

1. PROJECT INFORMATION

Project Title	Supporting the community to access eConsult within Tilbury Community Hub.
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Project Sponsor	Ian Wake
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Cabinet Member	Councillor James Halden
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Project Manager	
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Author	Maria Payne, Senior Programme Manager – Health Intelligence
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2. PURPOSE OF THIS PROJECT

The proposal for this project is to trial an offer of eConsult patient support within a community setting. This would involve agreeing with a setting (suggestion of Tilbury Community Hub) to arrange some support sessions for patients registered with participating surgeries, who could attend at certain times to be shown by a Hub volunteer how to complete the eConsult form.

This would therefore support those who might want to use the system, but who do not feel confident doing so without some support, or those who cannot access it from their home.

This is an extension of the eConsult offer being delivered to certain GPs for 6 months at no charge.

****Future offer – could include purchase of a BP machine and locating it in the hub, and using the hub as a centre for hypertension patients to take their own readings and submit via the eConsult terminal. Hypertension review content still being trialled by eConsult before release. To be considered as part of the Hypertension detection programme****

3. NEEDS ASSESSMENT

The Tilbury ACO Needs Assessment contained information that indicates this population would benefit from this approach:

1. Proportionally, the Tilbury locality population is younger in age than the national population, with particularly high numbers of young children. Parents with young children are particularly high users of GP services, with around 40% of GP appointments used by children and young peopleⁱ.
2. In addition, a younger population are more likely to have a better level of 'digital literacy' – research cited in the 2015 *Making Time in General Practice*ⁱⁱ report found that six year olds claim to have the same understanding of communications technology as 45 year olds, meaning that young families are more likely to embrace this approach to interacting with their GP via online methods.

In addition, there are some challenges within local health care that support delivery of this initiative in Tilbury:

3. Tilbury locality is experiencing a particular shortage of GPs and nurses, with the ratio of patients per FTE GP ranging from 1,738:1 to 13,795:1 (figure from March 2016) and patients per FTE nurse ranging from 2,969:1 to 9,608:1 (figure from March 2016). This represents a likely strain on patient care and could make it difficult for patients to access GP appointments currently.
4. As of December 2016, 9.59% of Tilbury locality patients were recorded as being enabled to electronically book or cancel an appointment at their surgeries. This is lower than the national average of 15.8%, and shows there is a large opportunity for patients to receive support to facilitate more online interactions.

National research indicates that around 27% of GP appointments could potentially have been avoided – either by patients seeing another professional within the practice, by other health services (e.g. pharmacies) or being supported to self-care. With the pressure above on Tilbury locality GPs, it is even more likely that this population would benefit from alternate avenues to access health advice and support.

Patient Views

Reviewing Tilbury patient feedback from the most recent GP patient survey, it appears that:

- A significantly lower proportion of patients (67%) reported a positive experience of making their last GP appointment than the Thurrock (70%) or national (73%) averages.
- A significantly lower proportion of patients (11.03%) said they knew how to make a GP appointment online with their surgery, compared to 17.6% in Thurrock and 31.3% nationally. The same pattern was also observed for knowledge of how to access medical records online (1.87% Tilbury, 2.33% Thurrock, 5.19% nationally).

Modelled impact on future numbers of emergency admissions

Modelling work by the Thurrock Public Health team [profiled in full in the 2016 Annual Public Health Report] found that perceived availability of GP appointments was associated with emergency admissions for COPD and CHD. More specifically, it said that in order to prevent one admission for COPD in a three year period, we could improve availability of GP appointments by 0.00014 percentage points [as measured by the patient survey], and to prevent two admissions for CHD in a three year period, to improve availability of GP appointments by 0.018 percentage points as measured by the patient survey.

Rolling out the eConsult programme with the added support offer for patients within a Hub should have an impact on perception of appointment availability if more patients are supported to interact with GPs outside of a full face-to-face appointment.

