econsult

Immediate progress in primary care

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Summary

How can primary care escape from a spiral of decline - a future of staff burn-out and further declines in patient confidence? In this paper **Aiming for Health Success** points to a different future: how expansion in the use of new technology can not only improve access, but also free up time for continuity of care. It can also open the way for immediate action on how integrated care can improve outcomes.

Greater use of e-consultations can be vital to improved patient experience and health outcomes, as well as clinician productivity and job satisfaction. It can also be a key resource for the second generation challenges of improving care for patients with long term conditions and outcomes for local populations.

In the next five years primary care will have the key leadership role in the expanding range of services closer to home. There could be a new era of local NHS services and achievement.

Aiming for Health Success

Aiming for Health Success is a new research and advisory firm which will develop the case for new public / private collaboration in health and care to deliver extra services and support.

In 2022, **Aiming for Health Success** was commissioned by eConsult to produce an independent research paper on the impact of e-consultations at the practice and local health economy levels.

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"Right people at the right time at the right place"

As recent research has reminded us, the length of the GP-patient relationship is significantly associated with lower use of out-of-hospital services, fewer acute hospital admissions, and lower mortality. But NHS leaders and Ministers are concerned that not only continuity of care, but also the ability of GPs to deliver prevention, are being undermined by problems of access. [1, 2]

What the Fuller Stocktake rightly recognised, however, is that conditions now exist for a significant improvement in services. The Stocktake focused on population health and the opportunity presented by Integrated Care Systems, which we cover below.
But perhaps the most impactful enabler in the short term is the widespread adoption of new technology, using online triage to better match capacity to patient need.

Primary care is a finite resource. It will deliver maximum access when patients are seen by the right clinicians for their need – from self-care at one end of the spectrum to suspected cancer cases fast-tracked to secondary care at the other. The aim is for GPs to see the right people at the right time in the right place.

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The challenge, and great opportunity, is that around 30 per cent of patients fail this test (figure drawn from consultations for this paper with current general practitioners). Currently GPs see around 15 million of the c.25 million appointments that take place each month. Meeting the aim would mean that 30 per cent of those 15 million appointments would be freed up for patients in need of general practitioner attention.

That equates to 4.5 million appointments per month (around 50 million per year) or the equivalent of 8,400 new GPs – a significant change in capacity that could be used to deliver improved continuity of care.

The relevant new technology is the use of online consultations provided by patients before an appointment ("e-consultations", of which eConsult is a major provider). Growth in e-consultations sharply accelerated during the pandemic.
Across all providers, there are around 2.5 million e-consultations per month, equivalent to around 10 per cent of appointments.

[1] NHS England, 2022: "Inadequate access to urgent care is having a direct impact on GPs' ability to provide continuity of care to those patients who need it most. In large part because of this, patient satisfaction with access to general practice is at an all-time low, despite record numbers of appointments: the 8am Monday scramble for appointments has now become synonymous with patient frustration."

[2] Department of Health and Social Care, 2022: "We must now put the full power of the NHS behind prevention. Every part of the NHS has to play its role, and every part of the NHS stands to benefit. So as we look at every part of the NHS, naturally we must look at Primary Care where the bulk of prevention already happens. Primary care and all our GPs, pharmacists and dentists must be at the heart of this new agenda on prevention. I know there is a sense that primary care is far too stretched to be proactive on prevention - even though it wants to."

Under the traditional system, patients had to discuss their medical history in an appointment, and it was only after this discussion that the clinician could address their needs. Under the eConsult service, patients contact practices via structured online questionnaires on their practice website or NHS App.

> **“The new system has freed up time for diagnosis and decision-making, as the clinician no longer needs to take the medical history.”**

The new system has freed up time for diagnosis and decision-making, as the clinician no longer needs to take the medical history. It has allowed for simple cases to be diverted to allied health professionals, relieving the GP of work that could be done by others, and has identified patients who need longer than ten minutes.

eConsult handles 1.2 million e-consultations per month (i.e., around half of the total provided by all operators). The database generated from these contacts, each with an average of 50 data points, is potentially a major resource in developing AI capabilities and recognising patterns of disease earlier, for example certain cancers.

So far, GP practices that use eConsult well have reported a positive improvement in practice management. Practice teams have developed a much better understanding of which patients should be seen face-to-face and which remotely. It has also been appreciated by patients who no longer need to take time out of their day to see a GP.

National authorities have supported the use of online triage. In March 2021, NHS England asked systems “to continue to support practices to increase significantly the use of online consultations, as part of embedding total triage”. In October 2021, the organisation said that “Online triage models will continue to improve and become easier for patients to navigate”.

