Reduce GP Workload and Improve Patient Access to Advice from a GP's Surgery Using Remote Live Chat Consultations

Discussion

When commentators discuss using technology to improve access to general practice or reduce GP workload, they invariably want to replicate the face-to-face consultation with a form of electronic communication such as email, text or Skype.

For most practices this is difficult to implement for the simple reason of time. If clinical staff are fully stretched by their current workload, where do they find the extra time to answer the emails, texts or hold Skype consultations? What other services have to give?

Another problem is manpower, the difficulty of finding a new partner or suitable locum; the time and uncertainty of recruiting a suitable partner or salaried doctor; the impermanence, and agency fees, of employing a locum.

So rather than trying to duplicate the face to face consultation, perhaps a better way is to think of using modern forms of communication as a means of directing the patient toward the most appropriate solution to their problem, rather replicating the surgery consultation, and using doctors other than existing surgery doctors to provide the service.

We believe the best technology to help reduce workload and improve access to timely advice is LiveChat, with the important benefit that the doctor who is holding the chat session is an additional resource and who can, with the appropriate permissions, have access to the patient’s medical records.

What is Live Chat

LiveChat is a text based two way conversation where the client types in a question and the doctor replies in the same way. This continues until the client is satisfied and a course of action agreed. The typed messages can be turned into sound for those with visual or reading difficulties, or the type automatically translated into a large number of foreign languages by the computer. At any time the doctor can switch to an audio conversation or even video if they need to see the patient.

The advantage of LiveChat is that it is private, others can not see or hear the conversation, and it proceeds at the participants pace, often with short breaks whilst the client or doctor thinks about their response. This is unlike telephone calls which are linear in nature, and take up both parties time until a conclusion is reached.

Chat is particularly attractive to the 18 – 35 year olds who do not use the telephone as a means of communication, and who are not prepared to wait days for a GP appointment, but are happy to wait hours in A&E in the knowledge they will be seen. It is also more attractive than video or telephone consultations for office workers, as the consultation can not be seen by others in the office or overheard.
How it works

The client goes to the Practice web site page containing the appropriate explanations of how the service works. They click on the ‘Request LiveChat’ button and are directed to fill in a form with their personal identifiers and their current query.

One of the doctors, chosen by the practice to provide the session, has logged into the surgery computer via a secure VPN, so they can see the medical records, make appointment, send a prescription etc. They see the request and form come up on the Chat software and start a conversation. The chat then proceeds for as long as it takes to satisfy the enquiry.

At the end of the chat the doctor posts a transcript of the conversation to the patients notes.

Service provide by

There are two ways to implement a LiveChat service in your practice. Either an existing doctor in the practice provides the Chat consultation or newly recruited doctor, working from home, provides the service on an item of service basis.

Example 1.

Existing practice doctor provides Chat consultation.

OurNHS will help modify your web site to explain the availability of the new service and set up the LiveChat software.

Cost

A one off set up costs to arrange access to your EMR. This depends on the EMR provider, most have remote access for practice doctors, but costs will vary depending on your existing contract.

The web site will only need another page and some links so this should be quite reasonable depending on your web site designer.

OurNHS do not make a charge for organising this part of the service.

An on going cost to cover provision of LiveChat software and service of £3 a day per user.

Example 2.

Another doctor provides the Chat consultation.

There are hundreds of excellent GPs currently not working because they cannot commit to regular surgery sessions. They might be raising a young family or taken early retirement because of the increasing bureaucracy, but are still up to date and willing to work under the right circumstances.

Working from home they will provide the LiveChat sessions. This is a Practice initiated service and their contract will be with the practice.

You decide how many hours a day or week you need a doctor to meet service demands and choose from a selection of available GPs those who you would like to provide the online consultations for you.

OurNHS will liaise with your EMR company to provide a secure link from your chosen doctors to your practice clinical system. Costs will vary depending on your existing contract.
We help modify your web site to explain the availability of the new service with links to the LiveChat software.

**Costs**

A one off set up costs to arrange access to your EMR. This depends on the EMR provider, most have remote access for practice doctors but if there is a requirement for a separate secure link VPN this may incur an extra charge.