The eConsult programme rollout in Thurrock

eConsult is going 'live' in seven GP practices across Thurrock from 4th April 2017. The seven practices and associated list sizes are:

Practice Name	Location	List Size
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College Health – Dr Shehadeh	Tilbury [+ Grays branch]	10023
College Health – Tilbury Health Centre	Tilbury	2266
College Health – East Tilbury Medical Centre	East Tilbury	4075
Sai Medical Centre	Tilbury	5493
Aveley Medical Centre	Aveley	12034
Orsett Surgery	Orsett	7726
Derry Court Medical Centre	South Ockendon	5149

This is a total population of 46,766 of which 21,857 are from the Tilbury locality.

4. EVIDENCE BASE

1) Evidence re effectiveness of eConsult / online consultation software

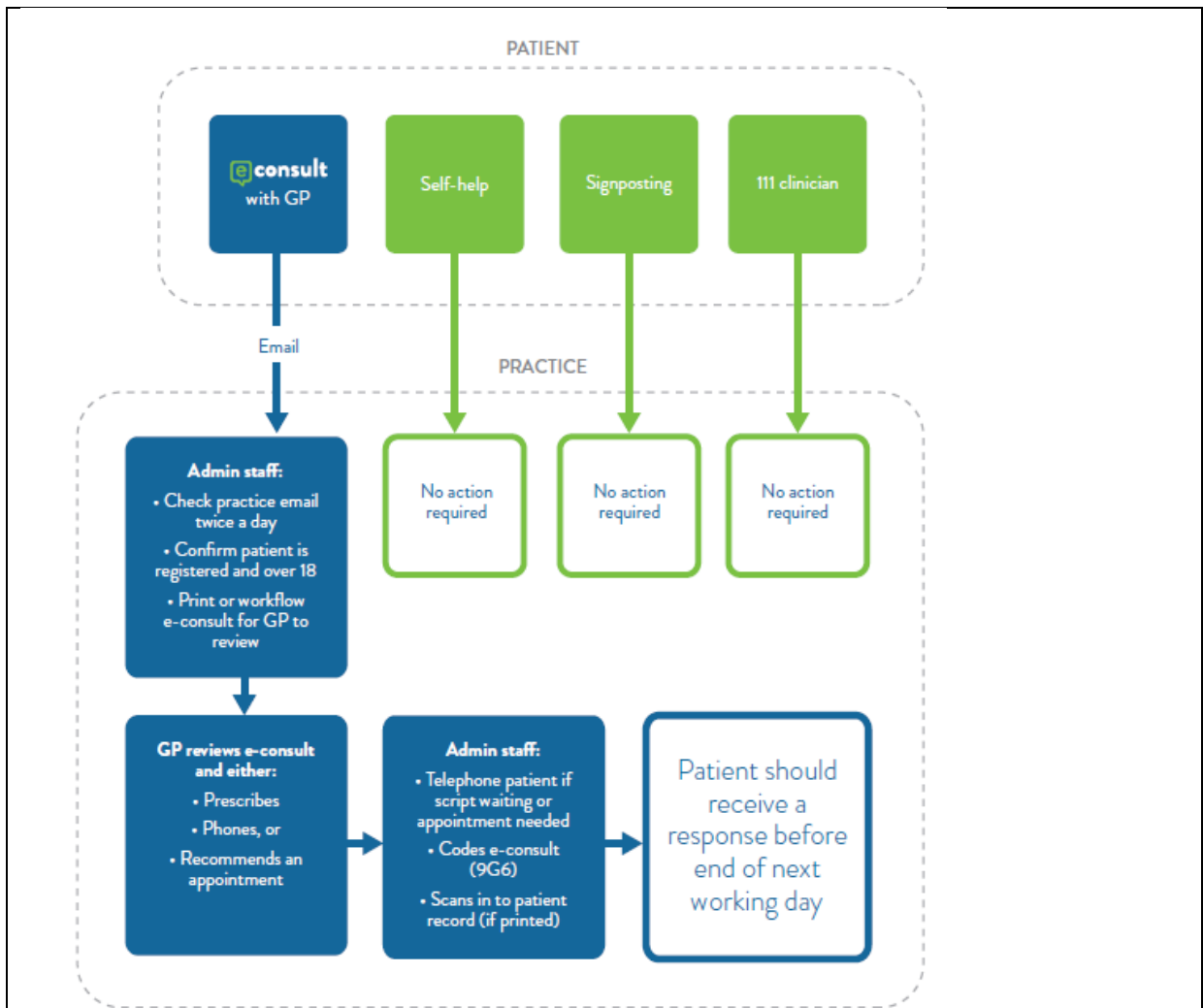
The Making Time in General Practice report has highlighted remote consultations as an effective and safe way of interacting with patients, providing them with the advice they need but generating time and cost savings. It allows GP staff to:

