

# Patient and Professional Experiences of Using Digital Tools in Primary Care

**Year One Report**  
April 2021 - April 2022

Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common, Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk) | Telephone: 0808 168 9669

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## Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

## Executive Summary

Healthwatch Norfolk (HWN) were commissioned by Norfolk and Waveney Clinical Commissioning Group (CCG) to conduct a three-year project looking into digital access to doctors' surgeries. This report covers the work conducted and findings within year one (April 2021- April 2022).

## Project Summary

The NHS Long Term Plan promises the right for patients to be offered access to digital-first primary care by 2023/24, as part of a five-year General Practice (GP) contract reform. From October 2021 to January 2022, Healthwatch Norfolk consulted the public and primary healthcare professionals via an online survey, online interviews, two online focus groups and a scenario-based task to collect feedback on their experiences using digital tools. This report outlines the survey findings.

## Recommendations

From the results of the scenarios exercise, public survey, and patient focus groups several recommendations can be made. Some of these recommendations are specific to each digital tool, whilst others are applicable across all digital tool types.

## Public Awareness

Consider production of one clear, concise, and accessible document to be available to patients detailing the types of digital tools available to them for accessing their doctors' surgery. This document should include where to go to for support accessing the digital tools.

Map the digital tools available for the public and avoid phrases like 'online consultation system' including a brief, descriptive glossary which is also available in an easy read format.

Publicise the different types of digital tools available to the public and where to access them through social media and advertising campaigns. Ensure that the public are aware of their choice to request a face-to-face appointment with a primary healthcare professional or to utilise one of the digital tools available to them.

Ensure that all healthcare staff, have training or access to information regarding types of digital tools available to the public and knowledge of where to signpost if a patient asks for more support with them.



### Footfall:

Consider the language and labelling used on Footfall. Survey respondents have reported that it takes a while to locate the right tab on Footfall to find the correct services or support for them. For example, the label 'consultation room' is confusing.

Ensure the Footfall layout is optimised for assistive technology on smartphones.

Assess how important messages and Covid related news banners could be less obstructive for Footfall users.

Promote the website tour function.

Create a downloadable and accessible user guide to accompany the Footfall website tour.

Ensure that news and information on Footfall is up to date and relevant.

### NHS App:

Publicise what the NHS app does (in addition to the creation of a Covid Pass) and explain how it is different from the NHS Test and Trace App.

### Airmid and Patient Access App:

Raise awareness of the availability of these apps as an alternative digital tool.

### Video Consultations:

Encourage primary healthcare professionals to offer the option of video consultations to patients. If primary healthcare professionals offer a patient a video consultation, ensure that clear instructions are given before the appointment explaining how to access it and if any software or apps need to be downloaded.



## Why we looked at this

### 1.1. NHS Long Term Plan: Digital First Primary Care

The NHS (2019) Long Term Plan promises the right for patients to be offered access to digital-first primary care by 2023/24, as part of a five-year General Practice (GP) contract reform.

This reform means that all doctors' surgeries should:

- have an up-to-date online presence (for example: a website) and an nhs.uk profile page.
- no longer use fax machines for NHS communications.
- offer all patients online access to their electronic health record.
- offer and promote to their patients, and those acting on their behalf, access to an 'online consultation tool', which enables patients to contact their doctor's surgery online via their website.
- offer and promote video consultations to their patients as an option for receiving care, where that would be appropriate.

Our NHS (2019) Long Term Plan will increase the range of digital health tools and services. People will be able to seek health information and support online and choose whether they speak to a doctor on the phone or in person. A wide range of NHS-approved apps will help people get ongoing support to help them manage their health and wellbeing needs, backed up by face-to-face care when this is needed.

The GP contract reforms have been developed to ensure that the use of digital technology (also known as 'digital tools') in primary health and social care improve the quality and efficiency of contact methods offered to the public. These reforms aim to:

- improve patient experiences
- provide integrated care and improve the health of a population
- provide different methods to contact your doctors' surgery
- quickly and easily direct patients to the right digital or in-person service

The Norfolk and Waveney five-year contract reform plans to make greater use of technology to modernise the services we receive and make them fit for purpose in an ever-changing, evolving world.



There is already an increasing use of apps, online support and technology to help people manage and review their own health, in particular people with long term health conditions.

Since the start of the COVID-19 pandemic, the way that health and social care appointments are conducted has changed and developed. In efforts to catch up with the backlog of cancelled appointments and limit unnecessary contact with patients, many doctors' surgeries have increased their use of digital technology; adopting alternative systems like video appointments or encouraging patients to contact their doctors' surgery using their website or the NHS app.

Healthwatch Norfolk have been commissioned by Norfolk and Waveney Clinical Commissioning Group (CCG) to conduct a three-year piece of work investigating digital tools and digital access to primary care in Norfolk and Waveney. This report reflects the work conducted in year one to find out how patients have been accessing and attending doctors' appointments during COVID-19, because it has not always been possible to have face-to-face appointments with doctors, nurses, and other healthcare professionals.

Healthwatch Norfolk were particularly interested to find out how the public have been using digital tools (e.g., the doctors' surgery website, NHS app and video consultations) to:

- make appointments
- attend appointments at their doctors' surgery
- seek information and advice about healthcare
- order repeat prescriptions
- access any other information, advice, or support from their doctors' surgery

### 1.2. Digital Tools

Digital tools within the NHS and social care sector are items of technology, websites or online resources that offer patients another way to access healthcare, including their doctors' surgery.



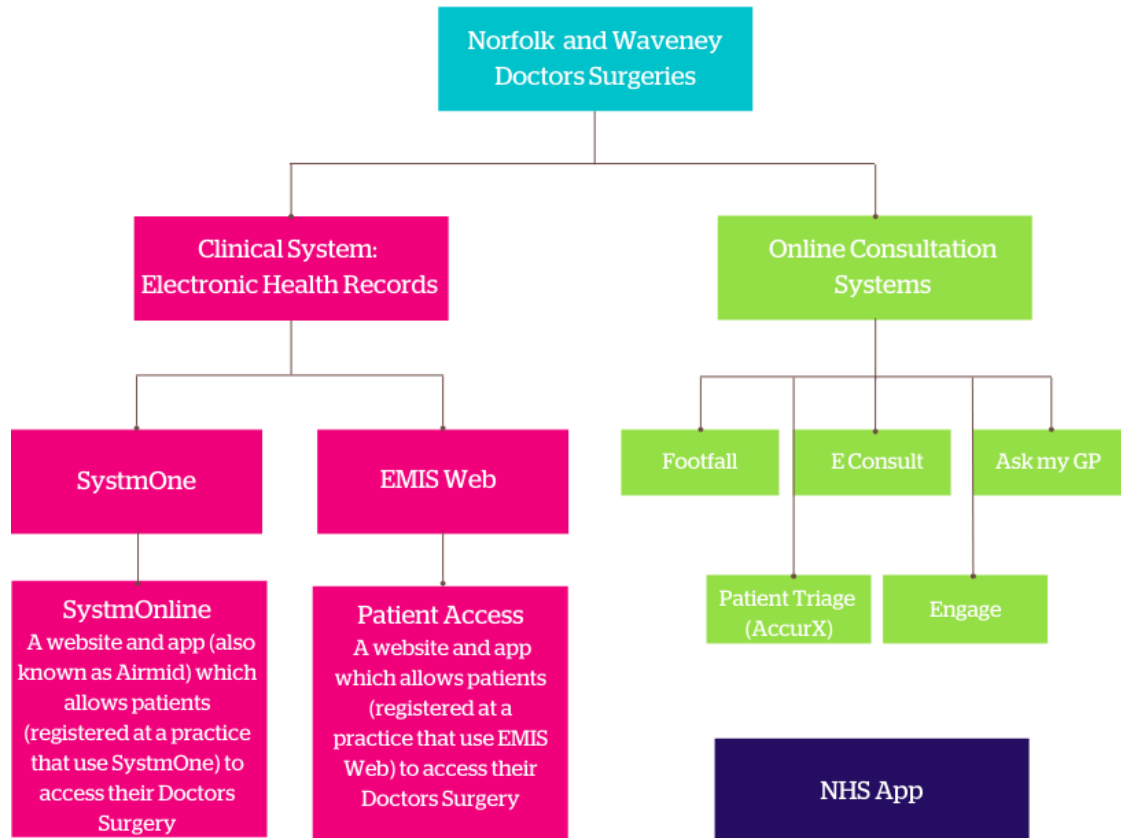


Figure 1. A Flowchart to show the digital tools that were explored in this report.

### 1.3. Clinical Systems

Clinical systems are digital tools for primary healthcare professionals that support joined up working across healthcare settings. Clinical systems support both clinical and administrative functions and allow healthcare professionals to gather, store, and alter patient information within their electronic health record. There are two clinical systems currently used in Norfolk and Waveney called ‘SystmOne’ and ‘EMIS’.

#### Electronic Health Records

When you visit an NHS or social care service, information about you and the care you receive is recorded and stored digitally in a health and care record. These are called ‘electronic health records’ and they are available in all the places that you receive healthcare. A patient’s information (including health checks, appointments, allergies, and medication) is uploaded securely into a clinical system so doctors will then be able to access this information instantly.

According to the NHS (2021) The information in your records can include your:

- name, age and address



- health conditions
- treatments and medicines
- allergies and past reactions to medicines
- tests, scans and X-ray results
- specialist care, such as maternity or mental health
- lifestyle information, such as whether you smoke or drink
- hospital admission and discharge information

### Systmone

SystmOne is one of the clinical systems used in 86 doctors' surgeries in Norfolk and Waveney to store patient electronic health records.

