

## Primary Care Resilience Webinar Series

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# Connect, rebuild and move forward



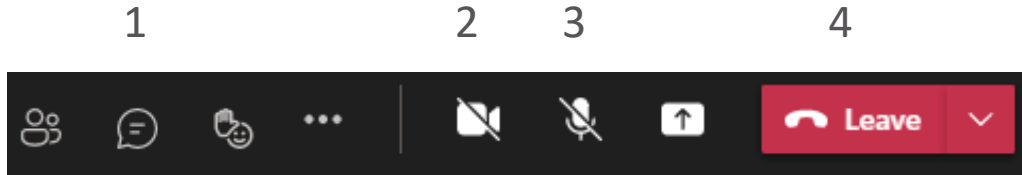
# Introduction and Scene Setting



**Jill Gillies**

Portfolio Lead, Primary Care Improvement Portfolio,  
Healthcare Improvement Scotland

# Housekeeping



1. **Open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Turn your camera off and on** – please ensure your camera is turned **off** to minimise bandwidth issues.
3. **Mute and unmute yourself** – please mute yourself to avoid any background noise.
4. **Leave the meeting**

# **This Webinar will be recorded.**

**The link will be shared, so those who are unable to join us today can listen to the session.**

**Please do not record the session.**



# Aims of the Webinar Series

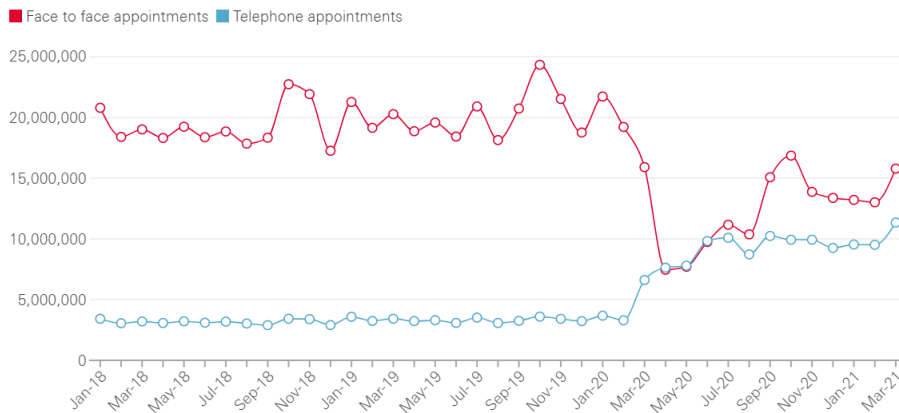
- Reflect on what we have learnt from the response to COVID-19
- Explore what changes we have made and what we need as we move forward
- Connect and learn from each other

**TODAY –**  
Managing and Delivering Different  
Ways of Consulting in General Practice

# Impact of COVID-19 on consultations

3. The way that appointments take place has shifted, with the highest ever number of telephone appointments taking place in March 2021

Monthly number of face-to-face and telephone appointments



'There is an endless wave of sick patients'

2/2

Widely recognised methods of managing this 'flow' of patients e.g. phone triage, digital solutions & care navigation are all now being criticised or rejected in favour of return to unfiltered face-to-face.

So what next? What's the solution?

20/05/2021, 08:57

# Statistics from HIS Citizens' Panel for health and social care

**64%**

were willing to see a health or social care professional via online tools to help health services to resume.

**58%**

were willing to see a health or social care professional over the phone instead of face to face.

**55%**

were willing to update information on their condition or wellbeing through an app, text or website.

# Introduction into session 1

**Dr Michelle Watts**

Medical Advisor (Primary Care Division),  
Scottish Government



Emotional  
Highs

**Honeymoon**  
Community Cohesion

**Heroic**

**Pre-Disaster**

Warning

Threat

**Impact**

Inventory

**Disillusionment**

**Reconstruction**  
A New Beginning

Working Through Grief  
Coming to Terms

Anniversary Reactions

Trigger Events

Emotional  
Lows

Up to One Year

After Anniversary



"Thank you"



# Kathy Kenmuir

Primary Care Cell Co-Lead,  
Public Health Scotland



# Lynda Hamilton

Specialist Adviser IPC,  
ARHAI Scotland

# IPC Guidance to follow during COVID-19

<https://www.nipcm.hps.scot.nhs.uk/>



NIPCM Index

Care Homes IPCM

Literature Reviews

Search

Contact us



National Infection Prevention and Control Manual

## Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum

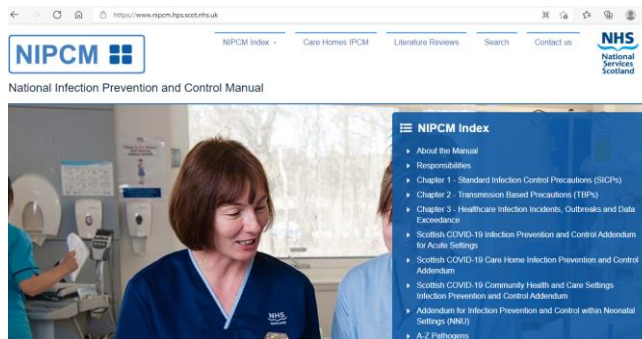
Home > Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum >

This addendum has been developed in collaboration with a wide range of stakeholders to provide Scottish context to the UK COVID-19 IPC remobilisation guidance in community settings. Some deviations from the UK COVID-19 IPC remobilisation guidance exist for Scotland and these have been agreed through consultation with NHS Boards and approved by the CNO Nosocomial Review Group. These processes deviate from the National Infection Prevention & Control Manual normal process for sign off due to the timescales for COVID-19 guidance approval.