- Determine the best course of action
- Make consultation times quicker and work more efficiently [2-3 eConsults can be processed in the same time it takes to conduct one face-to-face appointment]
- Give patients better access [patients can make contact at any time from any PC]
- Capture critical illness quicker [via assigning red flags to serious symptoms, signposting patients to seek urgent medical attention when needed]
- Make better use of other primary care services [directing patients towards other providers where appropriate]

Patients can:

- Get medical advice 24/7
- Get the answer sooner [response within one day]
- Capture critical illness earlier [via red flag functionality]
- Feel more satisfied [In pilot studies eConsult received a 95% satisfaction rate from the patients who used the service as part of their general practice's trial, helping to significantly improve patient doctor relations and increase confidence in primary care.]
- Receive a diagnosis without having to visit the surgery in person [negating the need to take time off work or use holiday days for the sake of a 10-minute consultation.]
- Receive repeat prescriptions

The eConsult pathway is seen below:



On average, eConsult's findings show that 50% of patients who consult online are managed remotely and one in three site visitors use self-help tools. Nearly one in five patients who had planned to book an appointment went on to self-manage.

Evidence from Basildon & Brentwood and Castle Point & Rochford practices

eConsult has been running in a number of practices across the South Essex area – approximately 27 in Basildon & Brentwood CCG, and 8 in Castle Point & Rochford with the first practices in those areas starting with it in April 2015. Whilst there were some lessons to be learnt in terms of effective communication (e.g. presence of banners on practice websites, timely responses from GPs back to patients etc), it has now started to generate some positive outcomes – for example, for the month of January 2017, across the 27 practices in Basildon & Brentwood there were 1237 visits with 437 of them resulting in some sort of self-help activity [self-help advice, pharmacy signposting, 111 redirection or completion of an eConsult]. This equates to 35% of visits resulting in use of self-help tools, which is similar to the one-in-three statistic quoted nationally. It is worth bearing in mind that this is following more than one year's worth of promotional activity, and that Thurrock would be unlikely to see these outcomes immediately.

2) Evidence re giving digital access support to increase online interactions

National data (ONS, 2015) indicates that 11% of adults have never used the internet. This is likely to be higher in groups such as older people and those with lower levels of education. Researchⁱⁱⁱ into the barriers impacting on individuals accessing digital support indicates they can be grouped into four categories:

- access: the ability to connect to the internet and go online
- skills: the ability to use the internet and online services
- confidence: a fear of crime, lack of trust or not knowing where to start online
- motivation: understanding why using the internet is relevant and helpful

There have been a number of initiatives across the country that have demonstrated that supporting individuals to access services online has led to increased digital participation, skills and confidence, and had further benefits on progression to employment, health, reduction in isolation and improved wellbeing. An evaluation^{iv} of the *Future Digital Inclusion* project by the Good Things Foundation found that:

- 200,000 people were supported to enhance their digital skills
- 2,000 people gained an Entry Level 3 City & Guilds accreditation in Online Basics
- Around 90% of centres used volunteers to deliver digital skills training
- For every £1 invested in the programme, £5 of social value was generated

The NHS Widening Digital Participation programme^v resulted in:

- 87% of learners feeling they had the information and skills to manage their health online post-programme completion
- 48% of learners feeling they had saved time by managing their health online
- 32% of learners said they had saved money by managing their health online

For Tilbury, this supports the rationale for initiatives to increase digital skills to increase online interactions and to benefit health.