### EMIS Web

EMIS is another of the clinical systems used in 19 doctors' surgeries in Norfolk and Waveney to store patient electronic health records.

### SystmOnline

SystmOnline is a website and app that allows patients (or someone acting on their behalf) to manage access to their doctors' surgery and information about the healthcare they receive. If your doctors' surgery uses the SystmOne clinical system to store electronic patient records, then you will use the SystmOnline app and website to:

- view your electronic health record
- manage appointments
- order repeat prescriptions
- view test results
- explore local pharmacy services
- discover local health services
- messaging your doctors' surgery directly

For more information, please visit:

[www.systmonline.tpp-uk.com/2/help/help.html#About%20SystmOnline](http://www.systmonline.tpp-uk.com/2/help/help.html#About%20SystmOnline)

### Airmid App

The SystmOnline app has been replaced by a newer patient-facing app called Airmid. The Airmid app is powered by SystmOnline and is designed to allow patients contact their doctors' surgery to:

- book GP appointments
- order repeat prescriptions to their preferred pharmacy
- view their medical record and test results
- explore local pharmacy services
- discover local health services



- message their doctor's surgery
- attend video consultations

Patients can log in using their SystmOnline username and password if they have them. Otherwise, Airmid allows patients to log in using NHS Login details. An NHS Login can be created directly via Airmid.



*Figure 2. A smartphone displaying the Airmid App*

Source: [www.pp-uk.com/products/airmid/](http://www.pp-uk.com/products/airmid/)

### Patient Access

Patient Access is a website and app that allows patients (or someone acting on their behalf) to manage access to their doctors' surgery, pharmacy and electronic health records. If your doctors' surgery uses the EMIS clinical system to store electronic patient records, then you will use the SystmOnline app and website to:

- book and manage doctors' appointments
- order repeat prescriptions to your preferred pharmacy
- view your electronic health record and test results
- explore local pharmacy services
- discover local health services
- message your doctors' surgery directly

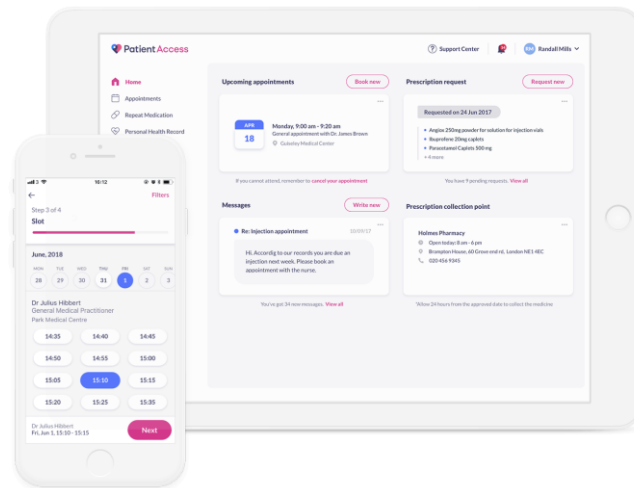


Figure 3. A smartphone and tablet displaying the Patient Access App

Source: [www.patientaccess.com](http://www.patientaccess.com)

### 1.4. Online Consultation Systems

Doctors' surgeries are increasingly offering more online access to their services, including the option to have an online consultation. Online consultation systems are a two-way messaging system that allow a patient to contact the practice about a particular health concern, receive information and advice about some health conditions and order repeat prescriptions.

Online consultations enable patients to ask questions, report symptoms and upload photos. Specially trained triage staff in the doctors' surgery then look at the requests and respond by connecting the patient to the right healthcare professional, service, or support.

#### Footfall

FootFall is a type of online consultation system that enables patients to connect with their doctors' surgery online and is used by 86 doctors' surgeries in Norfolk and Waveney. For the doctors' surgeries that use Footfall, it forms their surgery website, and it is the most widely used online consultation system in Norfolk and Waveney.

FootFall was designed to help patients:

- engage with all areas of their doctors' surgery online
- communicate with receptionists, nurses, doctors, and other healthcare professionals
- access advice about minor injuries
- undertake online reviews for health conditions, e.g., Asthma
- access video consultations with healthcare professionals



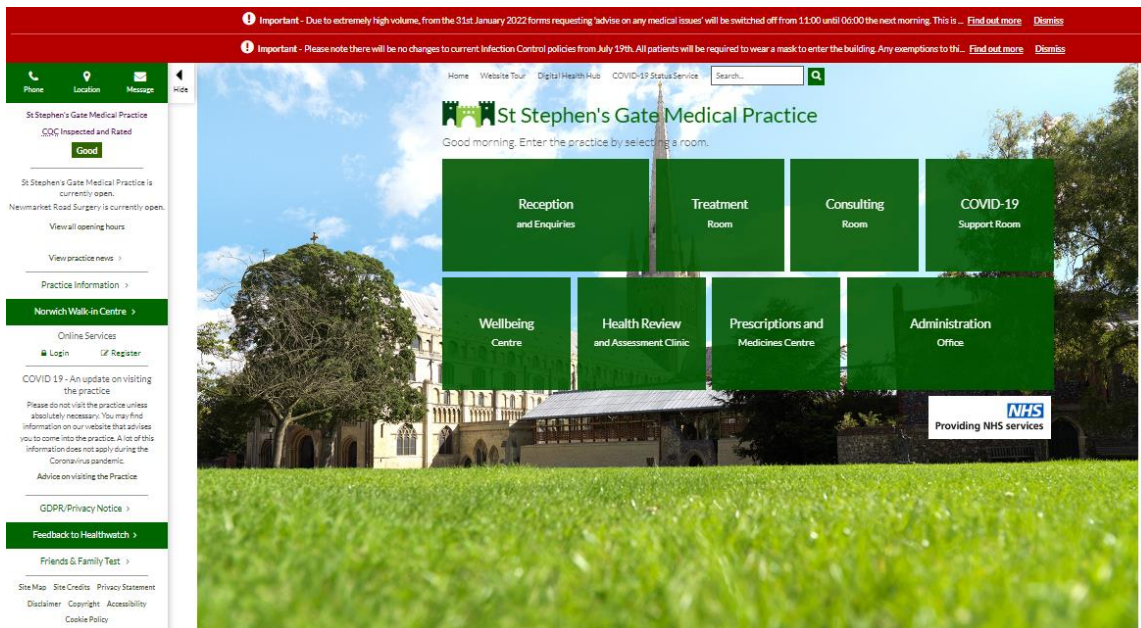


Figure 4. A Screenshot of Footfall from St. Stephen's Gate Medical Practice

### E-Consult, Ask My GP, Patient Triage (AccurX) and Engage

These four types of digital tools are online consultation systems and triage platforms. They collect a patient's medical or administrative request and send it through to their doctors' surgery via their doctors' surgery website and are used by some Norfolk and Waveney doctors' surgeries as an alternative to Footfall.

### Ardens

Ardens is a digital toolkit (mentioned later in this report) that connects to SystmOne and EMIS Web to provide universal templates and resources for primary healthcare professionals.



## 1.5. NHS App

The NHS App is a way to access a range of NHS services on a smartphone or tablet. To use the app, you must be registered with a doctors' surgery in England and aged 13 and over. This report will not be discussing the NHS Track and Trace app, which is a separate system. With the NHS app, patients can:

- get their NHS COVID Pass for event trials in England and travel abroad
- order repeat prescriptions
- book appointments - search for, book and cancel appointments at your GP surgery and access details of upcoming and past appointments
- get health information and advice
- view their health record securely
- view their NHS number
- receive advice about coronavirus (get information about coronavirus and find out what to do if you think you have it)
- register to be an organ donor
- find out how the NHS uses patient data and choose which data from their health records is shared for research and planning



Figure 5. A smartphone displaying the NHS App

## 1.6. Video Consultations

Some doctors' surgeries are offering patients the option to have an appointment with a doctor or healthcare professional via a video consultation. This is where a patient can speak to a doctor or healthcare professional using the video camera in



their smartphone, tablet or computer. If a doctor or healthcare professional recommends that a patient has a video call, the patient will receive a text, email or letter with a date and time for the appointment.



## 1.7. Project aim and objectives

Digital tools are transforming how patients and healthcare professionals can interact. There is already an increasing use of apps, online support and technology to help people manage their own health, in particular people with long-term conditions. Norfolk and Waveney were the first area in the East of England to launch the NHS App in April 2019.

The COVID-19 pandemic saw a fast increase in the adoption of digital tools being used as a digital front door for patients to receive information and communicate with their doctors' surgery.

Patients should be able to use online tools to access all primary care services, to receive health related advice, book and manage appointments, virtually attend a consultation with a healthcare professional, receive a referral, obtain a prescription, and communicate with their doctors' surgery.

According to the Accessible Information Standard, it is important that digital tools are accessible. All primary healthcare providers have a responsibility to ensure digital access to their services, regardless of a patient's health condition, disability, impairment, or sensory loss, is accessible so that patients get information that they can access and understand and that they get any communication support they need from health and care services.

NHS (2017) Accessible Information Standard From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss.

With the number of face-to-face doctors' appointments being restricted during the COVID-19 Pandemic, digital access to doctors' surgeries became vital to provide continuity of health care in Norfolk and Waveney.

Healthwatch Norfolk wanted to know:

### Public

- Which digital tools patients use to access their doctors' surgery?
- What patients think of access to digital tools in primary care?
- What works well with the digital tools available?



## Patient and Professional Experiences of Digital Tools in Primary Care.

- What doesn't work well with the digital tools available
- Improvements that could be made to the digital tools.
- How accessible the digital tools are?