Your web site will only need another page and some links so this should be quite reasonable depending on your web site designer.

**OurNHS do not make a charge for organising this part of the service.**

An on going cost to cover provision of LiveChat software and service of £3 a day per.

Doctor fee of say £80 per hour, negotiable.

**OurNHS role**

Assist in recruiting the doctors to provide the service.
Provide the necessary LiveChat software.
Liaise with practice EMR company to install a VPN to access the practice’s records etc.
Liaise with practice web designer to integrate LiveChat software into current web site.

**Advantages**

**Advantages for the Patient**

- Real time rapid access to advice from a doctor, no delays waiting for emails or texts to be answered.
- Confidential, no overheard telephone calls or visible on screen video consultations.
- Free at the point of use
- Works on mobiles, tablets and desk based computers.
- Can receive further information about their question in the form of online leaflets, web site links etc.
- An onscreen record of the conversation and advice given.

**Advantages for the Practice**

- Improves patient access to advice without taking up existing clinician's time.
- Frees up surgery consultation time, reducing workload.
- Record of each conversation and the advice given available at end of the Chat. No waiting for letters, reports etc.
- More efficient than surgery consultations as several Chats can be carried on at the same time whilst clients think about their replies or further questions.
- Cost effective, doctors providing the service work from home and are only paid per session, so no agency fees, few overheads and no ongoing costs.
Advantages for the CCG

- Improves equality of access to GPs and reduces waiting time for medical advice.
- Inclusive as Chat can be translated into different languages or as a voice conversation for the visually impaired. (The doctor types and the client hears what is typed, the client speaks and the doctor sees it as type.)
- Expands the pool of available doctors without the fixed costs of surgery based consultations.
Appendix

1. Practical example

The surgery decides to provide a 2 hour virtual surgery every day, selects a doctor from the pool and agrees a time, remuneration, and other admin details. The contract is between the doctor providing the service and the Practice.

The surgery either books the chat session or makes availability known.

The client goes to the Practice’s web site and clicks through to the LiveChat page with all the necessary explanations and warnings. They then connect to LiveChat and fill in a form with their personal details, relevant medical history and their medical query. Once the Chat doctor has the details the ‘consultation’ proceeds in the normal way.

Recommendations are discussed: ‘seek urgent advice’, self help with a web link, send an advice leaflet by email, or the Chat doctor can book an appointment at the surgery for the client to be seen, send a prescription, request investigations, make a referral or other admin procedure. All options agreed with the surgery in advance.

Sending details of the Chat to the GP at the time ensures continuity of care.

2. Review of other options

Telephone consultation

Client rings surgery and books call back from GP. Discuss condition and advice.
Provided by: Practice doctor or nurse.

For:
GP can see clinical records and arrange all services as in a normal consultation. Good for follow up and progress

Against:
Linear – one to one conversation
Can not see client or lesions.
Can be overheard.
Time – provided by surgery GP

Email

Patient emails the doctor or surgery and somebody answers within set time scale, usually 24 hours. Patients usually want this to be doctor specific as a direct access way of holding a conversation with their doctor about a new or ongoing problem.
Provided by: email recipient – Practice doctor or nurse

For: Useful in reporting progress of ongoing condition

Against:
Confidential medical information. How to know who email is from, a genuine patient or not.
Clinical governance. Medical information via an open email system.
Volume and time taken to reply, how to fit into already full day
Open ended, could be about anything, consistency of history, no interrogation
Who answers? The individual doctor or practice admin.
Urgent questions missed, despite caveats before sending message
Spam

http://www.bmj.com/content/349/bmj.g5338

SMS or Texting
Text message. Similar restrictions to email but people expect faster, or instant, response.
Provided by: text recipient at practice. Needs to be defined.
For: The way the young communicate
Against: Superseded by LiveChat

Video (‘Skype’)
Client has to have an internet linked camera. Excludes most vulnerable and needy in society. Does not address inequality issues.
Provided by: Practice ‘on call’ Skype doctor or all doctors if request is personal. Clinics booked at set times like normal surgery.
For: Can see client and any lesions. Useful for families at home with children.
Against: Confidentiality, can be overseen if not carried out in private conditions. Surgery doctor's time