The implementation of e-consultations has led to improvements in service. Different techniques are being used to accommodate patients who are less digitally literate. Examples include staff sending patients links to the right questionnaire for their issue, completing it with them on the phone, or using a cut down version to capture the issue (“eLite”). But large volumes of indistinguishable e-consultations have posed challenges for practices. To help with this, the eConsult management team is developing the use of artificial intelligence to read and route e-consultations within the practice team and beyond, for example to community pharmacies. They expect the AI will soon be able to identify the different levels of patient need, appropriate clinician, and consequent mode of treatment.

E-consultations are beginning to improve workforce capacity. Since 2017, some GP practices have combined their eConsult flows into a single, often home based, multidisciplinary team, often known as an eHub i.e., groups of GPs and other

primary care clinicians able to provide online and telephone consultations across a group of practice's patients. As well as improving access, eHubs have enabled some GPs and clinicians to return to the workforce, including those wishing to work part-time and those who have moved overseas.

The productivity benefits of e-consultations will be even greater when their principle is applied to the other NHS "front doors" i.e., urgent care and outpatients, where eConsult already has offers.

A single integrated urgent care pathway

In her stocktake, Claire Fuller said that primary care is just one of the options that patients can take when they seek urgent care. She rightly called on primary care and integrated care leaders to reorganise these options so that the right patients attend the right providers:

> **"Critically, we need to create the conditions by which they [primary care leaders] can connect up the wider urgent care system, supporting them to take currently separate and siloed services – for example, general practice in-hours and extended hours, urgent treatment centres, out-of-hours, urgent community response services, home visiting, community pharmacy, 111 call handling, 111 clinical assessment - and organise them as a single integrated urgent care pathway in the community that is reliable, streamlined and easier for patients to navigate."**

eConsult is already making significant steps to deliver this integrated service. The eConsult team has implemented eTriage at Queen Mary's Hospital Urgent Care Centre in South East London. The system has allowed ambulatory patients at Queen Mary's Hospital UCC to check-in and be triaged on one of the available iPads in the emergency or urgent care centre. Patients input their demographic details (which are matched on the spine for their NHS number) then answer brief clinical questions about their symptoms. The system automatically triages patients by clinical need into the clinical system, allowing urgent patients to be flagged to clinical staff and attended to first. Others can be redirected to community pharmacies, general practice or home with self-help advice.

It is easy to see how the use of e-consultations in primary care and urgent care could become the foundation of a single integrated urgent care pathway. The eConsult team has developed e-consultations for primary care, urgent care and outpatients that would become part of a single connected system. On receiving patient information, the triage system would direct patients to the right resource, depending on their need.

Each clinician, community pharmacist and hospital staff would have access to a single "smart inbox", displaying their current patient list according to chosen criteria (such as acuity), alongside their history and an ability to triage the case, and use a set of outbound communication tools back to the patient (SMS, email, video). The goal is to ensure patients are directed to the appropriate help first time by clinicians who are equipped to triage and respond efficiently.

Such a system would also be consistent with the core idea of Integrated Care Systems - to move patients seamlessly between ICS stakeholders, helping to manage demand, reduce inappropriate attendances and relieve pressure on the workforce by smoothing patient flow.

> **"Integrated Care Systems should consider buying integrated solutions that cover primary care, outpatients and urgent care rather than separate solutions for each."**

It would be consistent with the requirements of Integrated Care Systems to "implement a shared care record, that allows information to follow the patient and flow across the ICS to ensure that clinical and care decisions are made with the fullest of information". It would be a relevant project for the new ICS transformation function recommended in the Fuller Stocktake.

In terms of procurement, given the advantages of an integrated pathway, Integrated Care Systems should consider buying integrated solutions that cover primary care, outpatients and urgent care rather than separate solutions for each.

Population health and prevention

The Fuller Stocktake gave excellent recommendations on the development of population health and prevention, led by Primary Care Networks and new integrated neighbourhood teams at the 30-50,000 population level. The proposition that out of hospital care is key to improving population outcomes has strong international backing. The experience of Finland has shown how to move forward with out of hospital prevention and treatment programmes and not just in North Karelia. The ten-year primary care-based programme on asthma, from 1994 to 2004, reduced the number of Finns on long term disability benefit, asthma related, from 8,000 to 1,000.