The purpose of this addendum is to provide COVID-19 specific IPC guidance for community health and care settings on a single platform improving accessibility for users. The guidance within this addendum is in line with the UK IPC remobilisation guidance however some deviations for NHS Scotland exist.

### Content

- 7.1 COVID-19 case definitions and triage
- 7.2 Individual placement/assessment of infection risk
- 7.3 Hand hygiene
- 7.4 Respiratory and cough hygiene



## Novel coronavirus (COVID-19) Guidance for primary care

Management of patients in primary care

Including general medical practice, general dental practice, optometry and pharmacy

Version 13.3

Publication date: 1 April 2021

<https://www.hps.scot.nhs.uk/web-resources/containers/covid-19-guidance-for-primary-care/>

A to Z of topics | Guidance | Data and surveillance | Publications

## COVID-19 - guidance for primary care

Publication Date: 01 April 2021

Home > Guidance > COVID-19 - guidance for primary care

This is a joint publication between Public Health Scotland and ARHAI Scotland, part of NHS National Services Scotland.

### Version Control

7 January 2021

Version 1.0

First publication

26 January 2021

Version 1.1

Addition of section 7.2.5 'Discontinuing IPC control measures in community health and care settings for CC individuals'

31 March 2021

Version 1.2

Health Centres included in list

Additional paragraph added clarifying position when organisations adopts practices that differ from those in this national guidance.

7.1.2 Definition of suspected case; Additional information and links included

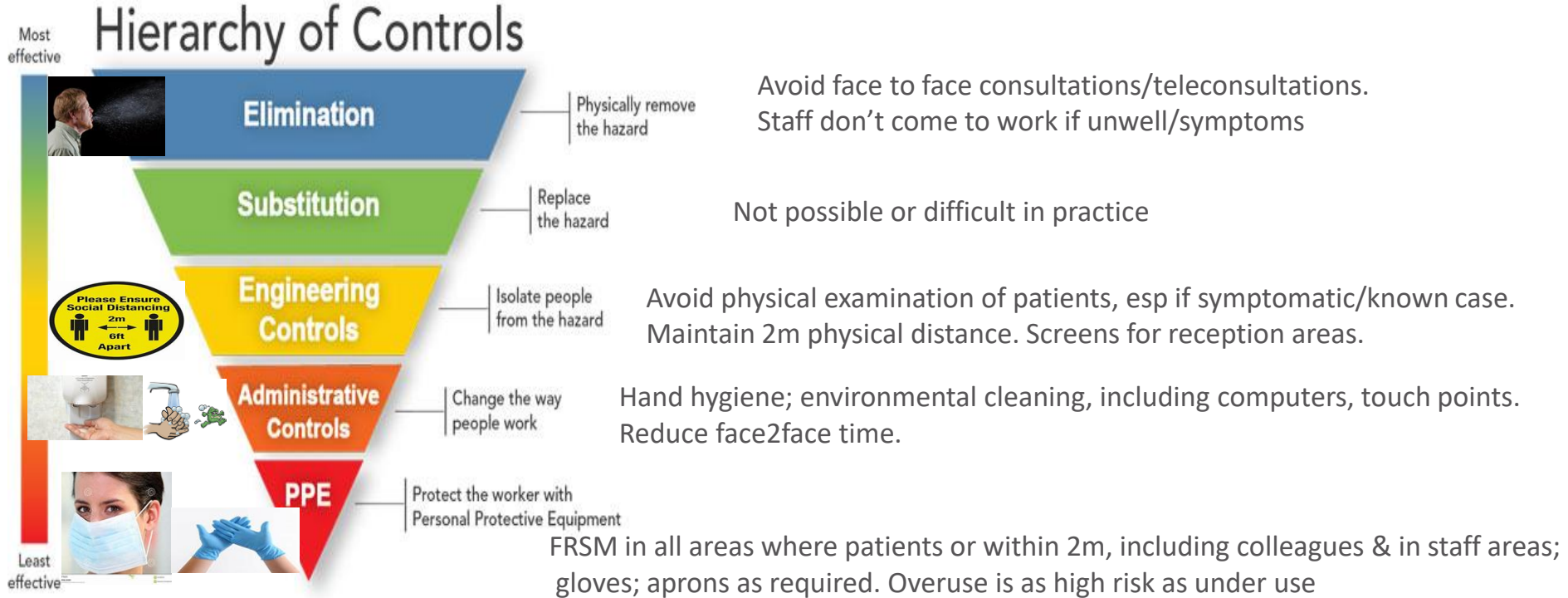
7.1.4 Triageing individuals: International travel isolation changed to reflect current guidance