3) Evidence re the Community Hubs approach

Communities play a key role in improving health and wellbeing. The table below captures the range of potential outcomes experienced from community-centred approaches:

Table 1: Potential outcomes from community-centred approaches

Individual	Community level	Community process	Organisational
Health literacy – increased knowledge, awareness, skills, capabilities	Social capital – social networks, community cohesion, sense of belonging, trust	Community leadership – collaborative working, community mobilisation/coalitions	Public health intelligence
Behaviour change – healthy lifestyles, reduction of risky behaviours	Community resilience	Representation and advocacy	Changes in policy
Self-efficacy, self-esteem, confidence	Changes in physical, social and economic environment	Civic engagement – volunteering, voting, civic associations, participation of groups at risk of exclusion	Re-designed services
Self-management	Increased community resources – including funding		Service use – reach, uptake of screening and preventive services
Social relationships – social support, reduction of social isolation			Improved access to health and care services, appropriate use of services, culturally relevant services
Wellbeing – quality of life, subjective and objective wellbeing			
Health status physical and mental			
Personal development – life skills, employment, education			

Source: Public Health England, 2015

Bringing a range of services together in community hubs at the heart of a population enables support to be directed towards those most likely to benefit most. It is likely to reduce inequalities that may be experienced due to lack of access, and promote individuals to support each other, encouraging community resilience and empowerment.

The hub in Civic Square in Tilbury had its grand opening in Autumn 2016, although it had been developing for several months prior to that date. It incorporates a range of activities and services, including the library, knitting groups, CV, DWP and debt support, housing support and social care support. The average monthly footfall between September – December 2016 was 7,249 across all activities/services. Data captured on activities of visitors indicates that the two most popular reasons for using the hub currently are to use library services and to access Thurrock Council online services with support from volunteers. There are approximately 20 volunteers who work at Tilbury hub. Its opening hours are:

- Monday 10-5pm
- Wednesday 10-1pm
- Friday 10-5pm

This indicates that Tilbury residents are already familiar with and using the support of the hub

computers and volunteers to access online services.

5. PROJECT OUTCOMES

- Increased use of community Hub for health purpose
- Increased perceived confidence in patients using eConsult [would have to be measured by asking patients at hub before and after receiving support]
- Improved skill set of Hub volunteers [would have to be measured by asking volunteers before and after completing the brief training video]
- This may increase number of volunteers? Novel initiative might attract a different set of volunteers
- Future – decreased GP time spent on ‘inappropriate appointments’

6. DELIVERY PLAN AND KEY MILESTONES

Key Milestones (Key events indicating progress)	To be reached by (date)	Who is responsible for meeting the Milestone?
Initial agreement with eConsult for this link with the hub to be made in principle	27/02/2017 [completed]	CCG/Public Health
Initial agreement with the Communities team and Hub for this link to be made	04/03/2017 [completed]	Public Health/Communities team
Hub volunteers to receive eConsult training		
Programme communications to include signposting to hub for further eConsult support, including hub opening hours	From 06/03/2017	CCG/Public Health
Hub to monitor numbers of patients directed towards them for support.	Following training of volunteers	Hub/Communities team

7. FINANCIALS: Costs, Resources, Cashable Benefits, Cost Avoidance, Return on Investment

This proposal involves no capital investment costs as there is:

- No cost for eConsult software
- No cost for Tilbury Hub space or volunteers

Two scenarios are modelled below – one is based on a conservative estimate of limited uptake of eConsult amongst patients, meaning that the additional hub component of the project would not generate much additional activity, and the lower cost estimate of a GP appointment. The second is assuming there is a very positive reception and widespread use of eConsult, and a lot of patients using the hub to try it out, with the higher cost estimate of a GP appointment.

