

Why you should read this article:

- To appreciate the changes that eConsult can bring to the staff and patient experience
- To understand how eConsult can enhance patient care and ease staff workload
- To reflect on how digital care delivery needs to reflect patient preference and accessibility

How eConsult has transformed patient care and staff well-being in an NHS practice

Vasumathy Sivarajasingam, Marina Tai, Kate Steeghs

Citation

Sivarajasingam V, Tai M, Steeghs K (2021) How eConsult has transformed patient care and staff well-being in an NHS practice. *Primary Health Care*. doi: 10.7748/phc.2021.e1699

Peer review

This article has been subject to external double-blind peer review and has been checked for plagiarism using automated software

Correspondence

vasusiva@nhs.net

Conflict of interest

None declared

Accepted

2 November 2020

Published online

January 2021

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Abstract

A complete telephone triaging model was introduced at Hillview Surgery in London as the COVID-19 pandemic lockdown began, enabling doctors, nurses and clinical pharmacists to treat more patients through telephone and video consultations, and reducing the number of face-to-face consultations and home visits. The high volume of calls was unsustainable, so the practice explored other methods of communicating with its patients, including email and the online triage and consultation tool eConsult. The authors report on their experiences of using these new systems and their benefits for patients and staff.

Author details

Vasumathy Sivarajasingam, GP partner at Hillview Surgery, London, England; Marina Tai, practice nurse lead in asthma, Hillview Surgery, London, England; Kate Steeghs, clinical manager, Hillview Surgery, London, England

Keywords

asthma, communication, community, general practice, lung diseases, management, primary care, respiratory, service development, service improvement, service redesign, telehealth

Introduction

Hillview Surgery is a large NHS practice in Perivale, London. The number of patients registered with the practice is about 11,000, comprising a multitude of ethnicities, and varies between long-term residents and those with temporary status. The practice offers comprehensive patient care, including GP, NHS services and private services.

Before the COVID-19 pandemic began there was an average of 500 appointments per week, through a combination of telephone triage and traditional face-to-face consultations. Patients could book telephone appointments with GPs and all appointments with nurses by calling our receptionists or using the NHS app or the automated phone system.

At the start of the pandemic a telephone triaging model was introduced, to identify and appropriately manage potentially infectious patients. However, the high volume of phone calls was daunting. During the early months of lockdown the nursing team took some calls

to ease the pressure on the administrative team. But this proved to be neither feasible nor sustainable.

Alternative methods of communication to increase patient access were explored. Staff needed to be satisfied with these new methods, and worked together with the aim of improving staff morale and general well-being (NHS England 2020a). Sustainable staff well-being is also associated with improved performance (Engage for Success 2014).

This article explains what Hillview Surgery did and the lessons that have been learned.

New methods of communication

Most people in the UK with internet access are interested in using it to communicate with their healthcare provider (Pinnock et al 2005). Online consultations offer a quick, convenient and secure alternative to visiting a practice (eConsult 2020a, NHS England 2020c), enabling patients to choose how they interact with clinicians (Pinnock et al 2005). Many

medical enquiries can be resolved without the need for a face-to-face appointment (NHS England 2017, eConsult 2020a). Remote consultations reduce consultation length and improve accessibility, and patients appreciate being given this option (eConsult 2020a, 2020b, NHS England 2020b).

Our clinical commissioning group has procured eConsult, which was the first online consultation tool to be integrated with the NHS app. Following several team meetings to discuss new methods of working that would reduce our workload, we decided to promote eConsult and email communication (Royal College of Nursing 2020) to patients through our website, the NHS app and our Twitter account. The objective of this change of service was to improve patients' access to the surgery, and safely, effectively and efficiently solve queries raised within 24 hours, and to reduce pressure on receptionists. If patients were able and willing to use eConsult instead of the phone system, other patients would have better access to the surgery, which was vital as patients could not come to the surgery without an appointment. It would also mean patients who needed urgent care, had no internet access or could not use or communicate by email could easily contact the surgery by phone without having to queue.