7.2 Individual placement/Assessment of Infection Risk section updated.

7.2.3 Individuals returning from day or overnight stay, new section included.

7.2.4 Providing care at home; Title amended

# Reducing risk in GP Practices



# Wendy Calder

Practice Manager,  
Annat Bank and Townhead  
Practices, Montrose













# Links Health Garden



# Discussion



# Introduction into session 2

**Dr Scott Jamieson**

Royal College of General Practitioners Scotland

# Accessibility

The jewel in the crown

Dr Scott Jamieson June 2021

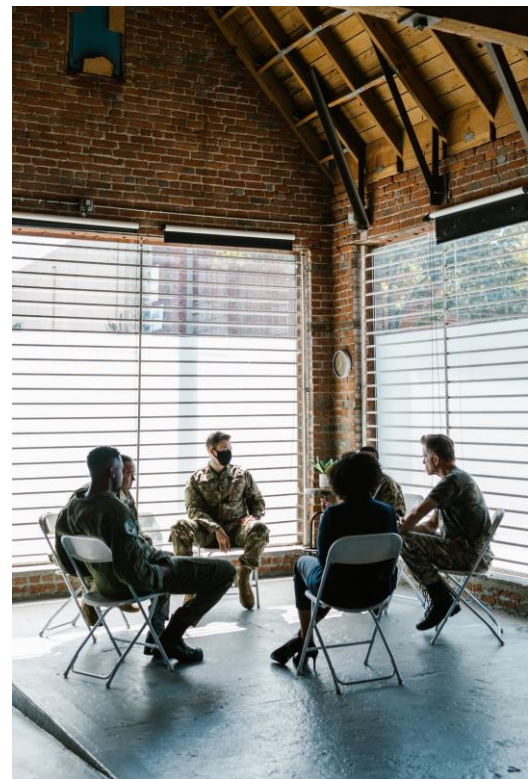
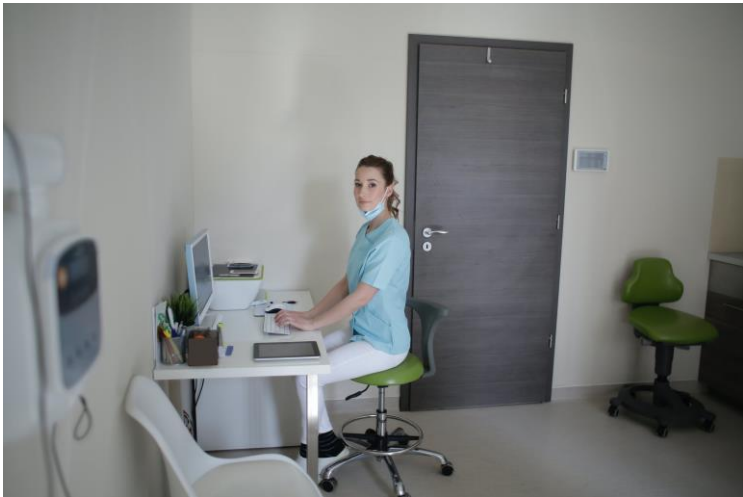


# HOW CAN DATA GATHERING BE DONE?

## Split data gathering vs review





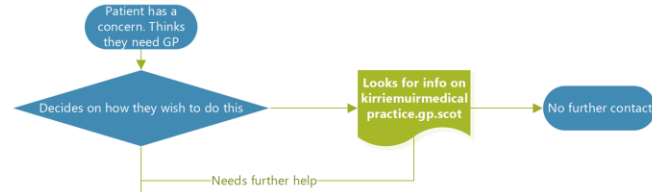




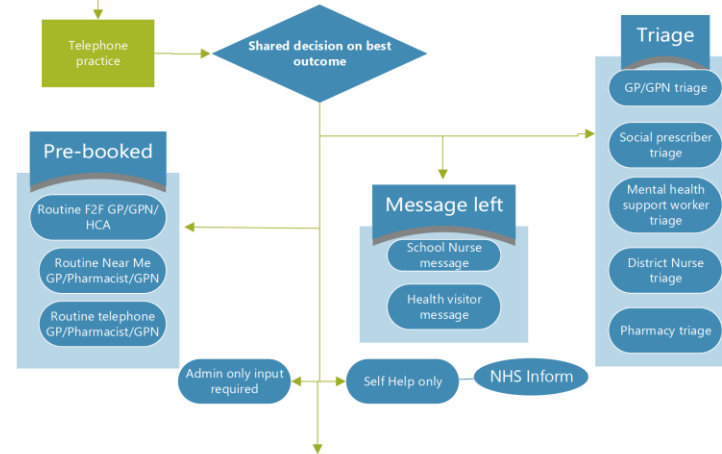


# Care Navigation

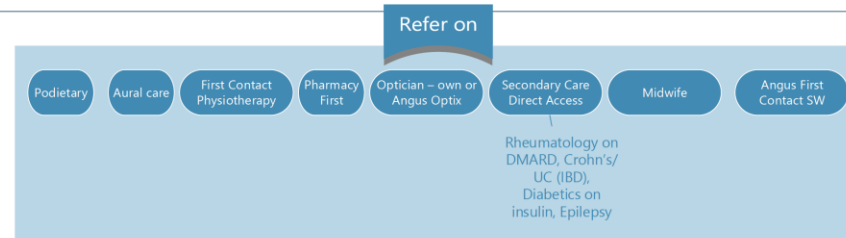
Patient



Practice



External



[bitly.com/Carenav](https://bitly.com/Carenav)



