healthwatch
Enfield

Using technology to ease the burden on primary care

Contents

Executive Summary

The use of apps, video calling and email in healthcare has the potential to improve patient access to health services, in addition to providing cost savings and efficiencies for providers and commissioners. Utilising such technology in healthcare is a topic often discussed as a service delivery model of the future. The NHS Five Year Forward View plans to *'harness technology and innovation'* and explains how the NHS is a *'committed partner to providing an environment where technologies can be developed and tested, and used to transform services to improve outcomes and reduce cost'* (NHS England, 2014)[1].

Despite this, little research currently exists to support the use of apps, video calling and email in healthcare services.

The sparse research conducted in the UK on the use of these technologies within primary care focuses on limited sample sizes and/or only focuses on the perspective of professionals, not patients (Leng et al, 2016[2]; Majeed, 2017[3]; Peters et al, 2018[4]; Randhawa et al, 2018[5]).

It is believed that almost 9 in 10 adults in the UK have internet access (Office of National Statistics, 2018)[6] and 85% of adults own a smartphone (Deloitte, 2017)[7]. Every year, GP practices across the country provide over 3 million consultations (NHS England, 2014)[8]. With increasing use of patients opting to use GP video calling apps such as 'GP at Hand' to consult with their GP[9], should the NHS be utilising technology more? And is anyone listening to what patients think?

Healthwatch Enfield is an independent consumer champion for health and social care. As part of our role to amplify the patient voice, we wanted to listen to the patient's perspective on the use of technology in primary care.

Specifically, as work is currently being undertaken to develop potential solutions to limit the burden on primary care, we wanted to hear what patients thought of using:

- a trusted NHS symptom checker via a website or an app before seeking advice from their GP

- video calling and email to seek medical advice from a primary care physician.

We also collected patients' experiences of using GP online services, to enable us to explore potential learning for future developments.

Between August 2018 and September 2018, Healthwatch Enfield engaged with over 1,000 local residents to hear their thoughts about existing and potential technological solutions that could ease the burden on primary care.

In terms of GP online services, those currently available *'aim to enhance the quality of care provided by offering online services; increasing choice and convenience for patients'*[10] giving individuals the ability to book appointments, request repeat prescriptions or review their records. More than 75% of Enfield residents we heard from, were aware of GP online services however just over a third of them reported using the online facility. Some reported not requiring it but many told us about it being difficult to set up and use, not being computer literate, not having the right equipment or preferring standard communication channels such as telephone or visits to the practice. Local residents have also identified ways in which GP online services could be improved through:

- simplifying the registration process

- making the interface more user-friendly

- introducing more and different types of appointments

- enabling parents to book appointments for children

- making it possible to request repeat prescriptions for all medications, not just selected ones

1   NHS England, Five Year Forward View (2014), Harnessing technology and innovation
2   Leng et al (2016), The acceptability to patients of video-consulting in general practice: semi-structured interviews in three diverse general practices
3   Majeed, A (2017), Video consultations can improve both access to GPs and patient experience
4   Peters et al (2018) The impact of private online video consulting in primary care
5   Randhawa et a (2018), An exploration of the attitudes and views of general practitioners on the use of video consultations in a primary healthcare setting: a qualitative pilot study,
6   Office of National Statistics (2018) Internet access – households and individuals, Great Britain
7   Deloitte (2017) UK Public Glued to Smartphones
8   NHS England, Five Year Forward View (2014), Primary care
9   British Medical Journal (2018), Babylon app increases CCG costs
10   https://www.england.nhs.uk/gp-online-services/about-the-prog/services-for-gps/

In terms of the potential solutions that could ease the burden on primary care, based on quantitative analysis of data collected from 1,071 individuals:

- being able to email their GP to seek medical advice was identified as an option by, on average, 66% of respondents

- a trusted NHS website or an app to check symptoms before seeking advice from their GP was identified as an option by, on average, 63% of respondents

- having a GP appointment via video calling services such as Facetime, Skype or WhatsApp, was identified as an option by, on average, 60% of respondents

It is clear that individuals, who participated in research conducted by Healthwatch Enfield, showed an interest in using a trusted NHS website or an app to check symptoms before seeking advice from a GP. FaceTime, WhatsApp, Skype or other video calling services have the potential to transform the way in which patients access support from their GP. E-mailing a GP to seek medical advice seems to be the most popular with patients and offers an opportunity to change the approach to primary care services delivery with a great potential to ease the burden on primary care.

