of WTE GPs. To upscale these models, we will need development of the AI systems so that minor self-limiting illness which only requires advice and OTC treatments are safely diagnosed and managed without the need for a direct GP appointment (F2F, video, telephone or email). We may also wish to consider the management of long term conditions. AI could assist patients in self-management plans enabling them to safely step up/down treatment.