## Health, Wellbeing and Primary Care during the COVID-19 Pandemic

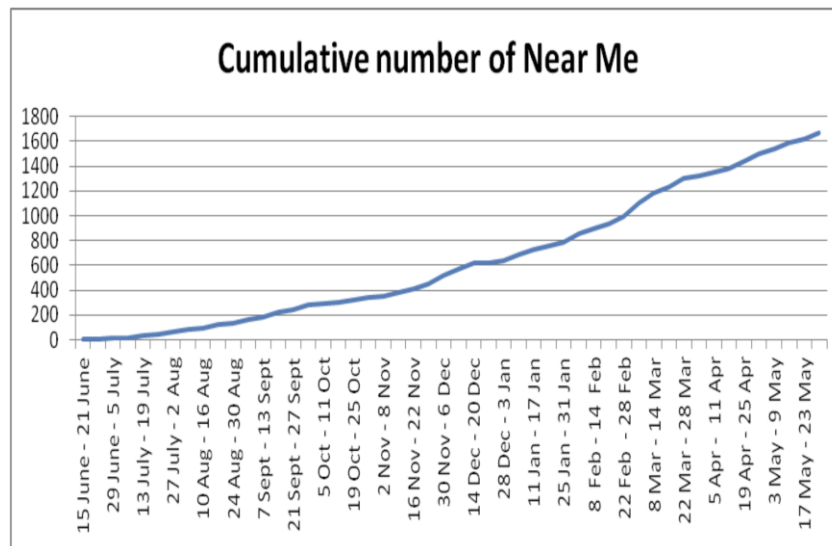
People at the Centre – Mobilisation Recovery

[bitly.com/AlliancePeople](https://bitly.com/AlliancePeople)

*“feel the practice have shut shop since the beginning”*

*“I received messages from GPs advising not to visit the surgery at all, but never received a message saying it was now safe to do so.”*

*“People, particularly those with sensory impairments or specific communication needs, emphasised the importance of having multiple communication channels available”*







*Race for care options versus options offered*



# Using MEDLINK in LTC reviews

Nico Grunenberg





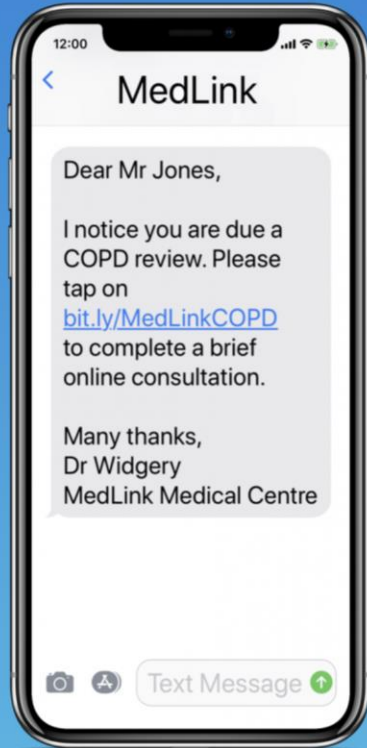
# What is MEDLINK?

- Online clinical review tool
- Remote data gathering tool
- Variety of clinical conditions, also admin and consent

## Why?

- Remote working
- Choice
- Patient engagement
- Care and support planning conversation

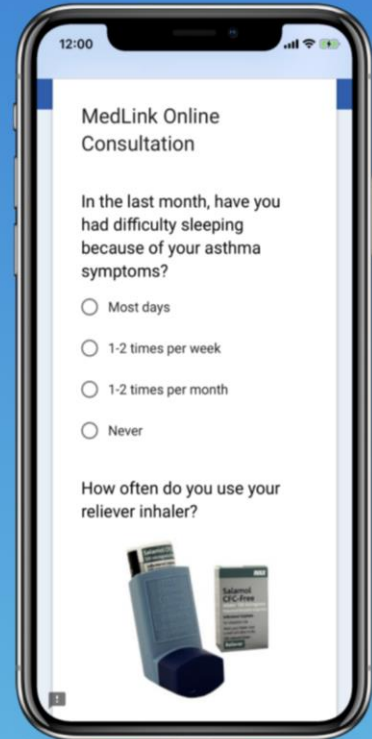
# How does it work?



Bulk messaging by text, email or letter

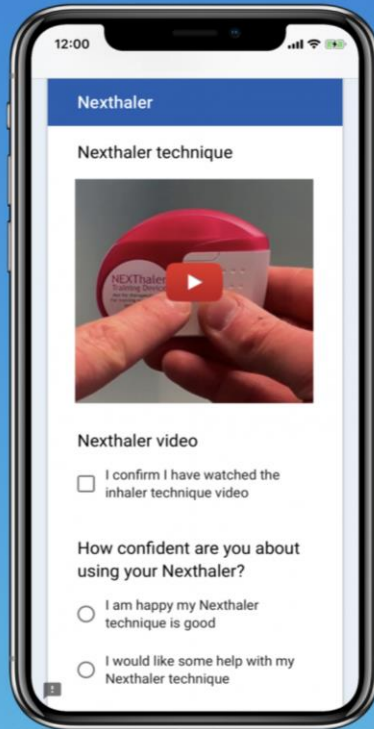
Straight from link to review

No download, registration or login required





# What else



Engaging patient experience with images and videos

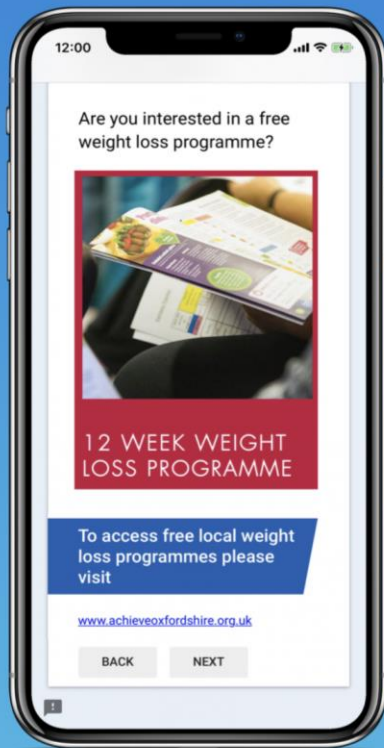
Opportunistic data-gathering (weight, smoking)