However, all of these ideas will take significant time to realise, as they require a change in hearts and minds of patients who have a firmly rooted

belief in face-to-face contact with primary care physicians. Consideration will also need to be given as to how the introduction of new technological solutions does not widen the health inequality gap by making the access easier only for those who can afford the right equipment or who are computer literate.

The analysis carried out by Healthwatch Enfield shows that there is learning to be gained from the introduction and deployment of GP online services. **We therefore ask NHS England[11], NHS Digital[12] alongside local and national providers and commissioners of healthcare services to:**

- **utilise local people's feedback to improve GP online services, as identified by patients**

- **involve patients in co-designing systems, not only giving individuals ownership but also ensuring any solutions are right the first time round**

There seems to be sufficient demand for new ways of delivering primary care services and such innovation can play a significant role in easing the burden faced by general practice. The time to act seems to be now, through a meaningful partnership between patients, providers and system leaders.

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11   NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care.
12   NHS Digital supplies information and data to the health service, provides vital technological infrastructure, and helps different parts of health and care work together.

Methodology

Between August and September 2018, Healthwatch Enfield engaged with Enfield patients to listen to their experiences of using existing technologies to interact with primary care and gather individual's views and opinions about potential developments, including:

- using a trusted NHS symptom checker via a website or app before seeking advice from their GP

- contacting their GP via video call

- emailing GP to seek medical advice

Through hosting 37 engagement sessions, we spoke to patients face to face in local GP practice waiting rooms, A&E departments, leisure centres, colleges and community events. In addition, we also provided collection boxes for paper surveys and access to a standard questionnaire, online.
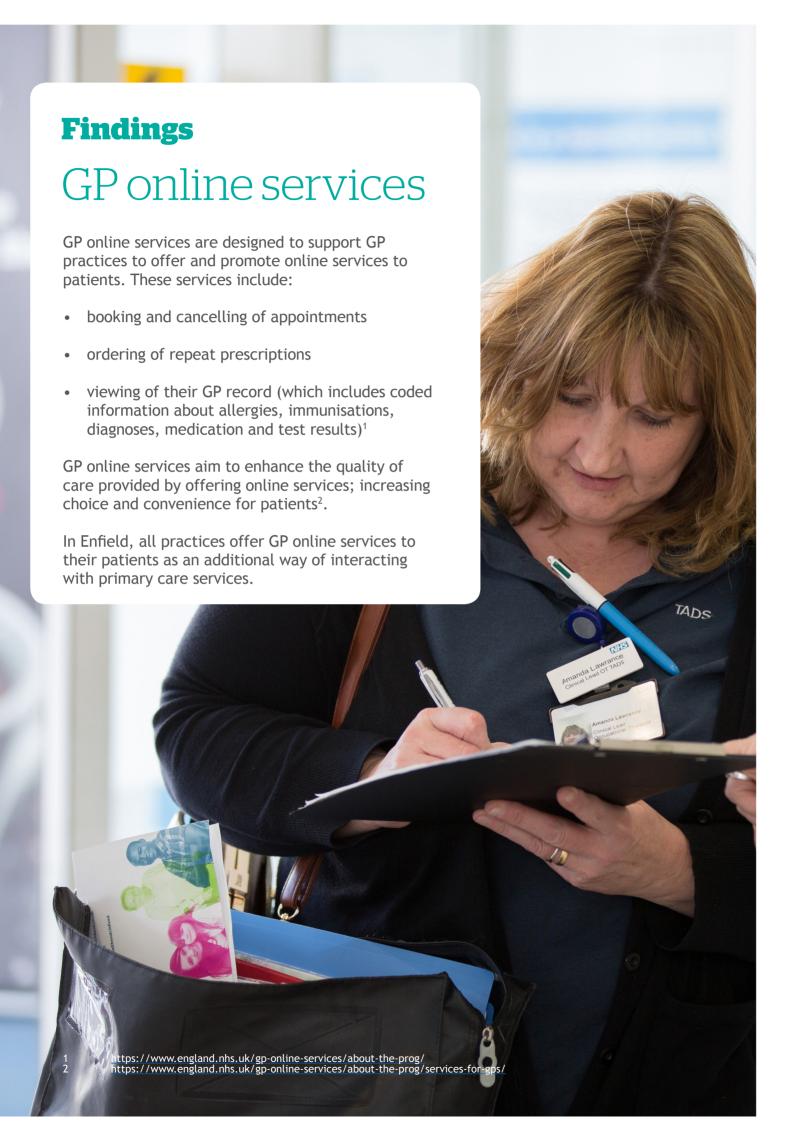
Due to the voluntary nature of individuals' participation in the conversations, a standard set of data was developed but not collected for each individual. Therefore, the sample size varies depending on information provided.