Before we rolled out eConsult all staff attended training to ensure they understood

how the system worked and what data they should and should not send when using it – when contacting a patient they would confirm the patient's identity as with any patient contact and when sending data would not include information that could be used to identify the patient.

To avoid breaches and protect data, the surgery has a designated data protection officer and a Caldicott Guardian – a senior person responsible for protecting the confidentiality of health and care information. We also have a privacy notice and procedures for managing deliberate misuse of systems, and follow NHS England guidance concerning the use of SMS messages (NHS England 2016).

Once the system was live our receptionists informed patients of the option of using it, highlighting the fact that it provides easy access to the surgery without the need to wait in a queue to contact us. We sent text messages to interested patients with a link that took them directly to our website. The eConsult portal also signposts patients to self-help advice and to alternative primary care providers, such as NHS 111 and a local pharmacy (Figure 1).

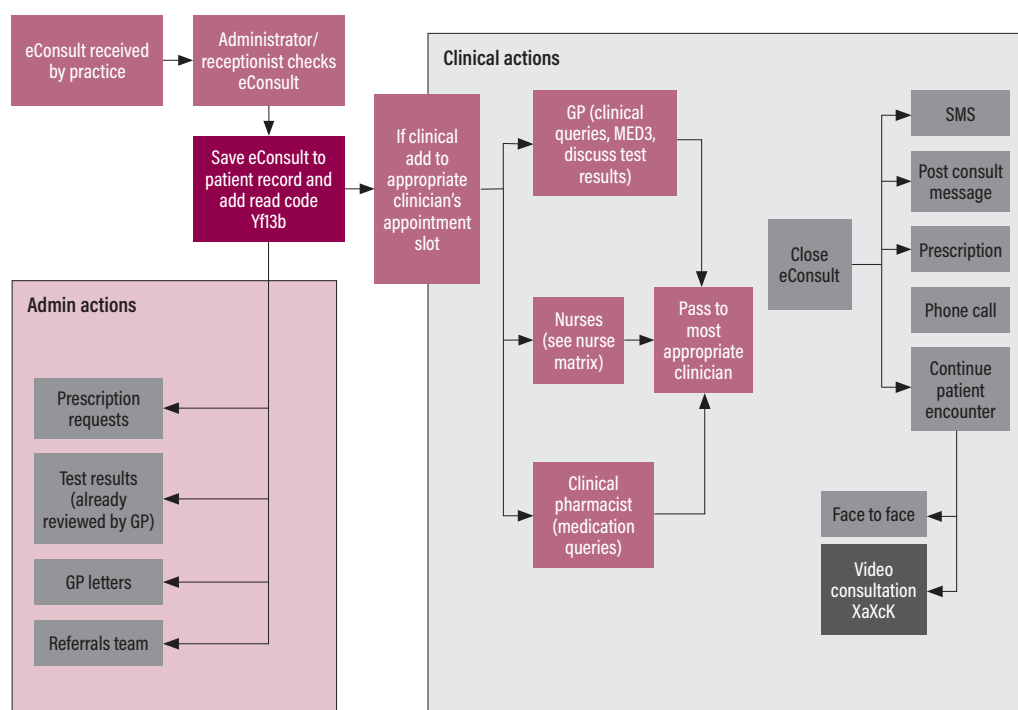
Results

The use of eConsult has increased patients' access to the surgery and provided them with advice on self-help. Patients' queries are resolved within 24 hours (eConsult 2020a,

Key points

- Patients should be given a choice about how they interact with clinicians, including the use of the online triage and consultation tool eConsult
- Digital communication has a vital role to play in preventive healthcare, health education and managing non-urgent medical problems
- The eConsult tool can help to manage staff workload
- Improved staff morale and well-being leads to improved performance

Figure 1. Hillview Surgery's eConsult workflow template



NHS England 2017a). The system has reduced pressure on receptionists and enables clinicians to manage their workload, prioritising urgent queries promptly. This saves time, enabling more patients to be treated and patients with complex needs to have longer face-to-face consultations.

