

GP TEAMS NEED THE COMPETENCE, CONFIDENCE, AND CAPABILITY TO DELIVER VIDEO-CONSULTATIONS

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TWO NATIONAL REPORTS of general practice appointment modes provided for patients in recent pandemic times found that fewer than one in 20 GP appointments were conducted via video-consultation.^{1,2}

The Royal College of General Practitioners' (RCGPs) snapshot survey, to which 829 GPs responded from across the UK, found that only 4% of GP appointments were conducted online via video in July 2020, despite 88% of responders confirming that their surgery was equipped to deliver video-consultations.¹

NHS Digital capture of appointments in general practices in August 2020 reported that of just over 20 million appointments, around 9 million were conducted by telephone and only 77000 (0.4%) by video-consultation or online.²

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We sent an e-survey to 280 general practice clinicians (245 practice nurses, 30 GPs, and five others, including clinical pharmacists) in September 2020 who had participated in one of 28 digital upskilling action learning sets (ALSs) we ran between 2018 and 2020, to find out what modes of digital delivery they and their practice colleagues are utilising.

The ALS was designed to develop clinician competence, confidence, capability, and capacity for delivery of technology enabled care (TEC) by introducing accessible and available modes

of digital delivery to aid practice productivity, encourage patient self-care, and shared-management of patients with health conditions.

Of the 101 survey responses received, 69 (68%) responders used video-consultation in July/August 2020 to hold patient consultations, while 96 (95%) responders reported that practice colleagues had used video-consultation, demonstrating that digital transformation had been adopted widely in their practice. Eighty-three (82%) responders confirmed that clinician-to-patient texting and sharing population health messages/health campaigns and practice information via social media was operating.

We also surveyed 89 general practice nurses in September 2020 who participated in seven more ALSs across England run between June and September. At the initial virtual ALS session, <30% of participants were using video-consultation; by the final session in September, 75% reported undertaking video-consultation regularly with patients, and 94% were using clinician-to-patient texting for two-way communication, reducing the need for face-to-face appointments.

The RCGP and NHS Digital surveys^{1,2} highlight that although technology and digital tools are accessible and available in the NHS, they have not been embedded in mainstream use, particularly primary care.

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It is vital that digital tools are established from the ground-up with associated digital upskilling rather than via the current top-down approach, if we are to empower clinicians and encourage them to adapt.

Confident clinicians can embed these into their own and colleagues' everyday practice to drive change. But without this investment in training the workforce, Matt Hancock's ambition that *'from now on all consultations should be teleconsultations unless there's a compelling clinical reason not to'*³ will not become a reality.

Ensuring that patients know what to expect from remote consultations is especially important for those with poor language skills in order to minimise racial inequalities. To add value to

their consultation, these patients require an accompanying relative to assist with their communication. Making appointments to fit around both the patient's and relative's schedule means that consultations are often delayed.

In addition, professional interpreters are not always available due to high demand, especially at short notice. By conducting remote video-consultations, it is easier for relatives to be present to translate during these appointments as travel is not required.

Upskilling general practice clinicians in digital delivery of care is imperative to increase their confidence in implementing TEC as usual service.

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Developing their competence and capability will encourage them and their practice colleagues to adapt to new ways of working, particularly concerning the use of video-consultations by choice (for both the clinician and patient/carer).

While introducing new technologies to NHS frontline settings requires considerable changes to a complex system, it is doable — as has been demonstrated by our e-survey of ALS participants.

We need a combination of support to regulate technical and operational issues as well as staff training and guidance on how to undertake video-consultations safely and productively to sustain the use of a wide range of digital tools, such as trusted apps, interactive texting, and assistive technology.

This approach must be patient-centric with shared decision making.⁴ Clinicians should advise patients '*what to expect, and how best to prepare to ensure the quality of remote consultations*', and further ensure that '*care during COVID-19 [remains] humane and person centred*'.⁵

COVID-19 has been a real catalyst for widespread adoption of video-consultations within primary care – let's make the most of it.

References

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