### Primary Care Professionals

- Which clinical and online consultation systems primary healthcare professionals used within their workplace?
- What primary healthcare professionals think of the clinical and online consultation systems they use for work?
- What works well with the clinical and online consultation systems available?
- What doesn't work well with the clinical and online consultation systems available?
- Improvements that could be made to the clinical and online consultation systems available.
- How accessible the clinical and online consultation systems available are?



## 2. How we did this: Public

### 2.1. Methodology

To find out about patients' experiences of digital tools being used to access their doctors' surgeries, feedback was gathered via four qualitative methods: scenarios given to Healthwatch Norfolk staff, a survey, one to one interviews, and focus groups.

#### 2.1. Footfall Scenarios

##### Participant Involvement and Consent

Six members of Healthwatch Norfolk were asked to provide feedback about their experiences of using Footfall. Scenarios were created that involved using Footfall to complete tasks to gather some initial themes. Below is an example of one of the scenarios and the answers were analysed using thematic analysis and informed the questions and structure of the public facing survey.

Please watch the tour via the St. Stephen's Gate Practice website, using a laptop or computer and feedback if you think it's informative, clear, and helpful to patients and comment on:

How accessible you think the video is.

If the tour is comprehensive enough to help a patient find what they need on the website.

What else could be included on the website tour?

A copy of the footfall scenarios can be found as appendix 11.6

### 2.2. Surveys

Healthwatch Norfolk worked with NHS Digital to compile a survey with a series of questions to meet the aim and objectives of the project. An online survey was deemed the best way to collect information to allow for as wide a reach as possible, and to ensure consistency and ease of analysis. The survey was available online through SmartSurvey, in paper form and easy read. There was also the option to call Healthwatch Norfolk so that the survey could be completed over the telephone. This was to ensure that those who may be digitally excluded had the chance to take part.

Most responses (340) came from members of the public completing the survey online which ran from 1<sup>st</sup> November 2021 to 4<sup>th</sup> January 2022.



The survey was promoted via Healthwatch Norfolk's social media channels (LinkedIn, Facebook, Instagram and Twitter), Healthwatch Norfolk website and newsletter, through an article in the Eastern Daily Press Newspaper and via a survey link on Footfall.

### Patient involvement and Consent

Participation in the survey was entirely voluntary and anonymous, however, to complete the survey participants consented for their answers and feedback to be shared. Should participants have wanted to leave more in-depth feedback or leave any comments on the survey itself they were advised to contact Healthwatch Norfolk at: [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk)

### Survey Data Analysis

The survey comprised of a range of question types (including multiple choice, closed-ended, and open ended), so analysis was broad to reflect this spectrum. Answers where respondents could type their own comments, were analysed using thematic analysis. This enabled participants' free text responses to be coded to establish themes, which are reflected in section 4 of this report. Comments in this report are direct quotes from survey respondents and these have been left unchanged to ensure originality. Percentages in this report are rounded to the nearest whole number.

A copy of the survey questions can be found as 11.1

## 2.3. Interviews

To obtain more in-depth information and opinions regarding patients' experiences of digital tools being used to access their doctors' surgeries, Healthwatch Norfolk conducted eight one to one, semi structured interviews online via MS Teams. This enabled more detailed data to be collated through open-ended responses from participants, provided an opportunity for Healthwatch Norfolk to learn about a patient's experience in more depth and allowed participants time to open up about their experiences. The interviewer had a list of broad topic areas and questions that mirrored the contents of the online survey, to cover during the interview process. The interviews varied in length from just 10 minutes to up to an hour depending upon the experiences of the participant and the extent of their use of digital tools to access their doctors' surgery.

### Patient involvement and Consent

Interview participants were recruited from the survey, where they had expressed an interest in participating further with the project and consented to being contacted to talk about their experiences in more detail.



## Interview Data Analysis

The interview transcripts were analysed using thematic analysis and the themes are reported in section 4. A copy of the interview questions can be found as appendix 11.3

## 2.4. Focus Groups

Healthwatch Norfolk conducted two online focus groups to explore how accessible each of the digital tools are for patients that use assistive technology. Whilst the pre-set questions were asked in a particular order, their open-ended nature encouraged conversation. Seven participants were asked about their experiences of using different types of assistive technology (e.g., text to speech software and digital magnifiers) to access: their doctors' surgery website, Patient Access or Airmid app, the NHS app and video consultations. The focus group information can be found in appendix 11.5.

Focus group were used in this research because they enable and encourage participants to provide fuller answers to questions through guided conversation. Focus groups are also a more accessible way of engaging with participants who may be more confident talking rather than writing in a survey. Group settings also encourage fuller conversations in terms of participants interacting with and responding to each other, rather than just the interviewer.

## Patient involvement and Consent

Focus group participants were recruited from the survey, where they had expressed an interest in participating further with the project and consented to being contacted to talk about their experiences in more detail.

The focus groups were held online through MS Teams and the conversation was recorded using a Dictaphone, with prior consent from the participants. The first focus group was comprised of 3 participants and the second focus group was comprised of 4 participants. All the participants regularly use assistive technology to access their doctors' surgery.

## Focus Group Data Analysis

The focus group transcripts were analysed using thematic analysis and the themes are reported in section 6 of this report.



### 3. How we did this: Primary Healthcare Professionals

#### 3.1. Methodology

To find out about primary care professionals experiences of digital tools being used in the workplace, feedback was gathered via two qualitative methods: an online survey and two interviews.

#### 3.2. Survey

Healthwatch Norfolk designed a survey with a series of questions to meet the aim and objectives of the project. An online survey was deemed the best way to collect information to allow for as wide a reach as possible, and to ensure consistency and ease of analysis and due to COVID-19 restrictions in place at the time. The survey was available online through SmartSurvey, in paper form and easy read. There was also the option to call Healthwatch Norfolk so that the survey could be completed over the telephone. This was to ensure that those who may be digitally excluded had the chance to take part.

All the primary healthcare professional survey responses (12) were received from the survey online which ran from 1<sup>st</sup> November 2021 to 4<sup>th</sup> January 2022.

The survey was promoted via Healthwatch Norfolk's social media channels (LinkedIn, Facebook, Instagram and Twitter), our Healthwatch Norfolk website and our newsletter, through an article in the Eastern Daily Press Newspaper and via a survey link on Footfall.

#### Primary Healthcare Professional involvement and Consent

Participation in the survey was entirely voluntary and anonymous, however, to complete the survey participants consented for their answers and feedback to be shared. Should participants have wanted to leave more in-depth feedback or leave any comments on the survey itself they were advised to contact Healthwatch Norfolk at: [enquiries@healthwatchnorfolk.co.uk](mailto:enquiries@healthwatchnorfolk.co.uk)

#### Survey Data Analysis

The survey comprised of a range of question types (including multiple choice, closed-ended, and open ended), so analysis was broad to reflect this spectrum. Answers where respondents could type their own comments, were analysed using thematic analysis. This enabled participants' free text responses to be coded to establish themes, which are reflected in section 7 of this report. Comments in this report are direct quotes from survey respondents and these have been left unchanged to ensure originality. Percentages in this report are rounded to the nearest whole number.

A copy of the survey questions can be found as appendix 11.2



### 3.3. Interviews

To obtain more in-depth information and opinions regarding primary healthcare professional's experiences of digital tools being used to access clinical and online consultation systems, Healthwatch Norfolk conducted three online, semi structured interviews via MS Teams. This enabled more detailed data to be collated through open-ended responses from participants. The interviewer had a list of broad topic areas and questions that mirrored the online survey, to cover during the interview. The interviews varied in length from just 30 minutes to up to an hour, depending upon the experiences of the participant.

#### Primary Healthcare Professional Involvement and Consent

Interview participants were recruited from the survey, where they had expressed an interest in participating further with the project and consented to being contacted to talk about their experiences in more detail.

#### Interview Data Analysis

The interview transcripts were analysed using thematic analysis and the themes are reported in section 7. A copy of the interview questions can be found as appendix 11.4

### 3.4. Limitations

There were some limitations to this project, which must be acknowledged:

- Ongoing Covid restrictions throughout the duration of this project meant that all the interviews were conducted online. This restricted who could take part because not everyone has access to the internet and face to face interviews were not possible at the time.
- Due to time pressures caused by the COVID-19 pandemic, it is worth noting that we only received 12 survey responses and conducted two interviews with primary healthcare professionals. Therefore, we must be cautious when drawing conclusions from the data as it is unlikely to be representative of all primary healthcare professionals in Norfolk and Waveney.
- The recruitment of participants meant that the sample were self-selecting because they responded to requests for interview and focus group participants through the online survey. The survey was available as a paper-based version, but all the participants who wanted to take part in interviews expressed this through the online survey.
- Whilst we ensured that our survey was available in paper form, all our responses were received online. This may mean that the results are biased towards more digitally confident members of the public.



#### 4. What we found out from the scenario exercise

The first part of the data collection involved identifying initial themes to use for structuring the public facing survey. Through creating the scenarios (available in appendix 11.6) and asking members of Healthwatch Norfolk to complete the tasks, the following initial themes were found:

- Accessibility of digital tools
  - Via Assistive Technology
  - Language and Labelling used
  - Layout of Digital Tool
  - Type of technology used to access digital tools
- Public awareness of digital tools and support available
- Functionality of digital tools
- Obstructive pop-ups / news banners
- Online consultation methods available out of hours



## 5. What we found out from the public

### 5.1. Who we heard from

After the data was cleaned the survey had 337 usable responses which make up the following analysis. Please note that questions were not compulsory and therefore the number of respondents will vary from question to question.