Updated to QOF 20/21



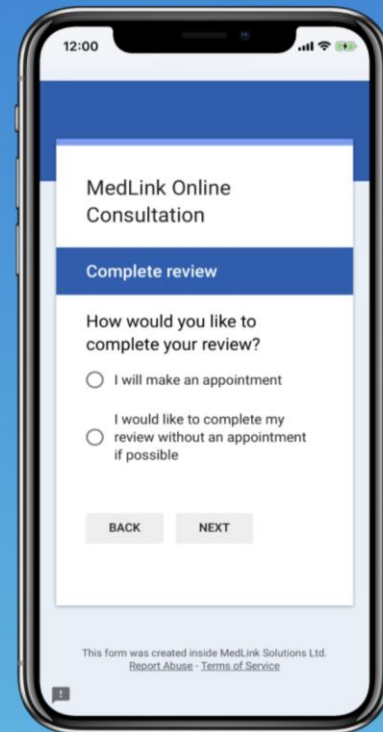


# And also

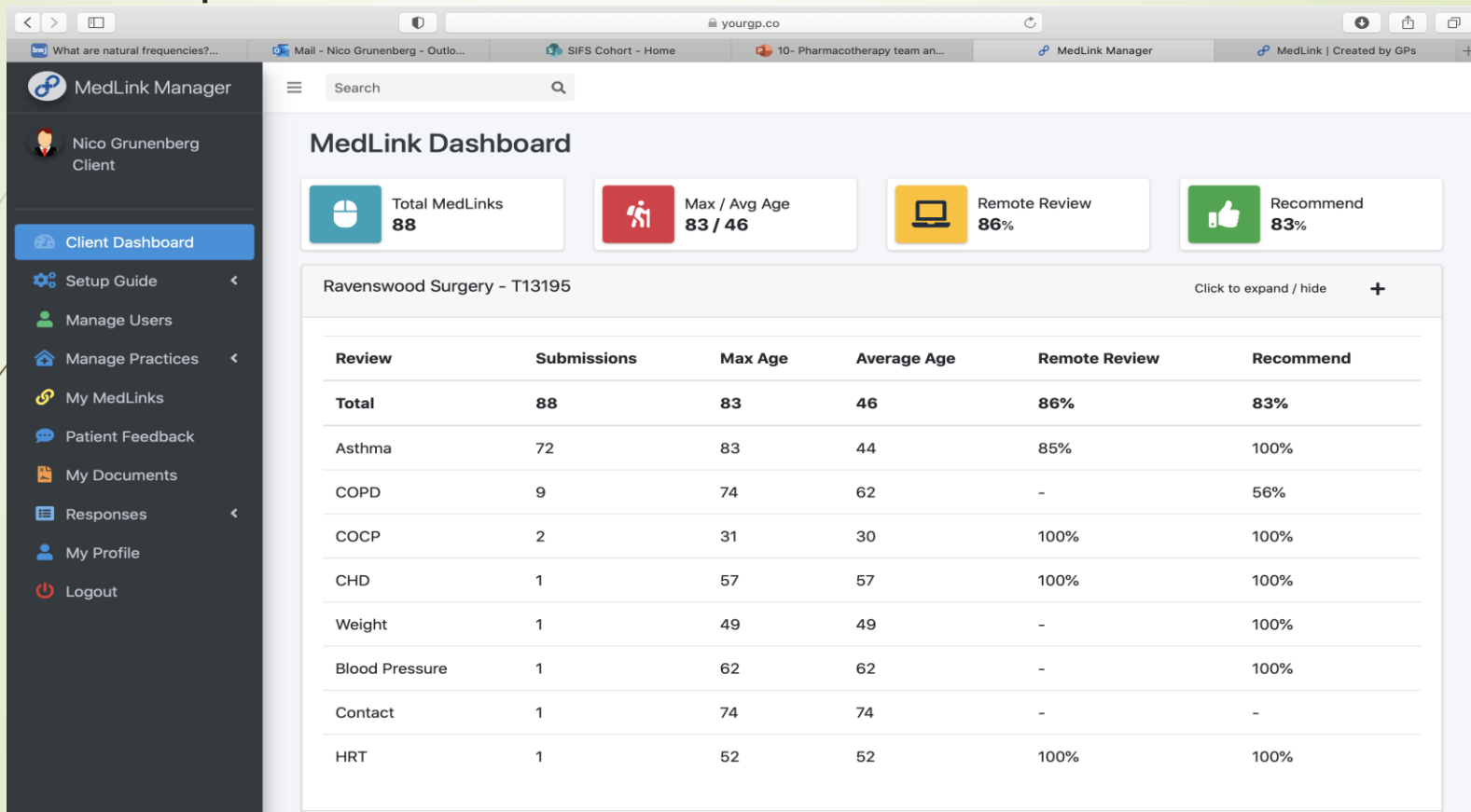


Signpost to relevant resources

Complete reviews remotely if appropriate



# Experience so far




**MedLink Manager**


Nico Grunenberg  
Client


**Client Dashboard**


- Setup Guide
- Manage Users
- Manage Practices
- My MedLinks
- Patient Feedback
- My Documents
- Responses
- My Profile
- Logout