This report articulates the findings from talking to 1,071 people.

Findings

GP online services

GP online services are designed to support GP practices to offer and promote online services to patients. These services include:

- booking and cancelling of appointments

- ordering of repeat prescriptions

- viewing of their GP record (which includes coded information about allergies, immunisations, diagnoses, medication and test results)[1]

GP online services aim to enhance the quality of care provided by offering online services; increasing choice and convenience for patients[2].

In Enfield, all practices offer GP online services to their patients as an additional way of interacting with primary care services.

Awareness of GP online services in Enfield

On average, 76% of individuals, who participated in research carried out by Healthwatch Enfield, reported they were aware of being able to book GP appointments and order repeat prescriptions online.

The levels of awareness differ based on individual's age, ethnic origin and socio-economic status[1].

Our findings suggest that the current approaches and communication materials used to raise awareness of GP online services in Enfield may need to be reviewed as there is a 20%, a 15% and a 15% variation in the levels of awareness based on age, ethnicity and economic status respectively.

Figure 1. Percentage of individuals aware of GP online services

AGE GROUP
63% 18-24, 66% 25-39, 75% 40-54, 83% 55-69, 78% 70+

ETHNICITY
79% White, 74% Other[2], 74% Mixed, 64% Black or Black British, 76% Asian or Asian British

LOCALITY
71% North East, 69% North West, 66% South East, 81% South West

Uptake of GP online services

Although 76% of individuals, who participated in research carried out by Healthwatch Enfield, reported being aware of GP online services, on average, just 39% of them advised us of using the facility. The uptake of GP online services varies depending on individual's gender, age and ethnic origin.

Those identifying as female have reported using GP online services to interact with primary care, more than their male counterparts.

33% FEMALE

27% MALE

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1   https://www.england.nhs.uk/gp-online-services/about-the-prog/
2   https://www.england.nhs.uk/gp-online-services/about-the-prog/services-for-gps/

1   Wards in the East of the borough, such as Edmonton Green, Upper Edmonton and Lower Edmonton, rank among the 10% most deprived wards in England. Wards in the west of the borough, such as Cockfosters, Grange Park, Highlands and Winchmore Hill, rank among the least deprived wards in England. Source: Enfield Joint Strategic Needs Assessment (JSNA) https://new.enfield.gov.uk/healthandwellbeing/jsna/topics/demography/
2   'Other' ethnic background included those from a Turkish, Greek Cypriot, Turkish Cypriot and Greek communities

Those identifying as male reported: not being computer literate, not having access to equipment and not understanding how to use the system, as the main barriers for the lower uptake of GP online services.

'I don't have a computer or broadband at home'

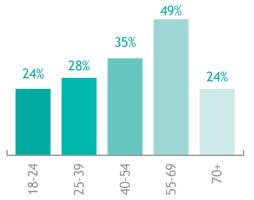*'I don't know how to use computers because I am 85 years old'*

'No phone or iPad'

'I don't know how to do it. So, I prefer to call'

'Not sure how to use it'

Analysis of data collected demonstrated a 25% difference in uptake of GP online services based on individual's age.

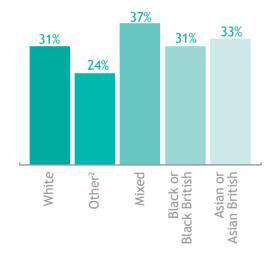**Figure 2. Percentage of individuals using GP online services by age**

The main reasons quoted to explain the variation were:

- Not requiring the service to access appointments / interact with primary care, applicable to almost one in two of those aged 18 to 25

- Preference to utilise standard communication channels, like telephone, to engage with primary care, applicable to those aged 25 – 39

- Not having access to equipment or not being computer literate, applicable to those aged 70+

A 13% difference in uptake of GP online services emerged based on individual's ethnicity.

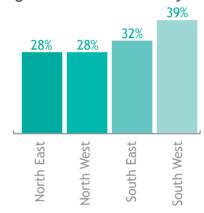**Figure 3. Percentage of individuals using GP online services by ethnicity**

Almost one in two of those identifying as Black or Black British stated that they 'did not need to book their appointments or interact with primary care services through GP online services'. With 79% of individuals from these groups reporting a positive experience of booking GP appointments[1] through other means, it seems the uptake of GP online services may be closely linked to the ease of access.