The age of respondents to this survey tended to be older adults, with over two thirds of respondents sharing that they were over the age of 56 as displayed in Figure 6. Therefore, we acknowledge that younger adults' views of digital tools may not be captured in survey results.

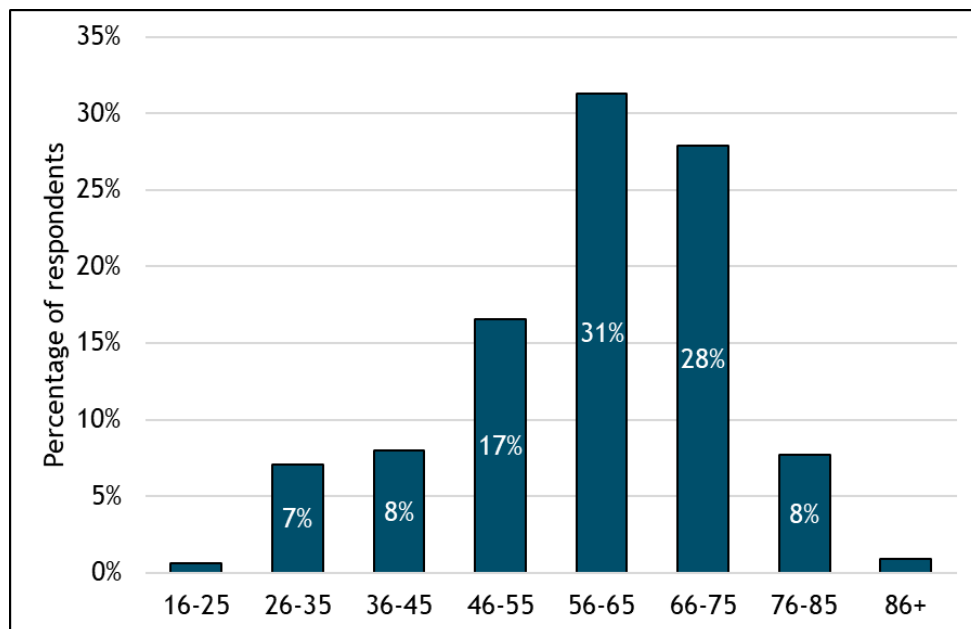


Figure 6. Responses of 326 people to the question 'how old are you?'

Two thirds (66%, 223) of respondents rated their skill at using technology as 'good' and 29% (99) rated their skill at using technology as 'OK'. Only 4% (15) rated their skill with technology as 'bad', four of these respondents had not used any of the digital tools in this survey. Therefore, it is worth noting that most survey respondents were comfortable with using technology. Table 1 below displays respondents' skill with technology and the digital tools the reported using.

The older the respondent the less likely they were to rate their skill with technology as 'good'. Those 45 and under 86% (44 respondents) rated skill as good, those over 66 only 55% (66 respondents) rated skill as good.



Table 1

Skill with Technology and Digital Tools used

		Doctors' surgery website (320 respondents)	NHS App (226 respondents)	Patient Access/ Airmid App (77 respondents)	Video appointment (20 respondents)
How would you rate your skill at using technology?	<b>Bad</b> (15 respondents)	11	6	1	1
	<b>OK</b> (99 respondents)	93	58	19	3
	<b>Good</b> (223 respondents)	216	162	57	16

## 5.2. Online Consultation Systems

### Doctors' surgery website

The most common usage of their doctors' surgery website was monthly with 45% of respondents reporting using the website monthly (Figure 7).

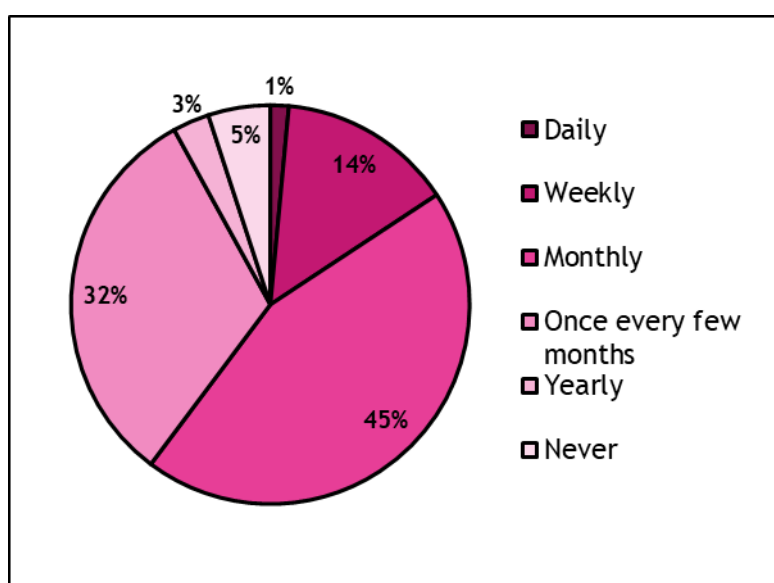


Figure 7. 337 responses to the question: 'How often do you use your doctors' surgery website?' Respondents were asked to choose the option that is closest to their usage of the website

Most respondents told us that they used a computer/laptop (57%, 183) to access their doctors' surgery website. This was followed by people using a mobile phone (53%, 168) and use of a tablet/iPad was the least common (33%, 106).



Younger respondents were more likely to use a mobile phone to access the GP website and older were more likely to use a computer or laptop. Of those 45 and under only 39% (20 respondents) used a computer/laptop, 66 and older 70% (83 respondents) used a computer/laptop.

While those 45 and under 76% (39 respondents) used a mobile phone and 34% (39 respondents) over 66 used a mobile phone.

Table 2 below displays what patients use their doctor's surgery website for. This has been split by whether their doctor's surgery has a 'Footfall website' or an 'other website'. Due to the low number of 'other websites' unfortunately it is not viable to formally compare responses or draw conclusions for any differences between the two groups of users. As the table shows the most common use of both websites is for requesting and cancelling appointments.

Table 2  
What do you use the Doctors' Surgery Website for?

	<b>Footfall website</b> (307 respondents)	<b>Other website</b> (13 respondents)
Requesting and cancelling appointments	73% (225)	46% (6)
Message reception	46% (141)	15% (2)
Access test results	33% (101)	23% (3)
Surgery opening times / contact details	27% (82)	31% (4)
Completing a Health Review / Managing long term conditions	22% (69)	8% (1)
News and surgery updates	21% (65)	15% (2)
Requesting appointments for others (children/family etc...)	19% (58)	8% (1)
Information and advice about illness or injury	18% (56)	15% (2)
Covid-19 advice and updates	12% (37)	15% (2)
Provide surgery feedback	6% (19)	8% (1)
Sick/Fit Notes	6% (18)	8% (1)
Self-refer to a service: e.g. smoking cessation, physiotherapy	5% (14)	8% (1)



Other 27% (83) -

\*Note: 'Other' responses included 70 references to ordering prescriptions or medication. In addition to this, other mentions included: *"Blood tests (INR)"*, *"Tried to self refer for physio TWICE but it didn't work"*, and *"Website hasn't worked for months tried to make appointments and contact manager says unavailable"*.

Respondents were asked how easy they find their doctors' surgery website to use, most people reported finding it 'OK' or 'Easy' to use as displayed in Figure 8. It is worth noting that 18% of respondents who rated their technology skill as 'good' still reported that they found the doctors' surgery website difficult to use (38 respondents).

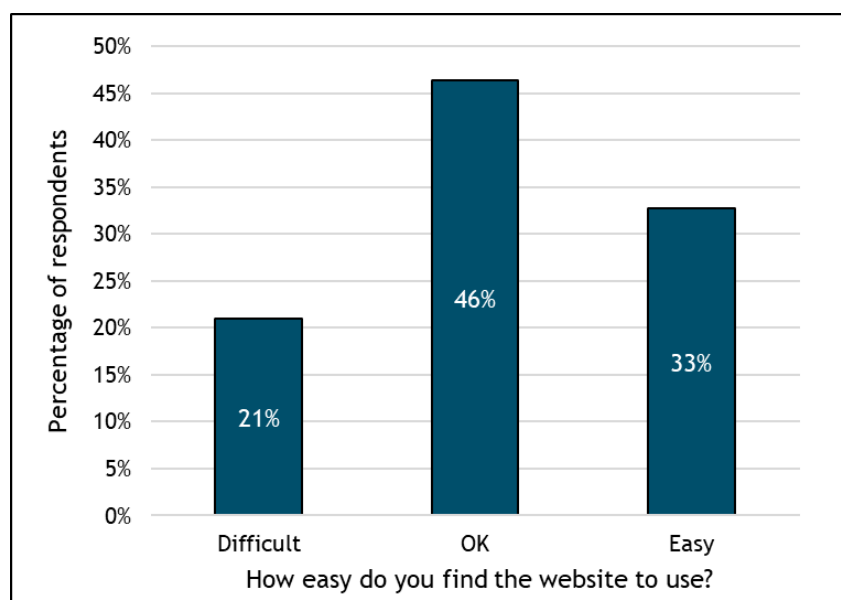


Figure 8. Responses of 315 people to the question "How easy do you find the website to use?"

Patients were asked what they like and dislike about their doctors' surgery website and if there was anything they would like to use the website for that they cannot already. Across responses it was clear that patients had different experiences of their doctors' surgery website depending on what they commonly used it for and what functions they were aware of.