### MedLink Dashboard

 **Total MedLinks**  
88

 **Max / Avg Age**  
83 / 46

 **Remote Review**  
86%

 **Recommend**  
83%

Ravenswood Surgery - T13195 Click to expand / hide

| Review         | Submissions | Max Age   | Average Age | Remote Review | Recommend  |
|----------------|-------------|-----------|-------------|---------------|------------|
| <b>Total</b>   | <b>88</b>   | <b>83</b> | <b>46</b>   | <b>86%</b>    | <b>83%</b> |
| Asthma         | 72          | 83        | 44          | 85%           | 100%       |
| COPD           | 9           | 74        | 62          | -             | 56%        |
| COCOP          | 2           | 31        | 30          | 100%          | 100%       |
| CHD            | 1           | 57        | 57          | 100%          | 100%       |
| Weight         | 1           | 49        | 49          | -             | 100%       |
| Blood Pressure | 1           | 62        | 62          | -             | 100%       |
| Contact        | 1           | 74        | 74          | -             | -          |
| HRT            | 1           | 52        | 52          | 100%          | 100%       |

# More available

Total MedLinks  
**468**

Max / Avg Age  
**87 / 52**

Remote Review  
**90%**

Recommend  
**90%**

Kirriemuir Medical Practice - S13532

Click to expand / hide

| Review                   | Submissions | Max Age | Average Age | Remote Review | Recommend |
|--------------------------|-------------|---------|-------------|---------------|-----------|
| Total                    | 468         | 87      | 52          | 90%           | 90%       |
| Asthma                   | 134         | 85      | 51          | 84%           | 93%       |
| POP                      | 53          | 54      | 38          | 96%           | 100%      |
| COPD                     | 43          | 81      | 64          | -             | 83%       |
| Healthcheck              | 41          | 87      | 67          | -             | 95%       |
| Contact                  | 36          | 83      | 60          | -             | -         |
| HRT                      | 32          | 65      | 56          | 97%           | 94%       |
| COCP                     | 29          | 61      | 32          | 97%           | 100%      |
| Diabetes                 | 26          | 79      | 65          | -             | 64%       |
| Blood Pressure           | 25          | 80      | 61          | -             | 95%       |
| Depression               | 19          | 66      | 47          | 95%           | 84%       |
| Postnatal                | 14          | 43      | 31          | 93%           | 79%       |
| Epilepsy                 | 5           | 63      | 45          | 100%          | 100%      |
| New Patient Registration | 4           | 76      | 58          | -             | 50%       |
| Depression and Anxiety   | 3           | 27      | 21          | 67%           | 67%       |
| Medication Review        | 2           | 63      | 59          | 100%          | 100%      |



# Impact

## Patients

Choice  
Convenience  
Safety  
Improved  
engagement?  
Greater value?

## Staff

Data entry  
Time impact  
Better preparation

## Process

Choice option  
Integrate- search-  
safety net-code  
Review- improve  
HSCP Team  
approach

## Next steps



Guidelines for data entry



Assess impact more formally



What is missing?



Start of a journey...

# Dr Paul Bailey

Newbattle Medical Group,  
NHS Lothian



## Primary Care Resilience Webinar



**NHS**

# Consult at a time that suits you

Get in touch with your GP from home, work or play, day or night without the hassle of waiting for an appointment.



**NHS**

# Avoid the queues

You don't need to wait for an appointment to consult your GP, go online now and beat the queue.

We will get back to you by the end of the next working day and you may not need to come in.



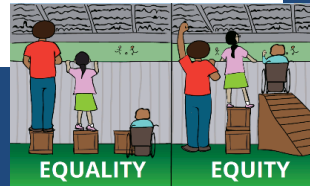
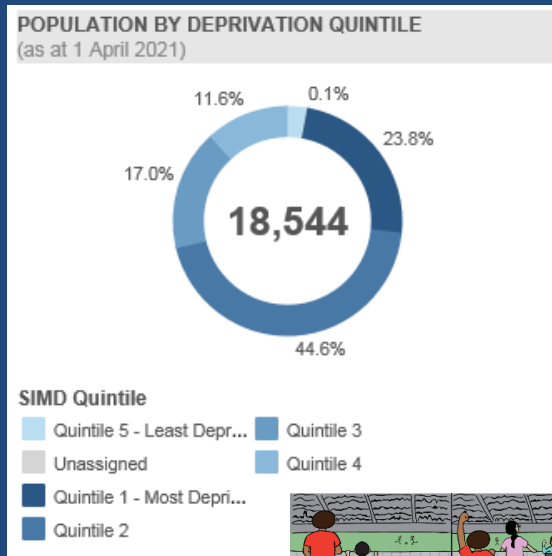
**Get answers you need in 3 easy steps.**

1. Visit the practice website and click on "consult our doctors online"
2. Click on "I want help for my condition" and click on your condition
3. Click on "consult my GP"

**econsult** Your online GP consultation service

Advice from your GP online without having to wait for an appointment.