Although our data suggests that there are socio-economic differences

in individual's awareness of online services, levels of deprivation did not reflect the levels of uptake of online GP services. Individuals within the more deprived wards within the South East of Enfield reported using online services more than those in more affluent areas within the North East and North West of the borough.

Figure 4. Percentage of individuals using GP online services by locality

'I prefer to call the GP'

'Thought it would be easier on phone.'

'I hate technology & would rather speak to a human being'

The qualitative analysis of data indicates that one in four individuals, who reported not using GP online services, did not do so because of:

- issues with appointments, both availability and type
- challenges with registering and maintaining access to the system
- finding the system inflexible
- finding the system difficult to use

'I tried to book an appointment online and couldn't get one until 2 weeks'

'System not updated. Always say no appointment available.'

'When you go online, they say no available appointment'

'Never any appointments available'

'because you can't get same day appointment'

'It is very rare to find an appointment online'

'You can't get a same day appointment online'

'You can't book a nurse online'

One of the main barriers contributing to the low uptake was identified as a cumbersome registration process that requires the patient to visit their GP surgery to obtain relevant details.

'It is a pain to sign up'

'I couldn't set it up, I did try'

'Registration requires a prior visit to the surgery'

'The process to sign up is complicated. I got a form, then took 90 days to process, and then I had a shortish window to go in with ID. I didn't make the window so have to start the process again'

'They made it too difficult to register. I haven't yet gone back to try again. Make online registration function and easier to register. It's a palaver to register'

'Can't register online and requires going into the surgery'

Many patients also shared their frustration with the way the system is set up. At a time where majority of commercial service providers offer personalised logins or access to portals through an e-mail address, GP online services require individuals to remember / note a long, numerical user ID. This has no relation to the person making it more likely for the information to be lost or forgotten - another issue identified by patients which made it easier for individuals to simply stop using the service.[1]

'Login details don't work. Tried to reset but doesn't work. Asked surgery to assist but just gave me same details I already had. I am computer literate so it's not me being stupid'

'I cannot use it at the moment because I cannot get into my account'

'Lost my information needed to carry this out and too busy at work to get another one printed out'

'My login details are long and irrelevant to me. I can't remember them'

The way in which GP online services are configured currently, does not allow family members to share log in details or for parents to be able to book appointments for their children.

'I have registered for myself and my daughter, however cannot have the same email address for both of us (what 5 year old has their own email?!) so still have to phone if I want an appointment for my daughter.'

'My child is a minor and thus we were told we couldn't use the online service to make appointments for her so I never bothered'

'My husband cannot register with my email address, he doesn't have one'

Several individuals also commented that GP online services are not user-friendly.

'The system is too complicated and cumbersome'

'Website needs to be simplified'

'Last time I tried, I found it confusing'

'It's confusing and not logical.'

'Too difficult'

The uptake of GP online services seems low when compared with the levels of awareness reported in Enfield and will require a shift in behaviours, particularly for patients who prefer to utilise standard communication channels, like telephone or face-to-face engagement. Ongoing consideration will also need to be given to ensuring that the shift to technological solutions does not widen the health inequality gap for those who are not computer literate or cannot afford the equipment necessary to engage with primary care.

As there is a push to promote the GP online services, there are opportunities to improve the system utilising patients' feedback, e.g.

- simplify the process of registration

- ensure the interface is user-friendly

- widen the choice of appointments including ability to book nurse appointments

- enable the online system to offer the same service to parents for their children

- update the functionality to request repeat prescriptions for all medication

'GP online services aim to enhance the quality of care provided by offering online services; increasing choice and convenience for patients'.[2] Based on the data gathered by Healthwatch Enfield, more focus should be given to make GP online services work for patients.

"The system is too complicated and cumbersome"

1   Since conducting its research, Healthwatch Enfield established that the main provider of GP online services used in Enfield, Patient Access, allows users to change the settings so that patients can log in using an email address. Unfortunately, this is not widely known or publicised.

2   https://www.england.nhs.uk/gp-online-services/about-the-prog/services-for-gps/

Using a trusted NHS website or an app to check symptoms before seeking advice from a GP

The NHS England 'NHS Apps Library' has made headway towards providing patients with over 70 'NHS approved' apps to help them manage their health (NHS Digital, 2018)[1]. More than 43 million visitors use the NHS.UK website per month (NHS.UK, 2018)[2] so there seems to be interest in accessing medical advice through website and apps but what is the patient's perception of these? Can they work as a method of supporting overstretched primary care, enabling patients to seek advice and self-manage before interacting with a GP?