Below the main themes found in responses are shared split by whether their doctors' surgery uses a Footfall website or an 'other' website



## Footfall

The main themes in responses were *difficulty versus ease of use, convenience, appointments and messaging system, access to records and results and lack of website support and guidance.*

### Difficulty vs. ease of use

Many survey respondents told us that they found the website difficult to navigate, they shared how it was *“sometimes hard to work out where you need to go to”* and that the names of the rooms confusing. On the other hand, some respondents shared how they found the website easy to navigate and *“easy to use”*, once they had become familiar with the routes they needed to take.

Below are some of the comments received around difficulty vs. ease of use:

Difficult to navigate	Easy to use
<i>“It is not intuitive. A large red button asking “Do you want an appointment?” would be a good idea”</i>	<i>“Quick and easy for straightforward things eg requesting meds or booking a nurse appt.”</i>
<i>“e.g. blood pressure appears in a number of places; for information, for making appointments, for putting in home measurements. So having found one bit, I thought I had found all there was on blood pressure - until by accident another time I found what I was looking for the first time.”</i>	<i>“Easy to navigate to find information or book an appointment (once you know the correct process)”</i>
<i>“It can be confusing which “area” of the website is needed for which concern. For example, requesting an appointment is hidden within either the “treatment room” or “consulting room” The wording could be clearer as even now I can’t remember which is to request an appointment.”</i>	<i>“Everything, it is so much easier to book appointments, get message to Dr and request a phone call, order medication, find out information on the surgery. The website is very simple to use, it is regularly updated and visually good.”</i>
<i>“I don’t think any of them [GP websites] are very clear how you get to see a doctor. They might know what consultation and all those other words mean, but most people don’t.”</i>	<i>“It’s become the easiest way for me now to make an appointment. So I’ll use that as opposed to ringing up and waiting, yeah... With ringing up, you tend to get held in a queue, and I kind of-- it’s a little bit of a stress when that happens.”</i>



<p><i>“Once you've got into your own account - so I have my children's accounts linked - I find it really difficult to know how to get back to their accounts. Because if you click on Home, you go back to the front page, rather than your account home page.”</i></p>	
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### Appointments and messaging system

Many respondents shared simply that they were unable to book appointments or that they would like to be able to book appointments: *“you can no longer book appointments via the website.”* In these responses it is unclear whether the difficulty is with the website itself or limitations with appointment availability in general.

There were multiple reasons why patients shared that they were unable to book appointments:

- A common theme was issues with the opening hours of forms on the website or forms being closed due to staff shortages.

I also strongly dislike not being able to submit requests for appointments/medical advice outside of surgery opening times. Why is this time restricted? I understand replies only being sent during opening hours, but why can't my request sit in an inbox until the next morning if I suddenly realise, I need to book an appointment at 8pm one evening?

- Some patients interpreted completing online consultation forms as booking appointments, whereas others understood booking appointments as being able to select the date and time of an appointment.

When you want to make an appointment, we need to be able to select dates and times NOT fill in a generic form to say when we are not available and wait for a random appointment to come to us. These appointments are usually Not suitable and you can accept/change it automatically. WE need to be able to select our dates and times.



- At some doctors' surgeries only some types of appointments were able to be booked using the website

Apart from making an appointment to see the nurse for a blood test or some other test you can no longer make appointments to see or speak to a doctor using the website.

- Appointments were not available due to demands on doctors' surgery in general. Face to face appointments were seen as difficult to get.

Make an actual appointment...without having to wait for a phone call back before allowed to get appointment.

Similarly, there were varying perspectives on wanting a messaging system, some respondents viewed the online consultation system as a messaging system already: *"the Footfall service - being able to msg [sic.] with health concerns regarding the person I care for and myself has been a huge improvement in communication for us"*. Whereas others were keen for their doctor's surgery to introduce a messaging system and in particular patients told us they would like to be able to send *"messages direct to the GP"* and worries were expressed about how *"non-medically trained personnel can read your confidential message"*.

Alongside this, patients told us they *"cannot access previous messages easily"* and that they have *"no option to reply to a go [sic.] message, so if further information is required or I have to clarify something, I have to submit a whole new request"*.

## Convenience

The main benefit of doctors' surgery websites shared by respondents to this survey was the convenience of the website. This meant that they *"can access information without going through reception"* and that *"I don't need to spend ages waiting for the phone to be answered"*.

The features to ask for an appointment or a prescription - they work, the responses I get are really prompt and it's a lot less fuss than calling reception. And if my issue isn't urgent, I kind of feel ok about doing it because I'm not in a queue of people trying to call



reception knowing that someone else in that queue might need help far more urgently than me.

Many respondents told us that they liked being able to order prescriptions and medication using the website and there were very few complaints about this system.

- *“Getting my medication ordered easily”*
- *“Nothing I have experienced would suggest it's preferable to human interaction except the ordering of the repeat prescription.”*

Finally, within convenience respondents were split whether they found the system fast or slow. This was usually linked to how prompt responses were to their requests rather than the website itself.

### Access to records and results

Patients had mixed experiences of access to medical records and results on footfall websites. While some told us that they liked that the website meant that they *“can readily find my personal health records”* and that they *“like that I have full access to my clinical record and can see test results and documents”*.

Others shared that they cannot *“get access to my health records anywhere online”* and that they would like *“to be able to access my hospital results such as scan results x-rays etc. [...] at present you have to phone up for these.”*

### Information and news

Experiences of information and news on the website was mixed. Some respondents praised the *“comprehensive information”* available on the website such as *“news updates on opening times etc.”* and that this meant there was *“lots of very useful information without the need to phone or go to the surgery”*.

On the other hand, concerns about the information included:

- Out of date information: *“The information is not updated, still makes reference to the 2020 flu jabs, nothing about Covid vaccination or this years flu vaccine”*
- Important messages and news can be intrusive: *“The Covid information that blankets the screen as soon as you access the front page is particularly annoying and distracting”*.



## Lack of Website Guidance and Support

Patients that commented on the difficulty of navigating Footfall, also reported a lack of website guidance and support when they were trying to find the right section. One patient approached their doctors' surgery for guidance on using the website but was not offered any assistance, *"I only found out about that functionality by just browsing the website and clicking on it. So I think what I'm saying is that there was no guidance-- when I joined the practice, they said, "Oh, well, that's the website."* When the Footfall site tour was mentioned to patients, they were often surprised and were unaware of its existence, *"No, I haven't noticed it. And I have no recollection when I signed in and logged in for the first time of any window popping up to say, "Oh, hello. First time on. You've just signed in. Take this tour to find out how to use it".*

## Other doctors' surgery websites (E-Consult / Ask My GP / Patient Triage (AccurX)/ Engage

Since only 13 patients of surgeries which do not use the footfall system left feedback on this survey the responses were limited. Six of the respondents mentioned that they found the website *"easy to use"*.

Comments on what was not liked about the website and suggestions for improvements included as follows:

- Being unable to book appointments was highlighted as a problem.
- Concerns about the appearance and layout of the website:
  - *"Looks like there is not a lot of effort put into the graphics, could be more brighter website to engage patients' into."*
- Out-of-date information on the website.

## 5.3. Clinical Systems

### Airmid and Patient Access App

Thirty-four respondents told us that they had used Airmid App and 43 respondents shared that they had used Patient Access App. Table 3 below displays what patients use these Apps for. As the table shows, the most common task they used the Apps for was to view medical record and notes and to order a repeat prescription.

Table 3

What do you use the Airmid/Patient Access App for?

	Airmid (34 respondents)	Patient Access (43 respondents)
View medical record and notes	68% (23)	44% (19)



## Patient and Professional Experiences of Digital Tools in Primary Care.

Order a repeat prescription	62% (21)	63% (27)
View and manage appointments	47% (16)	33% (14)
Search for health conditions and treatments	18% (6)	7% (3)
Receive advice about Covid-19	6% (2)	7% (3)
View linked profiles (e.g. children)	3% (1)	7% (3)
Use NHS 111 online	3% (1)	-
Other	9% (3)	16% (7)

Note: 'Other' responses for Airmid included *"add peak flow readings myself- they can then be seen by the asthma nurse upon review"* and *"it used to be possible to make appointments, but this has been suspended"*. 'Other' responses for Patient Access included *"I tried to book a flu vaccination"*, *"to send a message or complaint"*, and *"book blood test appointments"*

Respondents were asked how easy they find the App to use, for both Apps most people reported finding it 'OK' or 'Easy' to use as displayed in Figure 9.

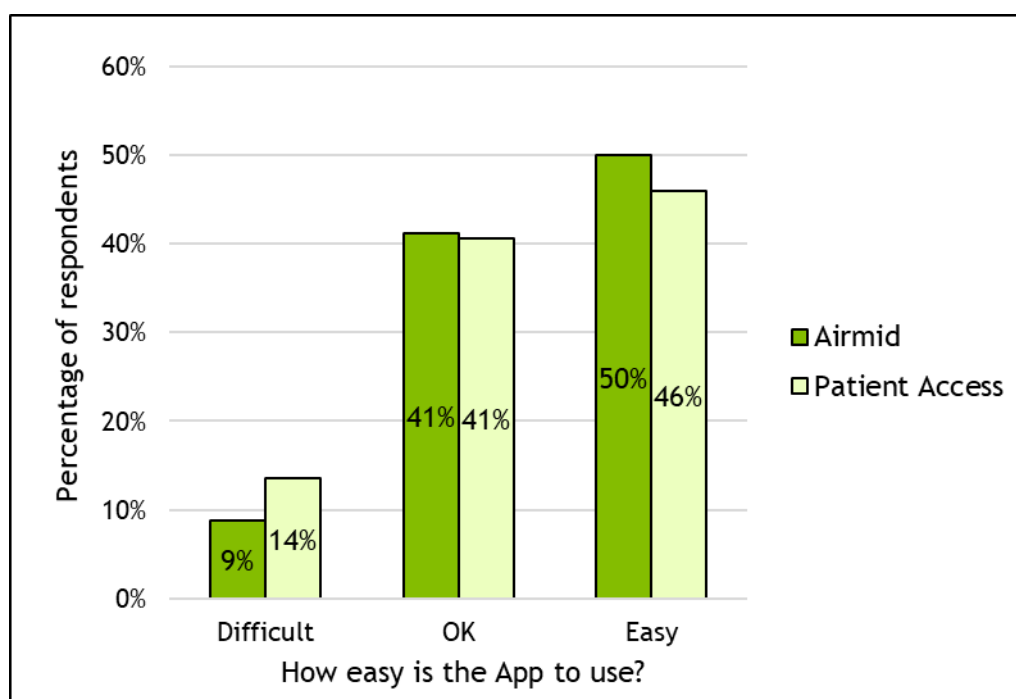


Figure 9. Responses of 71 people to the question "How easy is the Airmid/Patient Access App to use?"