Information from Basildon & Brentwood CCG indicates that a practice of around 8,900 [Deal Tree, Brentwood] saw 366 site visits in their first six months, with 31 eConsults generated with an estimated 46 appointments saved from the eConsults and self-help advice accessed. Extrapolating this up for the Tilbury population size of 21,857 patients, this might result in an initial start-up total of 895 site visits, with 76 eConsults and 112 appointments saved – which would happen anyway without additional support.

Conservative scenario

Assumptions used:

1. 30 patients registered across all four Tilbury surgeries might come into the hub per month to use eConsult – so 180 over six months.
2. 50% of patients being shown how to do an eConsult in the hub undertakes one [assuming that more people feel confident to undertake one following support from the hub volunteers] – so 90 over six months.
3. The cost per GP appointment is £36 [lower estimate].

180 additional hub patients would result in 90 additional eConsults, which is an 118% increase in eConsults compared to not using the hub at all [76 expected to occur without hub intervention, compared to 166 with].

The 90 eConsults plus the additional self-care resources accessed should result in 133 appointments saved.

The cost of the 133 appointments saved could be quantified at [£36 per appointment x 133] **£4,788.**

Optimistic scenario

Assumptions used:

1. 40 patients registered across all four Tilbury surgeries might come into the hub per month to use eConsult – so 240 over six months.
2. 50% of patients being shown how to do an eConsult in the hub undertakes one [assuming that more people feel confident to undertake one following support from the hub volunteers] – so 120 over six months.
3. The cost per GP appointment is £46 [higher estimate].

240 additional patients would result in 120 additional eConsults, which is a 157.9% increase in eConsults compared to not using the hub at all [76 expected to occur without hub intervention, compared to 196 with.]

The 120 eConsults plus the additional self-care resources accessed should result in 176 appointments saved.

The cost of those 176 appointments could be quantified at [£46 per appointment x 176] **£8,096.**

In order to reach even the conservative estimate, a level of communication activity would be needed to let patients know they can use the community hub computers and volunteers for support. However by using existing mailing lists and tying into the practices' communications

plans, there shouldn't be a need for a separate campaign by the hubs. Poster displays and electronic media are supplied free of charge by eConsult and so there are no costs to electronic promotions.

Following the six month period, the free trial of eConsult will end. However, NHS England is making an additional £45million available over the course of three years to CCGs to invest in online consultation tools for patient access within their respective catchments. If Thurrock is successful in a bid to receive some of this funding, it could help them fund the total cost for implementing an online consultation system.

8a. NON FINANCIAL BENEFITS

Benefit Description	Measure to track realisation of benefit	Benefit realisation timescales:
Increased profile of community Hub and strengthened link with GP practices	Number of patients supported via the hub.	6 months from inception
Increased use of eConsult amongst Tilbury patients	Number of eConsults from Tilbury practices	6 months from inception
Better skill set amongst Tilbury Hub volunteers	Pre/post question from hub volunteers	6 months from inception
Expected improvement in patient satisfaction in accessing their GP via convenient methods.	GP Patient Satisfaction Survey and PPG monitoring.	6 months from inception

8b. POTENTIAL DIS-BENEFITS

Dis-benefit description	Measure to track realisation of dis-benefit	Dis-benefit realisation timescales and mitigation
Exclusion of patients registered with Dr Ramachandran's practice, who might also access Tilbury Hub.	Patient complaints.	6 months from inception

9. KEY RISKS TO PROJECT DELIVERY

Risk Type, Risk Level and Risk Description	Risk Mitigation	Who will monitor this Risk?
Refusal from Tilbury Hub to allow volunteers to support this process.	Support volunteers to access the training, and discussion of programme at Hub meeting.	Communities team / Public Health

Practices not communicating to patients that this support is available in the Hubs.	Strong communications programme and link with GP practices.	Communities team / CCG
Patients not using the hub offer.	Strong communications programme and link with GP practices.	Tilbury Hub
Patients not using eConsult at all.	Strong communications programme outlining the benefits.	CCG / eConsult / Public Health