While eConsult monthly data showed an increase in online patient access, relatives of patients with language problems or disabilities have found emails to be an efficient way to deal with non-urgent matters or straightforward medical queries. Patients have also opted for self-help, and visits to alternative primary care providers such as pharmacies show that patients are educated about their own care.

Most administrative tasks, including handling prescription requests, managing test results and providing fit notes, have been handled through the system, saving receptionists from having to take corresponding calls. The team has also extracted and coded useful clinical data such as smoking status, alcohol consumption and allergies into patients' records. Patients needing to contact our referrals team send queries directly to them. Those needing district nurse referrals and supportive or private letters contact the clinicians, who deal directly with these requests.

Most eConsult appointments take place over the phone, with few patients opting for video or face-to-face consultations. Patients and their family members who have used eConsult say it is a better way of communicating with the surgery, without the need for queuing to speak to the receptionists. Patients who work long hours say it has enabled them to obtain quick responses to queries related to minor illnesses or administrative tasks in their own time.

Specific benefits

The following are examples of the additional benefits we have experienced in using eConsult to manage our workload:

Asthma reviews

Conducting asthma reviews online has been a success, saving clinical and administrative time and improving patient care. We have 530 patients on our caseload diagnosed with asthma. Traditionally, their asthma reviews were conducted face-to-face, but time spent calling patients for appointments and lost on 'did not attend' appointments meant the need to advance our asthma care was crucial to meet the demands of our patient population.

In 2019 we set up the MJog patient messaging service to promote remote consultations for patients who were asymptomatic, had high rates of 'did not attend' or faced barriers affecting their ability to attend the surgery, such as work commitments.

We designed a questionnaire to send to patients as SMS messages that consisted of the following questions:

- » Have you had difficulty sleeping because of your asthma symptoms (including cough)?
- » Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?
- » Has your asthma interfered with your usual activities (for example housework, work/school, exercise)?

Once the questionnaire was sent, the practice nurse would contact patients who answered 'yes' to two or more questions for a telephone triage, to determine who needed to be seen face to face.

Of a pilot group of 110 patients contacted with this questionnaire, only ten answered 'yes' to two or more questions. This was a poor uptake and illustrated that the three questions were not detailed enough to assess patients efficiently. A further 'plan, do, study, act' cycle (ACT Academy 2017) was needed to improve this service.

COVID-19 has meant remote consultations with nurses have become paramount in delivering asthma care to patients. Ever-changing guidance concerning shielding and the enforced lockdown meant it became difficult for patients to see general practice nurses (GPNs) for asthma reviews. Nursing care needed to evolve to reduce patients' anxiety.

When national guidelines advised the use of telephone consultations, our 'asthma online review eConsult' project, based on the previous MJog pilot, became a necessity. A pilot trialled with 54 asthma patients, selected because they used six or more cannisters of short-acting beta-agonists a year, had achieved a response rate of only 9% ($n=5$). However, once we started to promote eConsult we conducted a second trial with the remaining 476 patients on our caseload diagnosed with asthma and received 118 patient responses (25%).

Using eConsult with these patients has benefited them during the pandemic because:

- » They still have access to their GPNs and have their asthma conditions reviewed.
- » They can be triaged appropriately, with symptomatic patients 'flagged up' to the nursing team and contacted as needed by phone or video consultation.

» Answers to eConsult questionnaires are used to complete the asthma quality and outcomes framework template and a personal asthma action plan is generated that is then shared electronically with the patient and the nursing team.

The use of eConsult has also benefited the practice, as asthma quality and outcomes framework figures improved.

Monitoring long-term conditions

Most of our patients with hypertension either owned a blood pressure machine or were happy to buy one during the pandemic. The eConsult questionnaire concerning blood pressure monitoring asks questions about compliance with medication, side effects, blood pressure recordings, smoking and alcohol consumption. Any patients found needing to have their blood pressure recordings monitored were sent a seven-day home monitoring sheet with instructions on how to check it twice a day. The patients returned the completed sheets with their readings to the nursing team by email.