## Why?

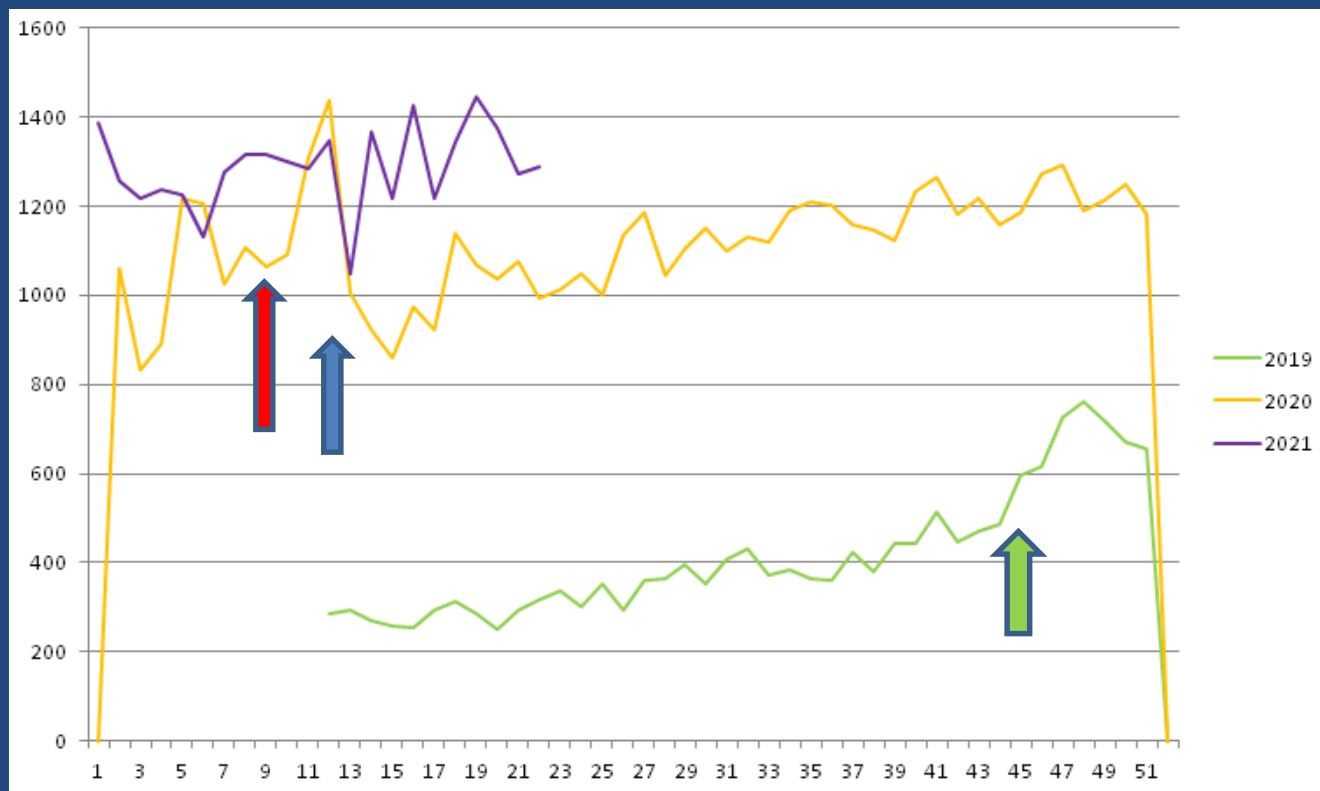
- **Demand Management?**
- **Equitable Access?**
- **Modernising Practice?**
- **Communication aid?**
- **Environmental benefits?**

## Newbattle Medical Practice

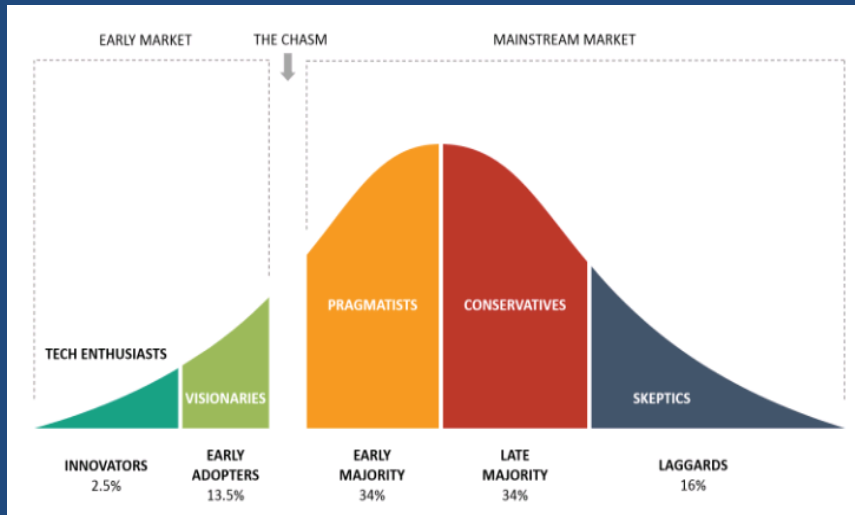
Around 70% SIMD 1&2

- 2009 – Direct Booking:  
10-15% DNA rate  
2-4 week wait  
Duty Doc 40-80 patients per afternoon
- 2013 – Total Telephone Triage:  
Abolished DNA rate overnight  
Duty Doc reduced to 20 patients  
Years to learn how to triage and consult effectively using TTT....
- ..... Increasing demand.  
Engaged tones, Cloud Based Queuing Systems.
- 2019 – March - launched eConsult