10. KEY ASSUMPTIONS AND CONSTRAINTS

ASSUMPTIONS

Assumption	What happens if assumption is no longer correct	Who will monitor the assumption
Tilbury Hub/Library are supportive of this and there is available space.	Patients could not use the hub for this, and either the hub link could not happen at all, or it would happen in South Ockendon as a link to Derry Court practice instead.	Communities team / Public Health
Volunteers will do the eConsult training package.	Volunteers will not feel empowered to support patients, and therefore patients attending the hub for support will not receive it.	Tilbury Hub / Communities team
GPs and practice staff will signpost patients towards the Hub.	Patients will not know they can go to the hub to be supported to use eConsult, and therefore usage may be lower than expected.	CCG / GP practices / Tilbury Hub
Patients will want to trial this within the hub.	If patients don't want to go to the hub to use this, then the anticipated increase in numbers may not occur.	Tilbury Hub / eConsult
The communications roll out will also be endorsed by CCG, Health Watch and the Council. To include: <ul style="list-style-type: none"> - website banners - answerphone messages on GP phone lines - waiting room TVs - posters - newsletter items 	If there are no effective communications, patients will not know they can go to the hub to be supported to use eConsult, and therefore usage may be lower than expected.	CCG / GP practices / Tilbury Hub / eConsult

- texts / email distributions		
CONSTRAINTS		
Constraint	What happens if the Constraint is no longer correct?	Who will monitor this Constraint?
Council cannot support with a 'blanket' communications approach across Tilbury because Dr Ramachandran's patients are not signed up to this pilot programme.	Blanket communications could be mailed out across Tilbury.	eConsult / CCG

11. DEPENDENCIES

Inbound: This project is dependent on the delivery of these projects/activities

Project/Activity	What is the dependency?	Who will monitor the dependency?
eConsult launches as planned in all of the above Tilbury surgeries on 4 th April 2017.	eConsult must launch before the Hub can support patients to access it.	eConsult / CCG / GP practices / Tilbury Hub
Tilbury Hub agrees to allocate volunteer time and an area within the Hub to facilitate this.	Volunteers must feel able and confident to support others to use this system.	Tilbury Hub
Outbound: Other projects or activities will not deliver if this project fails to deliver		
Project/Activity	What is the dependency?	Who will monitor the dependency?
An increase in online access to health services.	This is one of several initiatives in place to increase patient confidence in accessing services online.	CCG / GP practices
Making Time in General Practice – freeing up GP time and making use of a wider staffing mix.	Increasing patients accessing services online is one of several recommendations to relieve pressure in general practice.	CCG / GP practices / Public Health

12. GOVERNANCE ARRANGEMENTS

Tilbury ACO Steering Group will have oversight of this project.

Key stakeholders include:

- Tilbury Hub
- GP practices

- PPGs
- Patients
- eConsult
- CCG Primary Care Team
- Public Health

13. APPENDICIES

ⁱ NHS England (2014) Improving General Practice – phase one report. Available from: <https://www.england.nhs.uk/wp-content/uploads/2014/03/emerging-findings-rep.pdf> [Accessed 06/03/2017]

ⁱⁱ NHS Alliance (2015) Making Time in General Practice. Available from: <http://www.nhsalliance.org/wp-content/uploads/2015/10/Making-Time-in-General-Practice-FULL-REPORT-01-10-15.pdf> [Accessed 03/03/2017]

ⁱⁱⁱ Department for Communities and Local Government (2015) Digital Skills Partnerships in Libraries. Available from: <https://librariestaskforce.blog.gov.uk/2015/12/17/digital-skills-partnerships-in-libraries/> [Accessed 06/03/2017]

^{iv} Just Economics (2016) A Social Return on Investment Analysis for Tinder Foundation. Available from: https://www.goodthingsfoundation.org/sites/default/files/research-publications/sroi250216formatted4_0.pdf [Accessed 06/03/2017]

^v Good Things Foundation (2017) Health and Wellbeing. <https://www.goodthingsfoundation.org/areas-of-work/health-and-wellbeing> [Accessed 06/03/2017]