As with the NHS App and the doctors' surgery websites, there were similarities in the themes of responses to the free text questions about likes and dislikes of the Airmid and Patient Access Apps. Patients reported mixed experiences of ease of use



of the Apps, they wanted to be able to book appointments and view their medical record and test results through the App, and they liked using the Apps to order repeat prescriptions. Below are some of the more specific comments mentioned by respondents about the different systems.

Airmid	Patient Access
<i>"I really like being able to submit my own peak flow readings- much easier then marking them on a chart and the practice nurse can view them."</i>	<i>"I got stuck in a dreadful loop trying to do something and going round and round before eventually being unable to do it. Unclear - mind you, I think it was the website rather than the downloaded app!"</i>
<i>"It takes up too much memory on my phone."</i>	<i>"Lots of irrelevant articles"</i>
<i>"Easier to logon as uses finger print technology. Easier to use than online services via practice website."</i>	<i>"I don't really use it as I can only have one consultant using this app."</i>
<i>"I use Airmid on my laptop but I do not like to use it on my phone because everything is too small for me to be accurate."</i>	<i>"[dislike] needing to put in certain letters of my memorable word"</i>
<i>"Easy to use, graphical representation of health data"</i>	<i>"In its current form it has a lot of useful features but again needs to include more comprehensive features."</i>
<i>"It doesn't always give correct information regarding appts"</i>	



## NHS App

Over two thirds a third of respondents (68%, 230) told us that they use the NHS App. The most common usage of the NHS App was ‘monthly’ with 29% of respondents (96). App usage is displayed in Figure 10 below.

It is worth noting that based on responses to free text questions there was some confusion between the NHS App and the Covid track and trace App: *“it’s a bit confusing having both the NHS app and NHS covid-19 app”*. Consequently, it is worth noting that some answers to the following questions may be for the Covid App.

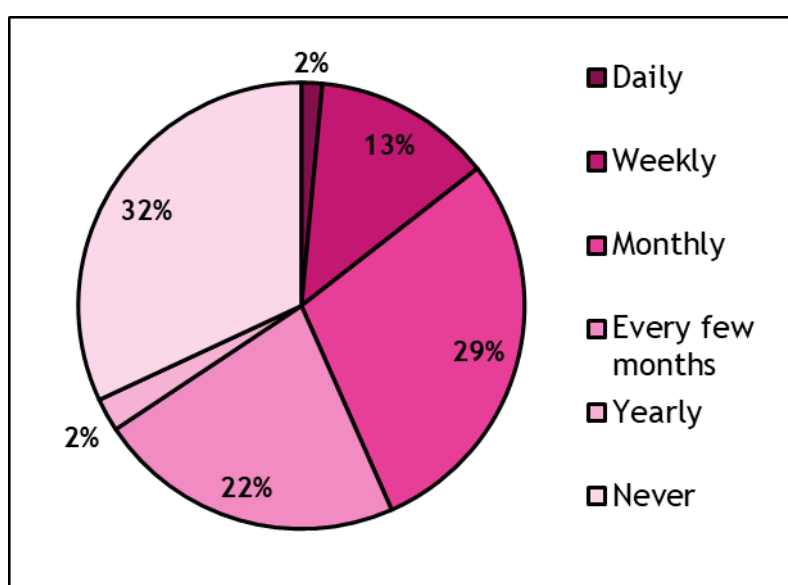


Figure 10. 332 responses to the question: ‘How often do you use the NHS App?’ Respondents were asked to choose the option that is closest to their usage of the App.

Table 4 below displays what patients use the NHS App for. As the table shows it appears that using the NHS App for Covid purposes was popular. The most common use of the NHS App is for getting their Covid pass with nearly half of App users selecting this option (49%, 113), this was closely followed by 43% (98) of App users sharing that they use the app to view their Covid-19 vaccination record.

Table 4

What do you use the NHS App for?

	Percentage of respondents (230 respondents)
Get your NHS Covid Pass	49% (113)



## Patient and Professional Experiences of Digital Tools in Primary Care.

View Covid-19 vaccination record	43% (98)
Order a repeat prescription	39% (89)
View medical record and notes	37% (86)
Receive advice about Covid-19	32% (74)
Search for health conditions and treatments	30% (69)
View and manage appointments	20% (45)
Use NHS 111 online	9% (20)
View linked profiles (e.g. children)	3% (6)

Respondents were asked how easy they find the NHS App to use, most people reported finding it 'OK' or 'Easy' to use as displayed in Figure 11.

This was also reflected in free text responses to the question 'what do you like about the NHS App?' where 58 respondents used this space to tell us that they found the App "easy to use" such as saying it is "intuitive", "straight forward", or "user friendly".

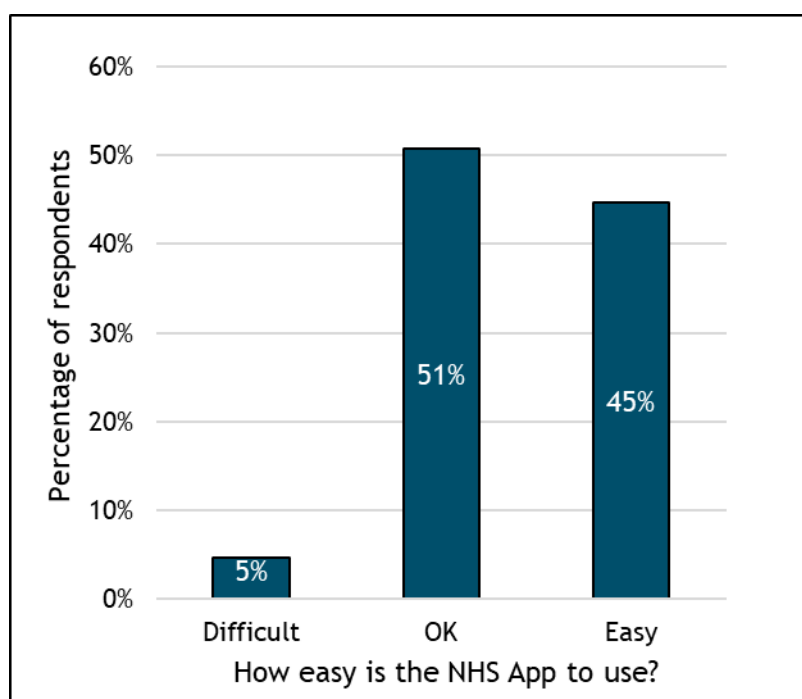


Figure 11. Responses of 217 people to the question "How easy is the NHS App to use?"



Comments on the NHS App were like those shared about the doctors' surgery websites. Respondents noted how they would like to make appointments for their doctors' surgery and/or their hospital through the App, they also shared mixed experiences of accessing medical records and results, others mentioned that it was convenient. In addition to this, several respondents simply shared that they thought the App was "fine" or "ok", or that they did not feel they used it enough to expand on their experience.

Some of the experiences more unique to the NHS App are illustrated below and the main themes in responses were *covid pass*, *confusion between apps*, *features are limited* and *app glitches*.

### Covid pass

The COVID-19 pandemic has boosted awareness of the NHS app, because the COVID pass (indicating a person's vaccination status) that many people needed to travel throughout the pandemic was made available on the app.

I have been told there's an NHS app, which I have got because it's where my COVID pass is. And I don't know whether you can access your doctor's surgery through that as well... I've used it simply out of curiosity when we could all access our COVID passes.

### Confusion between apps

The presence of the NHS app and the separate NHS Track and Trace app (created because of the COVID-19 pandemic) has created confusion between the apps, *"When I downloaded the COVID [track and trace] app, I thought to myself at the time, 'Why isn't there an NHS app?' Now, that comment was either through my ignorance of not knowing that there was an NHS app or, in fact, there wasn't one."* Patients have been asking why the two apps exist, instead of one main app, *"Why do we need two?... Everything that is on the COVID app should be on the NHS app"*.

### Features are limited

Respondents highlighted that features of the NHS App were limited by services their doctors' surgery were signed up for.

Not all the features work. I'm not able to use some of the features for my GP surgery because I'm guessing they're not signed up for



that service. There's lots of options on there but quite a few of them don't actually work as you think they would.

Similarly, some respondents noted that they were only able to access full medical records through contacting their doctors' surgery, but this caused confusion:

It's frustrating that I still cant [sic] see me detailed record. The app says ask your GP, my GP receptionist doesn't seem to know anything about it. So this isn't the Apps fault, but maybe some more training needed for staff.