Of the individuals who shared their views with Healthwatch Enfield, on average 63% indicated they would use a trusted NHS website or an app to check their symptoms before seeking advice from their GP however, this depends on personal characteristics.

There were no gender differences in whether individuals were more likely to use a symptom checker, but there were age differences. The appetite to use a 'symptom checker' via a trusted NHS website or an app declined with age.
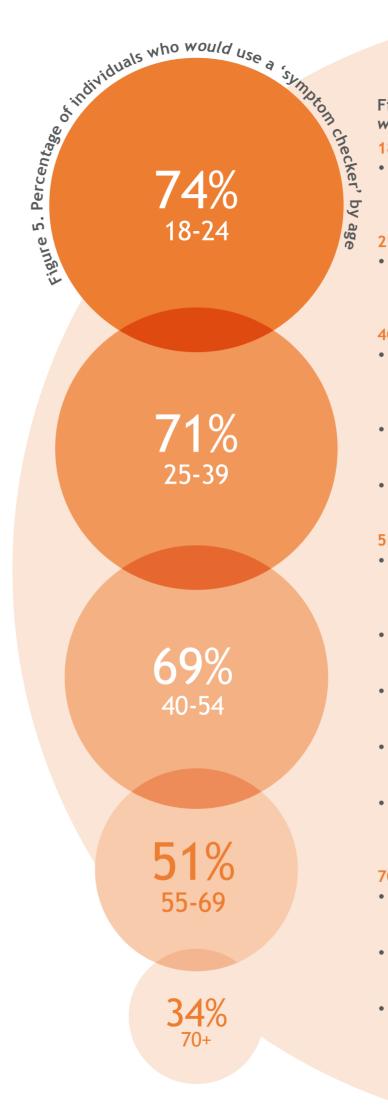
1   NHS Digital (2018), NHS Library reaches 70 apps in honour of the NHS birthday
2   NHS.UK, About the NHS website (2017), About us

Figure 5. Percentage of individuals who would use a 'symptom checker' by age

74% 18-24

71% 25-39

69% 40-54

51% 55-69

34% 70+

Figure 6. Main reasons why individuals *wouldn't* use a 'symptom checker'

18-24
- concerned that the diagnosis could be wrong and/or cause anxiety (17% of respondents within the group)

25-39
- concerned that the diagnosis could be wrong and/or cause anxiety (39% of respondents within the group)

40-54
- Concerned that the diagnosis could be wrong and/or cause anxiety (36% of respondents within the group)
- Would rather see a doctor or a nurse (5% of respondents within the group)
- Not being computer literate and/or having the equipment (3% of respondents within the group)

55-69
- concerned that the diagnosis could be wrong and/or cause anxiety (25% of respondents within the group)
- Would not trust the information given (14% of respondents within the group)
- Could be too difficult / complicated to use (4% of respondents within the group)
- Would rather see a doctor or a nurse (31% of respondents within the group)
- Not being computer literate and/or having the technology (31%" of respondents within the group)

70+
- Could be too difficult / complicated to use (4% of respondents within the group)
- Would rather see a doctor or a nurse (31% of respondents within the group)
- Not being computer literate and/or having the technology (31%"of respondents within the group)

'It usually says the worst so I prefer not to'

'I might use a website to get an idea of what a symptom was, but self-diagnosis is a dangerous thing!'

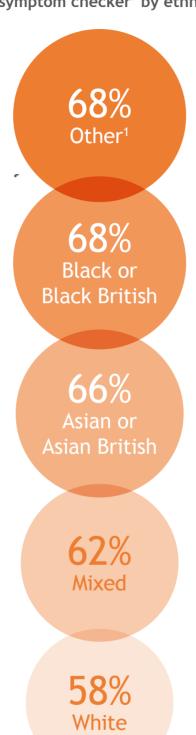*'I'm not a qualified doctor so could be wrong'*

'Because it could cause panic and people might end up looking at the wrong symptoms'

There is a 10% difference in individual's willingness to use a trusted NHS website or an app to check their symptoms based on ethnicity. Of particular note is the fact that people who identified as 'White British' are least likely to utilise such solutions. Despite being the group least worried about the issues with accuracy of diagnosis through a 'symptom checker', individuals from this group were clear in defining their preference to see a doctor or a nurse face-to-face.

