Hillview Surgery, Perivale-eConsult case study

Key stats

- Patient List size: 11,000
- Launched: April 2020
- Model: Total Triage

Summary:

Hillview Surgery started using eConsult in April 2020 to support them through the COVID-19 pandemic. The practice was struggling to manage the number of telephone calls and clinical teams were spending time supporting the administrative team. Knowing this

was unsustainable as the pandemic increased, the practice looked to technology to support them.

We spoke to GP Partner Dr Vasumathy Sivarajasingam about how they are using eConsult to improve the experience their patients have with the practice and how these new processes are benefitting the practice.

Hillview Surgery in Perivale, London, is a large practice serving 11,000 patients comprising a multitude of ethnicities and varies between long-term residents and those with temporary status. There are six GPs, five nurses, one clinical pharmacist and several clinical support and administrative staff.

Before COVID-19, the Hillview Surgery offered both telephone and 'traditional' face-to-face consultations for patients to book via receptionists, online or through an automated telephone system. About 500 appointments a week were with GPs, with more being available with nurses, the HCA or with a clinical pharmacist.

During the COVID-19 lockdown beginning in March 2020, they introduced a complete telephone triage system across their

clinical team to ensure patient and staff safety. Understandably, this led to increased telephone and video consultations.

The high volume of calls caused problems and anxiety among the reception staff, and the practice had no choice but to use their full range of clinicians to take on some of the pressure placed on the administrative team. This proved to be not only expensive but unsustainable. The easing of strict lockdown measures also caused anxiety among colleagues as managing this workload became increasingly difficult.

Rethinking their model for sustainability and safety

Hillview Surgery decided to revisit their model to ensure that the team could find a sustainable and safe way to offer support and care for their patients. The main requirements for the practice were:

- To be able to solve queries raised by patients safely, effectively and efficiently within 24 hours.
- To reduce increased pressure faced by the reception team with patients calling in to request telephone consultations with clinicians.

- For clinicians to be able to manage their workload in a relaxed but timely manner – to avoid feeling overwhelmed by telephone calls and to instead be able to focus and prioritise urgent queries promptly.

Towards the end of March 2020, with the COVID-19 pandemic still ongoing, the practice decided to implement eConsult. They now feel eConsult has been most beneficial in terms of supporting their workload management and increasing the available routes for patients to access services.

> “Feedback from patients and clinicians as well as the data eConsult sends us are certainly encouraging. Online consultations aren’t for everyone, but by providing an electronic access route to the surgery it increases convenience for many patients. For us, it enables clinicians to manage daily workload in a much better and more controlled way. eConsult has certainly revolutionised our ways of working at Hillview and it’s here to stay for the foreseeable future.”
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> Dr Vasumathy Sivarajasingam

The introduction of email access to patients at Hillview has saved clinical time. It has allowed the practice to treat more patients within a day using existing resources, with better identification of the sickest patients. It has also allowed them to provide longer face-to-face consultations to more complex patients.

“Additional information on the eConsult increases the efficiency of our face to face and telephone consultations. Patients like the idea of not queuing and instead they can submit their information through eConsult. Every request is reviewed and the most appropriate care given to each patient in a timely manner. If a patient does need a follow-up, the clinician has already seen a full history so they can begin treating immediately”

Dr Vasumathy Sivarajasingam

Ways in which the practice uses eConsult

The practice thought about ‘quick wins’ with eConsult. With a good understanding of the platform, they have identified which clinical questionnaires they could encourage patients to use that

bring immediate returns and benefits in terms of practice processes and patient management. These are a few examples:

- Patients presenting with skin problems, so that they can upload photos as part of their eConsult. With the patient's consent, clinicians are able to monitor changes in chronic or contagious symptoms (e.g. acne, chickenpox, shingles) without needing to repeatedly bring these patients in. For those that need to be 'seen', clinicians are managing patients via video consultation or face to face (if appropriate) without delay.
- Hypertensive patients are being asked to purchase or use existing BP machines so that they can regularly send their home BP readings to the practice via eConsult. This avoids the need for 24-hour monitoring of hypertensive patients but allows the practice to quickly receive this information.
- Women needing advice about contraception or regular prescriptions for COC, POP and HRT are able to access the nursing team without delay. Nurses are able to consult with patients over the phone after the initial submission of an eConsult. Any prescription queries via eConsult are forward to the clinical pharmacist and actioned in a timely manner.
- Consent forms for procedures like ear syringing, coil insertion, implant insertion or removal can be sent to the patient electronically after telephone consultations. The patients can then review and upload their signed consent form if happy via eConsult.

- These same processes of consent can be applied for other procedures like minor surgery, which will help minimise face to face exposure as well as the surgery's carbon footprint.

The clinical review questionnaires have proved to be an invaluable feature so the practice is extending this type of interaction to diabetic and hypothyroid patients. This saves both clinical and administrative time, as well as improving patient care.

Letters previously posted to patients inviting them for asthma review appointments were unsuccessful, resulting in high DNA rates. The practice now texts patients a link to the asthma review questionnaire and has seen that patients are happy to complete this through eConsult. Similarly, stable mental health patients who request repeat prescriptions can complete PHQ-9 and GAD-7 questionnaires through eConsult.

Receptionist workload and promoting self-help to patients

By using eConsult, the practice now feels that administrative tasks such as prescription requests, test results and sick notes are handled appropriately, ultimately saving receptionists' time

as they are taking fewer calls. They use their administrative team to extract useful clinical data such as smoking status, alcohol consumption and allergies collected through eConsult and they code this directly into the patient's record.

Patients needing to contact the referrals team can send queries directly to the administrative team. This means that patients needing support letters or private referrals can contact clinicians with ease and are dealt with in a timely manner.

Overall, the practice thinks that one of the biggest benefits of eConsult is that it can be used by any member of staff in the practice to support them in their role. Not only that, but patients are encouraged to access self-help information so that they can support their conditions and feel empowered to manage their own symptoms.

> *"From my perspective, eConsult is designed for the primary care team – not just the doctor but for everyone. That's why it works. We really value having that self-help information built into eConsult. It's an easy educational channel and it reinforces these*

important positive attitudes and behaviours so that patients can take more ownership of their health."

Dr Vasumathy Sivarajasingam