### App glitches

Some respondents also shared technical difficulties with the NHS App some examples are below:

- Log in issues: *"Log in does not remember me / biometric log in does not work"*
- The App crashing or resetting:
  - *"it often resets to opening page and you need to resubmit info."*
  - *"It can be prone to crashing quite often."*
- Frequently asks about cookies: *"Cookie control has to be redone EVERY time!!"*

Within this, one respondent highlighted that *"needs clearer details of who to contact if issues with the app to prevent the user from contacting their gp practice"*.

### Video Consultations

Very few respondents (20) told us that they have had a video appointment during the Covid-19 pandemic with their doctor or a healthcare professional. Therefore, feedback on video consultation experiences is limited.

The benefits of video consultations highlighted by respondents included how they were *"so convenient- did not have to travel and the wait!"* and that it was *"easy to book and very simple process to start the appointment using a link sent to my mobile phone. This was very convenient too - saving time and effort"*

Concerns and difficulties raised by patients included:



- Unable to physically examine patients: *“doctor could not examine me. Visual could not see the problem”.*
- Limited instructions: *“I had no prior warning I would need to download a specific video app used by the surgery, so the start of the appointment was fraught.”*
- Difficulty with software: *“it took about 6 attempts to get the software to launch on my phone and I was already stressed out as was a sensitive subject for appointment.”*
- Not being offered a video consultation: *“I’ve only had telephone consultations. And actually, a video would be the next step really.”*

In the final question of the survey patients were asked if they had anything else to share. Some took the opportunity to share their views about video consultations. One of the themes within this was that they would be willing to have video consultations where appropriate but that this had not been offered to them, as illustrated in the following comment:

More than happy to do face-to-face appointments with gp online, would suit me well and be more convenient where they don't need to inspect something e.g. a rash. But ironically not given this option even though lots of others are desperate to see their doctor in person at the surgery and I'm not.

## 6. Accessibility of Digital Tools

Two focus groups were conducted in February 2022 to explore how accessible digital tools are for people that regularly use assistive technology to access their doctors' surgery. The types of assistive technology discussed in the focus groups include screen reading software (e.g. JAWs), digital magnifiers, utilising the accessibility options on an iPhone and refreshable braille displays. The focus groups reported that the digital tools covered in this report are mostly accessible through use of their assistive technology. Some of the problems they encountered and suggestions the participants made are covered below.

Footfall	NHS App	Video Consultations
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The Footfall layout on a smartphone is not great with the magnifier and double tapping to access the right section of Footfall with JAWS can be laborious.	If using the NHS app for a COVID pass on an iPad and phone for a Covid pass, the app is clunky to navigate. Dates for vaccine clinics are hard to find on the app.	Participants prefer attending appointments in person because they would require assistance for a video call due to sight loss.
A copy/record of the messages to the doctors' surgery would be useful as participants often have to screen shot them to remember.	Participants suggested using the 'Be My Eyes' app for help accessing the NHS app and for following instructions for lateral flow tests.	Video consultations are handy for non-emergencies.

The accessibility of the digital tools explored in this report is an area that Healthwatch Norfolk are keen to explore in more depth during year two of this project. According to the Accessible Information Standard and the NHS (2019) Long Term Plan, it's important that everyone, no matter what their accessibility needs are, has access to digital-first primary care.

These are some examples of potential barriers and situations to attaining digital access to doctors' appointments:

- the format and language used within the online consultation system or apps
- digital exclusion or a lack of digital skills
- the compatibility of assistive technology with online consultation systems, video consultations and apps
- requiring support from another person to digitally access services
- knowledge of the digital tools available, their functionality and how to use them



## 7. What we found out from the primary healthcare professionals

Healthwatch Norfolk interviewed three primary healthcare professionals for their opinions and experiences of using digital tools in the workplace. The digital tools included Clinical Systems (SystmOne and EMIS) and Online Consultation Systems (Footfall and Video Consultations).

### SystmOne

In Norfolk and Waveney, 86 doctors' surgeries use SystmOne as their Clinical System to manage electronic health records. After interviewing three primary healthcare professionals about their opinions on SystmOne as a clinical system, the feedback started on a positive note, *"we use the functionality of it quite a lot. And to be honest with you, it seems to me it does the job what you need to do"*. Healthcare professionals were happy with the help function and forum included with SystmOne, *"It's got quite a good help thing on there... a lot of it is self-taught...you can work it out and you can search the help quite easy on it"* and appreciated having access to Ardens to assist with standardised searches in their clinical system, *"we're lucky that we've got Ardens... it's all standardised, and we don't have to worry about them because they're already predetermined and set for us. When I'm doing monthly reporting for returns and stuff, I use all the Ardens searches now."*

There were a few disadvantages and recommendations about SystmOne mentioned by the primary healthcare professionals, which have been explored in the table below.

SystmOne Disadvantages and Recommendations
<p><b>Integration with other platforms</b></p> <p><i>"The only thing is the integration with the other platform and things, which is where it sort of lets itself down because you're sort of communicating with lots of different systems, if you know what I mean... around sort of data analysis and that sort of stuff, I think that's where it falls down."</i></p> <p><b>Report Writing</b></p> <p><i>"Some of the reporting can be quite hard on it. I know EMIS is a lot easier to use for reporting. It's much more, sort of, user-friendly. Whereas with SystmOne, you can run two similar reports to the same thing and get a very different number out of it because you forgot to click this or you've not included it in this one and included it in that one. So you do have to be very careful with the reporting."</i></p> <p><b>On-the-job Training</b></p> <p><i>"Originally, they did sort of quite a lot of roll out with training. We can access training for it, but actually, a lot of it is self-taught and learnt on the job. So, for example, when we take new people on, it's very sort of kid gloves, but they just sort of work around the system with help and support and doing it that way. So most of it is internal training"</i></p>



## EMIS

In Norfolk and Waveney, 19 doctors' surgeries use EMIS as their Clinical System to manage electronic health records. After interviewing three primary healthcare professionals about their opinions on EMIS as a clinical system, there were a few disadvantages and mentioned which have been explored in the table below.

EMIS Disadvantages and Recommendations
<p><b>Layout</b></p> <p><i>"It looks very busy and complex, and it is... EMIS has a very archaic display mode on-screen, and little ability to customise for the user's access requirements. The icon rows, tabs, ribbons and side boxes all make the screen cluttered and confusing and the font size is poor, and unable to change for easy access requirements."</i></p>
<p><b>Search Functions</b></p> <p><i>"I would like things like searches to be simpler, but in part, that is, I think, maybe down to knowledge, experience, but also the providers we use some staff would love it to talk to Ardens so we get up-to-date clinical templates, so removing the risk."</i></p>
<p><b>Template Manager</b></p> <p><i>"The downside of it at the moment is that for whatever reason, we're on something called Template Manager. We have to keep going into Ardens and uploading the latest versions of things, which is absolutely a pain."</i></p>
<p><b>Piggybacking Systems on EMIS</b></p> <p><i>"There are lots of different systems that will piggyback on the back of EMIS. I think they call them API providers. So, yes, it's a real pain if you get a new provider. You always have to have a data-sharing policy in place with them."</i></p>
<p><b>Processing Speed</b></p> <p><i>"The speed of EMIS is very slow and it can be almost debilitating to the service at times."</i></p>
<p><b>Administrative Processes</b></p> <p><i>"Analytically, I guess it's not as administrative-friendly as SystmOne. To generate a lot of management information that we need, we have to put in manual work, where SystmOne, there's a lot more management work and that seems to be a bit more progressive."</i></p>
<p><b>Lack of Clinical System Training</b></p> <p><i>"I came into the NHS and it's like, "Oh, yeah. That's all-on-the-job training" and it's down to the individual practices to sort out."</i></p>
<p><b>Risk Assessment Process</b></p> <p><i>"There's no standardised risk assessment process. There's no standardised process for anything, in effect."</i></p>



### Practice Left to Own Devices

*"In our PCN now we are the only EMIS practice. I think there's probably only about 10 EMIS practices across Norfolk now, so we're very much left to our own devices. If I've got an EMIS question, we tend to use the CCG contact more than anything else. There's lots of practices that have designed their own templates, for instance, and set different things up, and it's like, "Oh. Are they right? Are they wrong?" I can't audit them, so I'd rather use something like Ardens that are clinically audited all the time."*

### Patient Transfer Process: Between SystmOne and EMIS

*"Sometimes they get stuck. They don't always come through. It's a system called GP2GP. Initially, there were teething troubles because if somebody had a particularly large file, it just didn't happen, and I still come across the odd one that won't transfer. Not many, but you might get one. They've still got some coding issues, that some of them won't convert so they call them downgrades. You have to go through them, and it's a bit of a pain because if they've got downgraded, it won't let you issue medication until you've sorted them out."*

### System Communication Between EMIS and SystmOne

*"I was gobsmacked that none of the clinical systems actually talked to each other or shared patient data... I would have assumed that if I went to hospital that the hospital could bring up all my medical records and see consultations and whatever, and that's just not the case. With PCNs growing as they are and the pressure to do more hub-based patient care, so you're spread across the PCN for extended hours. Until that issue is resolved around the two-- all the systems talk to each other, it's never going to improve patient service or patient safety, really. They have got a new system that they're trialling or have in trial and called GP Connect, but that doesn't seem to be particularly robust at the moment."*

### GP Connect

*"I think GP Connect's been in place now or it's been talked about ever since I've started, so it's been about two and a half years. And it was supposed to be available so you could see the last five consultations, whether that be a SystmOne practice or an EMIS practice. But I can't think it's ever really, really, really gone live as far as we're aware. So for us, and again, logistically, it hasn't worked for us particularly well doing sort of PCN surgeries because of the sheer distance, the geography of our PCN. But in Norwich, for instance, if you had six or seven practices, that would work exceptionally well... it does open up a little bit of extra access, but it's still quite limited."*