Therefore, the role such solutions will play in limiting the burden on primary care will take significant time to realise as the preference to see a doctor or a nurse is firmly embedded in the mind set of patients. The success of trusted NHS websites or apps will also heavily depend on the ability to change hearts and minds as patients are anxious that a 'symptom checker' will 'get it wrong'. It is therefore of utmost importance to involve lay people in co-designing a solution that not only works for them but the one they can trust.
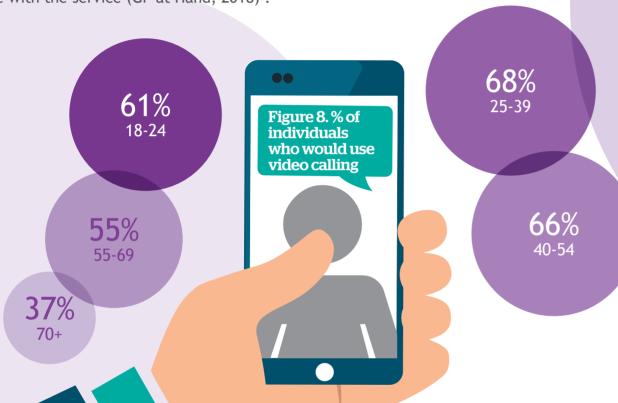
Figure 7. Percentage of individuals who *would* use a 'symptom checker' by ethnicity

68%
Other[1]

68%
Black or Black British

66%
Asian or Asian British

62%
Mixed

58%
White

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1   'Other' ethnic background included those from a Turkish, Greek Cypriot, Turkish Cypriot and Greek communities

Having GP appointments via video calling services such as Facetime, Skype or WhatsApp

Currently, it is estimated that almost 50% of smartphone users in the UK have an iPhone that has access to video calling services such as Facetime (Statista, 2018)[1], 58% of adults aged 18+ in the UK use WhatsApp and 40% use Skype (Avocado Social, 2018)[2]. Increasing numbers of patients are choosing to use video-calling services to consult with their GP. 'GP at Hand', which offers video consultations, has over 30,000 patients in the UK registered; they have reported a 96% satisfaction score with the service (GP at Hand, 2018)[3].

61%
18-24

Figure 8. % of individuals who would use video calling

68%
25-39

55%
55-69

66%
40-54

37%
70+

So, are FaceTime, WhatsApp or Skype the solution to delivering primary care in a new way?

Of the individuals who shared their views with Healthwatch Enfield, on average 60% indicated they would use video calling services such as Facetime, Skype or WhatsApp to consult with their primary care physician, however, this would depend on personal characteristics.

Our findings suggest no gender differences in whether individuals would have a GP appointment via video calling, but there were differences according to individual's age.

Figure 9. Reasons why individuals would not use video calling

18-24
- would rather see a doctor or nurse face to face (53% of respondents within the group)

25-39
- would rather see a doctor or nurse face to face (52% of respondents within the group)

40-54
- would rather see a doctor or nurse face to face (52% of respondents within the group)

55-69
- would rather see a doctor or nurse face to face (36% of respondents within the group)

- Not computer literate or don't have the right equipment (one in three respondents within the group)

70+
- would rather see a doctor or nurse face to face (29% of respondents within the group)

- Not computer literate or don't have the right equipment (15% of respondents within the group)

'I want to see a real person'

'Would prefer to see a doctor to face-to-face'

'Would feel a little distant, medical appointments should always be in person.'

'They can't do physical checks like temperature and blood pressure via Skype etc.'
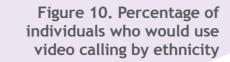
'You cannot be examined'
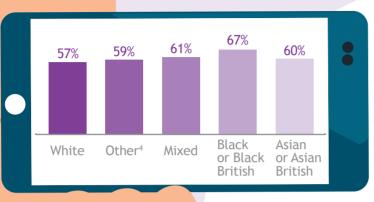
'The doctor can't do a check-up via skype'

'They can't check BP, weight etc'

'Maybe depending on the severity of my symptoms'

1   Statista (2018) Market share held by mobile operating systems in the United Kingdom
2   Avocado Social (2018) The latest UK social media statistics for 2018
3   GP at Hand (2018) About us

Figure 10. Percentage of individuals who would use video calling by ethnicity

White	Other[4]	Mixed	Black or Black British	Asian or Asian British
57%	59%	61%	67%	60%

Facetime, WhatsApp, Skype or other video calling services have the potential to transform the way in which patients access support from their GP. Our research suggests that, on average, 60% of respondents would use smartphones to consult their doctor. However, yet again there is a risk that the service may only be available to those who can afford it and / or are computer literate. For those who are older or come from deprived areas the ability to consult their primary care physician via a video call, may be simply out of reach.