The nursing team has been using email to review other long-term conditions such as diabetes, chronic obstructive pulmonary disease and hypothyroidism. The eConsult questionnaires on these long-term conditions include standard questions asked by the nursing team when reviewing such conditions, including whether they have symptoms related to their medical condition or other systemic symptoms, their compliance with medications, whether and how their symptoms interfere with their daily activities, if they have been admitted to hospital, how they perceive their conditions and whether they have any mood changes. There are also questions relating to smoking, alcohol and recreational drugs, as well as weight, height and blood pressure recordings.

The nursing team assesses the responses to these questionnaires and offers telephone, video or face-to-face consultations according to clinical need.

Mental health assessment

When patients with mental health issues that are regarded as stable request repeat medications they are sent SMS messages with links to the PHQ-9 and GAD-7 questionnaires in eConsult for completion at home, before returning the results using eConsult. The questionnaire scores are instantly available to clinicians, which helps in their assessment and ongoing management.

Skin assessment

Receptionists encourage patients who report skin conditions to submit photographs of rashes, pigmentations or moles – only if they are in non-private areas – so that clinicians can review the condition before contacting them, which saves time and assists with diagnosis. The photos are then saved in the patients' notes with consent, which is invaluable when comparing with any future changes. This is particularly helpful with chronic ulcers.

Contraception

Eight in ten women in the UK aged between 16 and 44 report using a method of contraception, demonstrating the need for accessible contraceptive services (French et al 2020). Even a modest increase in effective contraceptive use results in financial savings and health gains for patients and healthcare services (French et al 2020). The oral contraceptive pill and condom continue to be the most commonly used contraceptive methods, particularly among young women (French et al 2020).

Our primary care team was concerned that a significant number of women were being redirected from general practice to the contraceptive service for routine pill checks, predominantly because the practice was unable to measure patients' blood pressure. Patients were encouraged to contact the nursing team by email, uploading their home blood pressure reading whenever possible – most already owned or were happy to buy blood pressure machines for convenience.

Women needing advice on contraception or repeat prescriptions of their pill, patches, Depo-Provera injection, hormone replacement therapy or pessary could access the nursing team with ease. The eConsult contraception review included questions relating to missed pills, pregnancy, side effects, emergency contraception, gynaecological symptoms, cervical screening, sexual health check and domestic violence.

Other benefits

Patients with a learning disability or dementia – or their carers – can share their completed care planning record with clinicians by uploading it to eConsult. Sending written consent for procedures such as ear syringing reduces exposure from face-to-face meetings. Patients can deal with any issues related to repeat prescriptions or new medications prescribed by hospital specialists by contacting our clinical pharmacists using eConsult.

Discussion

What we have learned at Hillview Surgery is that patient email access saves clinical time, enabling either more patients to be treated in a day or patients with more complex needs to have longer face-to-face consultations. There is no queue when submitting an email – every request is reviewed and the most appropriate care is given to each patient. The availability of a patients' information on email has increased the efficiency of face-to-face and telephone consultations (NHS England 2017a, eConsult 2020a). If patients need a follow-up the clinician has already seen a full history so can begin treating them immediately. Communicating by email also saves travelling time, reducing the NHS carbon footprint.

Digital communication is not ideal for every patient. There are issues with increased inequalities, inappropriate ease of access to

medical advice, a lack of non-verbal clues, a loss of the 'personal touch' and potential risks to patients' privacy. Nevertheless, it has a vital role to play in preventive healthcare, health education and managing non-urgent medical problems (Car and Sheikh 2004), increasing access, especially for patients with physical disabilities or who live remotely.

Conclusion

Our experience at Hillview Surgery highlights the effect that providing patients with a range of communication options can bring. The offer of alternative ways to access the surgery can ease patients' lives while enabling clinicians to manage their workloads in a more efficient and controlled way. We anticipate that most patients will opt in future for online communication. It has revolutionised our ways of working.

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