

# Transforming online access to primary care: Folkestone and Hythe

## The challenge

Large list sizes and a shortage of GPs meant primary care was becoming unsustainable

A new approach was needed to streamline care and free up capacity

## The approach

The PCN established a hub to improve online consultation processing across the practices and make more efficient use of PCN workforce

All practices were already on the same clinical system and online consultation system. The PCN developed a clinical service to host all the PCN workforce and services in a centralised manner

The PCN put in place data-sharing agreements and clinical and information governance arrangements to ensure data flowed freely but securely between the PCN clinical service and the practice systems

Under the new system, patients requesting a consultation are either routed to their own practice or to a suite of PCN services, depending on clinical need

## Outcomes

Patients are receiving quicker responses and availability of same-day appointments has increased

Patients report high levels of satisfaction with the hub's service

Staff capacity has been freed up so that a wider range of services can be provided

## Leadership lessons



Demonstrating credibility and building trust are important when designing and implementing an ambitious programme of change



PCN leaders succeeded by becoming effective delegators and ensuring all stakeholders were able to bring forward ideas



Within a PCN, the clinical director plays a pivotal role in ensuring effective leadership, maintaining trust and delivering the agreed strategy



# Transforming online access to primary care: Folkestone and Hythe

## The challenge

Folkestone, Hythe & Rural Primary Care Network is a seven-practice network with 49,000 registered patients. With a workload of almost 3,000 registered patients per whole-time equivalent GP on average by 2019, a new approach was needed to ensure the sustainability of general practice in the area.

## The approach

The PCN membership decided to introduce an ambitious programme of change to streamline how services were provided across the PCN, improve the availability and efficiency of online consultations and ensure the PCN workforce supports the member practices in the most efficient way. This was achieved while maintaining individual practices' statuses as separate organisations by setting up a PCN hub.

The hub means patients to access primary care services via the NHS app or practice website. Clinical online consultation requests are received by the hub and triaged by advanced nurse practitioners. The patient's needs are assessed and where clinically appropriate, allocated to PCN services including a minor illness hub, first contact physiotherapy, mental health services, social prescribing link workers, clinical pharmacy, occupational therapy, dietitian and care home team. Patients with more complex needs, requiring specific GP input or continuity, are passed back to their own GP including any online administrative requests received by the hub.

Any patient-facing consultations taking place at the hub is automatically reported back to the patient's practice through the digital system and PCN staff have full access to the care record. Patients are still able to call their practice or walk in, should they wish to use traditional routes.

Growing use of online consultations has reduced the telephone burden on surgeries, particularly during 8am-10am. Online consultation processing also operates throughout extended network hours of 6.30-8pm on weekdays and 9am-5pm on Saturdays, helping smooth demand over the week.

As all practices were using the same EMIS clinical system and eConsult online consultation platform, the PCN developed an EMIS clinical service that enabled PCN resource sharing. All practices are now connected and data sharing agreements are in place.

The PCN employs 35 staff who work within PCN premises or clinical space within member practices if conducting face-to-face appointments. The PCN funded IT clinical system costs and non-Additional Roles Reimbursement Scheme (ARRS) roles through existing contracts with the remainder being supported by ARRS. Clinical governance and information governance measures ensure that the hub complies with relevant requirements.

PCN leaders have spent time engaging GP partners, practice managers and other staff who can contribute at PCN practice engagement workshops.

## Outcomes

Patients are now receiving quicker responses, including in some cases same-day appointments. Some simpler transactional consultations are handled by nurse practitioners and community pharmacy rather than GPs, freeing up additional GP capacity. In addition, the PCN is offering a mindfulness service, staffed by nurse practitioners.

A recent survey of 120 hub patients found 95 per cent felt they had been given appropriate information and advice, 96 per cent felt the timing appointments was suitable. Ninety-seven per cent found the staff helpful and 96 per cent found their clinician kind, courteous and professional. Ninety-three per cent would recommend the service to friends and family. The hub now processes around 4,500 online consultations per month and can offer around 950 minor illness appointments and 2,500 PCN appointments.

## Leadership lessons

Clinical director Dr Aravinth Balachandran says the PCN leadership team has focused on leading effectively, demonstrating credibility, building trust and becoming effective delegators, allowing others to bring forward ideas.

Dr Balachandran said: **“The PCN clinical director role is pivotal in ensuring effective leadership, maintaining trust and delivering the agreed strategy. It is important to engage with all practices and take on board the different views to maintain a shared network approach.”**