Further consideration will also need to be given as to how to shift the centuries-old practice of delivering primary care services, where a physician and a patient come together in a physical location to consult, to advise, to examine and to prescribe.

Again, data analysis suggests there is a 10% difference in individual's willingness to use video calling for consulting a primary care physician based on ethnicity. As with trusted NHS website or 'symptom checker' apps, those identifying as 'White British' were least likely to use FaceTime, Skype or WhatsApp as a method of conducting a GP appointment.

Enfield's levels of deprivation are appear to be a factor in patient's appetite for the introduction of video calling services in the borough. Those living in the more deprived, Eastern corridor were less likely to utilise FaceTime, Skype or WhatsApp to consult with their primary care physician partially due to a preference of seeing a doctor or a nurse face-to-face and partially due to computer illiteracy and lack of access to the right equipment.

Patients have also shared their concerns about potential problems such technological solutions can cause, and the impact video calling may have on the patient – clinician relationship with the potential to make it more impersonal.

'Computers go wrong, prefer traditional method'

'Would feel nervous 're. the technology'

'Technology has its place. Some symptoms cannot be fully assessed without face to face contact.'

'At the moment I wouldn't feel that was personal enough as there is sometimes a time lapse.'

'It is not very personal'

North East	North West	South East	South West
53%	57%	53%	68%

Figure 11. Percentage of individuals who would use video calling by locality

"Computers go wrong, prefer traditional method"

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1   'Other' ethnic background included those from a Turkish, Greek Cypriot, Turkish Cypriot and Greek communities

Emailing a GP to seek medical advice

The use of email to contact a GP has the potential advantage for patients to seek medical advice without having to visit their practice or endure long waiting times on the phone. With email being used by 84% of adult UK internet users (ONS, 2018)[1], should the NHS be utilising email more as a method of contact?

Of the individuals who shared their views with Healthwatch Enfield, on average 66% indicated they would e-mail their GP to seek medical advice however, this depends on personal characteristics.

Our findings suggest no gender differences in whether individuals would want to email their GP, but there were differences, as wide as 31%, according to age.

Figure 13. Reasons why individuals wouldn't e-mail a GP to seek medical advice

18-24
- Would prefer to see GP or a nurse face-to-face (33% of respondents within the group)

25-39
- Worried about taking up GP time to type up responses (10% of respondents within the group)

40-54
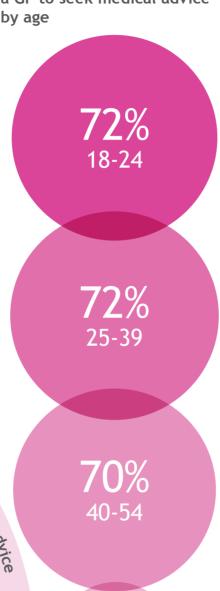- Would prefer to see GP or a nurse face-to-face (35% of respondents within the group

55-69
- Not computer literate. Do not have the right equipment (14% of respondents within the group).
- Worried about taking up GP time to type up responses (11% of respondents within the group)
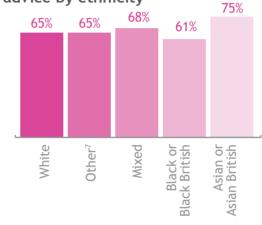
70+
- Not computer literate / do not have the right equipment (39% of respondents within the group)

Figure 12. Percentage of individuals who _would_ e-mail a GP to seek medical advice by age

72% 18-24

72% 25-39

70% 40-54

41% 55-69

41% 70+

Data analysis suggests there is a 14% gap in individual's willingness to use e-mails as a way of seeking medical advice based on ethnicity.

Figure 14. Percentage individuals who would use e-mail to seek medical advice by ethnicity

65% White
65% Other[7]
68% Mixed
61% Black or Black British
75% Asian or Asian British

Patients have also shared their concerns about response times, the impact e-mail exchanges may have on the patient – clinician relationship with the potential to make it more impersonal, and language barriers for both individuals who have poor English skills or those who are unable to explain their problem clearly.

E-mailing a GP to seek medical advice seems to be the most popular with patients as an opportunity to transform primary care services with a great potential to ease the burden on primary care. However, the service will need to be underpinned by clear guidelines around response times alongside offering alternatives to those who are not computer literate or do not have access to the right equipment. The success of the initiative will also depend on the ability to influence patient's behaviours requiring a shift from face-

to-face contact to an alternative way of accessing advice. Involving patients in co-designing the system would give individuals ownership of the solution, making it easier to embed.