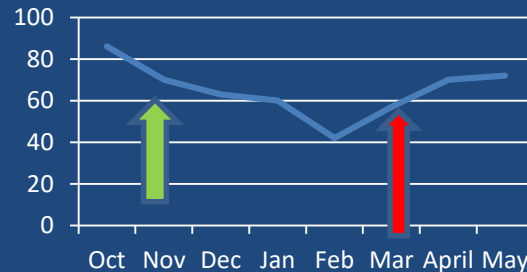




- Need to define what mean by demand (e.g. Daily, Weekly, Unmet)
- Exposed to unmet demand
- Easy to assume that Supply Induced Demand (SID) exists - evidence base remains equivocal. SID? COVID backlog unmet demand?
- Behind the scenes implementation/methods have changed – We're on our 3<sup>rd</sup> method.



**% patients who were satisfied with the service**



Average of all months:

% patients who were **satisfied** with the service = **70%**

% patients who would **recommend the eConsult service** to family and friends = **68%**

% patients who said **their issue was completely resolved seven days** after using the service = **68%**

% patients who **did not have to contact the GP practice or any other health service** for the same problem in the **week after** consulting online = **78%**

# Key Messages

- What is your 'Why'?
- Helpful tool to have to help manage demand
- [Implementation](#) - [QI Toolkit](#)
- Feedback positive. Can be onerous for patients. Need measures in place to prevent 'Digital Divide'/Inequity.
- Efficient *triage* is the aim (Not replacing either telephone or F2F consulting).
- Would any of GPs at Newbattle go back ? – No. Triage is about Continuity of care, Right Person, Right Place, Right Time.

# Adam Czarnobay

Practice Manager,  
Lerwick Health Centre,  
NHS Shetland

# **Adam Czarnobay, Practice Manager, Lerwick GP Practice, Shetland**

- Experience of using Ask My GP
- Remote & rural approach
- Lessons learnt
- Patients & staff feedback

**Main issue! Too much traffic!**





## Ask My GP

- Gives the power back to the clinicians
- Primary Care now has the information to decide which member of the MDT is best placed to provide care instead of patient saying 'I want a doctor!'
- Improves accessibility for patients
- Ask My GP is in essence is a traffic management system
- Has reduced the wait for a GP from 4 weeks to 1 day
- Remote & Rural view

# Lessons Learnt, Patient & Staff Feedback

- Clinicians can now triage more accurately instead of seeing patients 'blind'
- The system is easy for admin staff to work with and reduces grumbles from patients about 'not being able to get an appointment'
- 'I went from just querying if I needed to do anything about a situation to having an appointment and getting the answer I needed all within a few hours'
- 'Fantastic service, solved issues quickly and efficiently without having to leave work, great advice from GP'
- 'The appointments system is brilliant!!  
It's very hard when you're working, to phone at 8.30am and be on hold for ages and sometimes never getting an appointment so I welcome this change'

## Facts & Figures

- Has reduced phone calls into the practice by approx. 50%
- Has a current patient approval rating of 96%
- Practice of 8,700 patients can now get same day contact from a clinician online instead of waiting in a phone queue
- NHS Shetland has purchased Ask My GP system for several other practices in Shetland
- Next step? – Integrating remote Locum GP working through Ask My GP

# Video



The banner features the NHS Ayrshire & Arran logo on the left, which includes a statue of a man in a white coat and a portrait of Duncan McNab. To the right of the logo is a green speech bubble containing a white 'e' followed by the word 'consult' in blue. Below the logo and speech bubble are two landscape images: a coastal scene with a lighthouse and a stone bridge over a river.

**NHS**  
Ayrshire  
& Arran

**e consult**

Duncan McNab, GP and Assistant GP  
Director, NES

# Discussion

# Closing remarks

**Jill Gillies**

Portfolio Lead,  
Primary Care Improvement Portfolio,  
Healthcare Improvement Scotland





# Practice Administrative Staff Near Me Quick Start Guide



**Marc Beswick**

National Lead - Near Me Network  
Technology Enabled Care Programme  
Scottish Government

# Webinar Series so far...



6  
webinars



9  
priority topics in  
primary care



2285  
registered  
attendees



90% of evaluation  
respondents likely or  
very likely to attend  
future webinars

|                |   |
|----------------|---|
| May 2020       | Managing patient care with technology and Learning from primary care services response to COVID-19    |
| June 2020      | Interface between primary care services and care homes and Primary care recovery                      |
| July 2020      | Medicines in Primary Care, including NHS Pharmacy First Scotland Service and pharmacotherapy services |
| September 2020 | Managing Long-Term Conditions in Primary Care   |
| December 2020  | Interface working in Primary Care   |
| March 2021     | Why 'What Matters To You' and multidisciplinary care planning   |

# Next steps



Evaluation  
survey – link in  
the chat box



Follow up  
email circulated  
soon



Next webinar  
date

# Keep in touch



[ihub.scot/primary-care](http://ihub.scot/primary-care)



@SPSP\_PC    **#** PCImprove



[his.pcpteam@nhs.scot](mailto:his.pcpteam@nhs.scot)

