

Practice

MANAGEMENT

The essential resource for today's GP practice manager

Digital change

Technology in general practice could improve access for patients and offer clinicians more time to focus on care delivery



Plus ...

What does an inadequate practice look like?
A positive approach to communications
Sharing staff across a network

A positive approach to communications

GP practices need to develop unified practices to make the shift from a corner shop model to one that can compete for the attention of those attracted to online providers such as Babylon, argues Paul Bensley

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The drive to a digital-first healthcare model creates a range of challenges for the typical GP, not least the need for efficient communication technology and processes to help them cope with consumer demand and to support the patient journey.

These challenges are well known to practices, as was highlighted with the launch of the recent tech manifesto from the Royal College of GPs.¹ The AllSystemsGP paper noted that practices need technology that makes the lives of GPs and their teams easier; yet too often, technology gets in the way of efficient patient care.²

With increasing methods for patients to interact with their surgery, practices have to deal with information from multiple sources. Each may need dealing with differently, which can get in the way of efficient care.

Appointment requests, for example, can come through the phone, both direct and automated. People can walk in to the surgery, or book appointments online or through apps. These inputs need to be processed by different systems, which do not always talk to each other. Requests get prioritised in their own particular way. Effective integration – as called for by the RCGP – looks some way off at the NHS frontline. Tasks are cumbersome rather than automated, when the pace of change demands more.

This creates an administrative headache for practice staff as they look to provide a responsive service that patients increasingly expect. GPs are faced with having to navigate a new system each time they want to perform a similar communication task.

Meanwhile, new entrants such as Babylon are more likely to be using standalone

technical systems that underpin efficient communication, which can help both the patient and the GP.

These address a market highlighted in recent Accenture Health research, that showed that some of today's consumers want to engage in non-traditional methods of communication.³

Through a more unified and integrated communication approach, Babylon-style market disruptors can deliver seamless, Amazon-style services, for this patient cohort, and the GP.

If GPs are to face this challenge, they have to catch up from running a personalised, corner shop model, in which each part of the system plays its own, separate part. This means integrating systems and processes, so that GPs have the tools to provide a Babylon-style approach. As the RCGP notes, GPs are ready to embrace change, but need the supporting IT to help them catch up.

The need for multiple methods of GP-patient communication

Take, for example, the rush towards video consultation. It is a powerful communication tool, and particularly useful for GPs talking with patients in their own home, or in care homes. The use of video is expected to rise.

However, video is just one component of several that support GP-to-patient communication. The telephone still makes up the most significant proportion of this communication. Almost eight out of ten patients use the telephone system as their first point of contact with the health service, according to the latest GP Patient Survey.⁴

Unfortunately, video communications have not been integrated with telephone



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systems, adding to the plethora of systems and processes that practices have to deal with.

Integration is vital if GPs are to provide the seamless, convenient service that today's consumers demand. Through integration, GPs can come to expect the unified working practices that they need to deliver such a service.

GPs should have a simple way to contact patients using phone, video, email or text. Systems do not yet work together to support such efficient communication.

Because of this need, our focus is on blending video with telephony to provide GPs with a single prioritised queue. They have easy ways to call patients on their list, using video or the phone.

This completes one part of the jigsaw, but more needs to be done if we are to complete the picture.

Building relationships is vital to better integration

Suppliers need to be working with each other, to empower their customers – GPs – with an integrated platform for patient-first primary care. That is the kind of approach that we are seeing in our work with Worcestershire CCGs, and it embraces the interoperability that the RCGP called for in its tech manifesto.

Often, these suppliers are in isolated spaces, providing a solution to one specific problem. Many have an appetite to engage with others, but they are not quite sure how to get it going, or they don't have the resources. Some don't have the appetite at all.

Improved communication between the suppliers is required, so they develop positive working relationships. Even if there are not, as yet, common standards in widespread use, these relationships can help gradually pull together different approaches in the interests of the people they serve.



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Improving communication is also relevant to GP surgeries as they look to work at scale, through federations, hubs, or the emerging primary care networks. These practices are trying to pull together multiple different working procedures. For some, there's a lot of resistance to change.

Relationships between practices are still forming and evolving. We have yet to see if discussions have reached the technical stage, putting in place the necessary communications infrastructure that will support market consolidation. The RCGP's support will help. However, if suppliers continue to work together to see the bigger