Online consultations currently account for an average of 10 per cent of all consultations within GP practices. However, more pioneering practices are now doing up to 70 per cent of consultations this way, with high levels of patient satisfaction, and benefits to workload reduction.[3]

[3] Bosanquet, N., Dean, L., Iordachescu, I. & Sheehy, C., 2013. The effectiveness gap in COPD: a mixed methods international comparative study. Primary Care Respiratory Journal, 22(2), pp. 209-213.

Whilst continuing to increase, this is largely still in the territory of reactive episodic care (headache, back pain, UTI etc). An increasing number of practices, however, are using eConsult's proactive long-term condition care templates which can be sent to patients with those conditions. This allows the practice to focus on patients whose condition is poorly managed or at risk of sudden deterioration, with consequent costs in secondary care. Practices are starting to think strategically about a new paradigm within demand management, namely what can be done for long term condition patients remotely (e.g., medication reviews), and what has to be done in person (diabetic foot checks). They are also beginning to structure their teams and services around PCN or pan-PCN wide delivery through centralised physical or virtual hub based teams to provide these services more efficiently.

The improvement in productivity for both episodic and long-term condition care will make a key contribution to this work. Supported by new technology, general practitioners and their teams will have the space to take the lead in developing services for the 20 per cent of practice patients with serious health problems and promoting lifestyle change. As Claire Fuller suggested, GPs are best placed to take clinical responsibility for the whole local team, avoiding risks of a new fragmentation between different clinical groups.

E-consultations are relevant to each of the four core purposes of Integrated Care Systems:

- **"improve outcomes in population health and healthcare" -** through improved access and continuity of care;
- **"tackle inequalities in outcomes, experience and access"** - through greater personal contact with people with long-term conditions, in particular in deprived areas;
- **"enhance productivity and value for money" -** by routing patients to the right clinician across the health economy; and
- **"help the NHS support broader social and economic development" -** by helping those out of work due to ill health to return to the workforce.

Research

In the last two decades research has shifted to drug development mainly for treatment in hospitals. The age of new blockbuster drugs for primary care use - statins and anti-depressants - seems a long way in the past. The evidence base for health and social care outside hospital is weak. 40 per cent of the current NHS and social activities lack a strong evidence base.

Perhaps the next set of breakthroughs will come from research into the power of data in platforms such as eConsult, which receives 1.2 million e-consultations a month with on average 50 data points each, as noted above.

In the modern era of medicine, data scientists can interrogate patient-provided data to hunt for symptom clusters in a whole new way, and eventually perhaps find the big killers such as cancers and cardiovascular disease sooner. eConsult is involved in such research, as well as how to successfully navigate patients away from A&E, and how to use AI to triage eConsults to the right resource.

The NIHR can lead on a new phase of primary and social care research based on evaluation rather than randomized trials. Integrated care needs a developing evidence base involving local practices, PCNs and social care teams in research. ICS constitutions set out key duties in improving outcomes for local populations and making best use of resources. These aims have to be supported with new research making use of data from integrated care.

Recommendations

Practices can make progress within months by:

1. Integrating e-consultation within practices, urgent care and outpatients across an ICS to encourage horizontal integration (across different primary care services) and vertical integration (with urgent care, diagnostics and outpatients). Link databases and information about external referral pathways to wider services, such as pharmacy, social prescribing, physiotherapy, counselling, diagnostics, and other specialists. Use remote consultations, applied inclusively, to address a higher proportion of those with self-limiting or episodic illness, whilst also keeping other channels open for those who struggle with technology. Separate out teams to target planned care arrangements, so those patients with long term conditions (LTCs) are proactively approached to complete e-consultations that identify which patients are deteriorating and should be actively targeted. Use the wider database to identify patients with high risks of serious health problems in their patch, to develop the right services for their community. Over time, develop team-based personal contact with higher risk patients. Practices or PCN hubs teams could develop systems to review LTC e-consultations weekly to identify where personal contact might be required and proactively reach out to them.

2. Reviewing practice and Primary Care Network populations.
   Identify disease / disability / risk patterns. Develop programmes for care and prevention, working with Health and Wellbeing Boards. Brief patients, local press and stakeholders on gains for local community health. Gradually get recognition as a hub for promoting better health and reduced disability. GPs become key champions for better local health and wellbeing. Primary care becomes a "someone, somewhere" rather than an "anyone, anywhere" service.

3. Developing multi-disciplinary micro-teams to provide relational continuity to those with greater health needs e.g., for patients with longer term conditions such as respiratory, cardiac, diabetes and mental illness. Combine high level national and locality-based outcome measures. Champion those which consistently give patients a good service whilst using health professional time effectively to improve outcomes.

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