'It might take longer to get a response from them'

'As long as you don't have to wait long for a response, e.g. needs to a response within 24hrs'

'Need to be examined'

'I do not like the impersonal thing of not speaking to someone'

'Need to have personal touch and feedback face to face'

'I send and receive emails but do experience problems sometimes. Cannot always get a signal, things go offline and devices can get hacked into'

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1   Office of National Statistics (2018), Internet access – households and individuals, Great Britain: 2018

1   'Other' ethnic background included those from a Turkish, Greek Cypriot, Turkish Cypriot and Greek communities

Conclusion

It is clear that individuals, who participated in research conducted by Healthwatch Enfield, showed an interest in using a trusted NHS website or an app to check symptoms before seeking advice from a GP. Facetime, WhatsApp, Skype or other video calling services have the potential to transform the way in which patients access support from their GP. E-mailing a GP to seek medical advice seems to be the most popular with patients as an opportunity to change the approach to primary care services delivery with a great potential to ease the burden. However, all of these approaches will take significant time to realise, as they require a change in hearts and minds of patients who have a firmly rooted belief in face-to-face contact with primary care physicians. Consideration will also need to be given as to how the introduction of new technological solutions does not widen the health inequality gap by making access easier only for those who can afford the right equipment or who are computer literate. In addition, we would suggest further exploration is required into the reasons behind the differences of views and habits of the various ethnic groups within Enfield, in order to ensure that the technological solutions work for all.

We also found that there is learning to be gained from the deployment of GP online services to make it work better for patients through:

- simplifying the registration process

- making the interface more user-friendly

- introducing more and different types of appointments

- enabling the online system to offer the same service to parents for their children

- making it possible to request repeat prescriptions for all medications, not just selected ones

We therefore ask NHS England, NHS Digital alongside local and national providers and commissioners of healthcare services to:
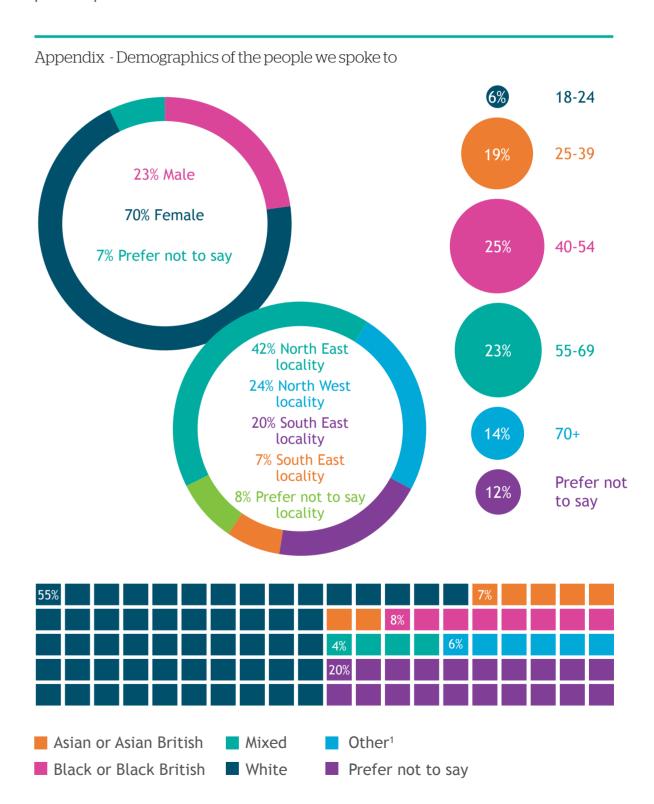
- **utilise local people's feedback to improve GP online services, as identified by patients**
- **involve patients in co-designing systems, not only giving individuals ownership but also ensuring any solutions are right the first time round**

There seems to be sufficient demand for new ways of delivering primary care services and such innovation can play a significant role in easing the burden faced by the general practice. The time to act seems to be now, through a meaningful partnership between patients, providers and system leaders.

Appendix - Demographics of the people we spoke to

23% Male

70% Female

7% Prefer not to say

42% North East locality
24% North West locality
20% South East locality
7% South East locality
8% Prefer not to say locality

6% 18-24
19% 25-39
25% 40-54
23% 55-69
14% 70+
12% Prefer not to say

55% 7% 8% 4% 6% 20%

■ Asian or Asian British   ■ Mixed   ■ Other[1]
■ Black or Black British   ■ White   ■ Prefer not to say

1   'Other' ethnic background included those from a Turkish, Greek Cypriot, Turkish Cypriot and Greek communities

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact info@healthwatchenfield.co.uk or call us on 020 8373 6283

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