### Community Care Communication

*"They communicate with SystmOne because they're on SystmOne, but for anything to do with EMIS, they can't see anything we put down and we can't see anything they put down... And then obviously, you share all the information across the piece, but because they can't see any of our consultations. Urgent patient care is being detrimentally-- or certainly safeguarding, I'd say, is not as effective as it could be, especially children's safeguarding with health visitors*



*and all that. I mean, particularly that one, I think, for us, is more of a concern.”*

### Communication Between EMIS and Footfall

*“It has been frustrating for EMIS and for SystmOne, really, up until the next version that comes out - I think it's version six - will actually integrate all work directly into EMIS as a consultation where currently, any online consultation that a doctor has and records through FootFall is then imported into EMIS as a document.”*

### Footfall

The arrival of Covid-19 resulted in Footfall becoming an important digital front door for patients wanting to access their doctors' surgery or to book an appointment, creating an alternative route to phoning the surgery. This has increased demand for appointments, *“what it's done is actually not reduce the telephone calls into the practice. It's just added another layer of 24/7 availability... what it's done is just drive patient demand through the roof.”* This has meant that some doctors' surgeries have restricted access to the Footfall messaging facility, *“we still manage the access to it currently because of sheer demand and abuse by patients and again, that causes potential patient safety issues because you suddenly come into 200 forms and you've got wade all the way through them.”*

### Video Consultations

The responses Healthwatch Norfolk received from primary healthcare professionals regarding video consultations reported that a lot of problems existed because of poor connection quality at either end of the video call.

*“We had a lot of problems with that because actually, it worked our end... but because their connection is no good, it doesn't work, and it keeps on dropping off.”*

Participant 1, Primary Healthcare Professional

*“When people try to use it on their mobile phones or at home, it's just not strong enough, and again, it doesn't make for a good consultation. So we do very few video consultations on that basis.”*

Participant 2, Primary Healthcare Professional

### Wi-Fi Connection

All the healthcare professionals that Healthwatch Norfolk interviewed commented on how poor the Wi-Fi signal is within their doctors' surgery.



*“Our wireless is awful. So that is the thing that lets us down on an individual basis. What happens is when I come in, I'm with my phone, and I get my emails on here. I turn my Wi-Fi off because my data is quicker and better than our Wi-Fi. We've had to get a data account on it because the Wi-Fi is so bad.”*

Participant 2, Primary Healthcare Professional



## 8. What this means

### 8.1. The Impact of COVID

The COVID-19 pandemic resulted in an increased use and reliance on digital tools and technology. Social distancing measures and nationwide lockdowns meant that access to healthcare was limited, especially on a face-to-face basis and because of the strain the NHS was under to counteract the effects of the pandemic.

Members of the public that had no previous experience or knowledge of digital tools pre-pandemic, were suddenly required to use them if they wanted to access their doctors' surgery. This led to digital tools being developed and improved quickly to meet public need during the pandemic, online registration processes being streamlined to encourage greater use of them and a greater awareness of their existence in the public domain. Digital tools have been essential to ensuring access to healthcare during the pandemic.

### 8.2. Lack of Digital Tool Awareness

Even though there is greater public awareness of digital tools in use due to the pandemic, there is a lack of awareness of how many different digital tools exist to help patients access their doctors' surgery and the difference and similarities in functionality between them. Healthwatch Norfolk received lots of reports from survey respondents asking why there hasn't been more promotion of the digital tools available. The responses from our public survey revealed that patients would not only like more information about digital tools, but also more support and guidance with using them. There is a lack of awareness of the website tour offered on Footfall and survey respondents did not know where to go for advice using the other types of digital tools.

### 8.3. Important Not to Replace 1:1 Appointments

There were concerns voiced from the public via the survey responses that as access to doctors' surgeries are becoming more reliant or focussed on digital tools, face-to-face appointments will become less available. Patients welcome the choice to use and continue using digital tools, as long as there are still in person appointments being offered.



## 9. Recommendations

From the results of the scenarios exercise, public survey, and patient focus groups several recommendations can be made for the Digital team at Norfolk and Waveney CCG. Some of these recommendations are specific to each digital tool, whilst others are applicable across all digital tool types.

### 9.1. Public Awareness

Consider production of one clear, concise, and accessible document to be available to patients detailing the types of digital tools available to them for accessing their doctors' surgery. This document should include where to go to for support accessing the digital tools.

Map the digital tools available for the public and avoid phrases like 'online consultation system' including a brief, descriptive glossary which is also available in an easy read format.

Publicise the different types of digital tools available to the public and where to access them through social media and advertising campaigns. Ensure that the public are aware of their choice to request a face-to-face appointment with a primary healthcare professional or to utilise one of the digital tools available to them.

Ensure that all healthcare staff, have training or access to information regarding types of digital tools available to the public and knowledge of where to signpost if a patient asks for more support with them.

### 9.2. Footfall:

Consider the language and labelling used on Footfall. Survey respondents have reported that it takes a while to locate the right tab on Footfall to find the correct services or support for them. For example, the label 'consultation room' is confusing.

Ensure the Footfall layout is optimised for assistive technology on smartphones.

Assess how important messages and Covid related news banners could be less obstructive for Footfall users.

Promote the website tour function.

Create a downloadable and accessible user guide to accompany the Footfall website tour.

Ensure that news and information on Footfall is up to date and relevant.



### **9.3. NHS App:**

Publicise what the NHS app does (in addition to the creation of a Covid Pass) and explain how it is different from the NHS Test and Trace App.

### **9.4. Airmid and Patient Access App:**

Raise awareness of the availability of these apps as an alternative digital tool.

### **9.5. Video Consultations:**

Encourage primary healthcare professionals to offer the option of video consultations to patients. If primary healthcare professionals offer a patient a video consultation, ensure that clear instructions are given before the appointment explaining how to access it and if any software or apps need to be downloaded.



## 10. Response from Norfolk and Waveney Clinical Commissioning Group

We received an official response to the report from Anne Heath, the Associate Director of Digital, at the Norfolk and Waveney Clinical Commissioning Group.

"We'd like to thank Healthwatch Norfolk for this excellent work in reviewing engagement with Digital tools and access methods in Primary Care. The report highlights that more of us are being asked to interact with the NHS using digital tools. The report highlights an impressive level of adoption of digital technology by citizens, but also the impact on those who may find it harder to engage with technology, and valuable feedback on where things could be better.

"Digital reform is a mark of progress, and an increase in the use of technology is necessary to transform the NHS, in the same way that technology has transformed other aspects of our lives, however we must ensure that all citizens are supported in this digital journey and enabled to use the technology to avoid inequality, and to make sure that everyone can access the care and support they need.

"We are committed to continue to work with Healthwatch to enact the recommendations in this report, ensuring that the NHS in Norfolk is improved through digital transformation and that citizens are well placed to benefit from this."

## 11. References

National Health Service (NHS) (2017). *Accessible information standard. Making health and social care information accessible*. Available at: [www.england.nhs.uk/ourwork/accessibleinfo/](http://www.england.nhs.uk/ourwork/accessibleinfo/)

National Health Service (NHS) (2019). *The NHS long term plan*. Available at: [www.longtermplan.nhs.uk/publication/nhs-long-term-plan/](http://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/)

National Health Service (NHS) (2021). *How to access your health records*. Available at: [www.nhs.uk/using-the-nhs/about-the-nhs/how-to-access-your-health-records/](http://www.nhs.uk/using-the-nhs/about-the-nhs/how-to-access-your-health-records/)



## 12. Appendix

### 11.1. Patient Survey Questions



#### Digital Tools Project

##### Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

##### What is this survey about?

We are working with Norfolk and Waveney Clinical Commissioning Group (CCG) to find out how patients have been accessing and attending doctors' appointments during COVID-19, because it has not always been possible to have face-to-face appointments with doctors, nurses, and other healthcare professionals.

To limit unnecessary contact with patients, many doctor's surgeries have increased their use of digital technology; adopting alternative systems like video appointments or encouraging patients to contact their doctors' surgery using their website or the NHS app.

**We would like to know your experiences of using your doctor's surgery website, the NHS app and video appointments to:**

- make appointments
- attend appointments at your doctors' surgery
- seek information and advice about healthcare
- order repeat prescriptions
- access any other information, advice, or support from your doctor's surgery

The survey will take around 10 minutes to complete.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey.



### How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at:  
[www.healthwatchnorfolk.co.uk/about-us/privacy-statement](http://www.healthwatchnorfolk.co.uk/about-us/privacy-statement).

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

### Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk)

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Survey Closing date: Monday 3rd January 2022

1. Please tick the box here to confirm that you have read and understood the privacy policy: \*

☐ I have read and understood the privacy policy

2. A link to the final report will be included in our quarterly newsletter. To sign up to receive this newsletter, please leave your email address:

3. If you would like to be involved in this project, please leave your first name and email address here and we will be in contact to arrange an interview about your experiences.

### Doctors' Surgery

4. Which Doctors' surgery do you use? \*

5. How would you rate your skill at using technology? \*



## Patient and Professional Experiences of Digital Tools in Primary Care.

☐ Good

☐ OK

☐ Bad

### Doctors' Surgery Website

6. How often do you use your doctors' surgery website?  
(please choose the option that is closest to your usage of the website)

☐ Daily

☐ Weekly

☐ Monthly

☐ Once every few months

☐ Yearly

☐ Never

7. What device do you use to access your doctors' surgery website?

(Please select all that apply)

☐ Computer / Laptop

☐ Mobile Phone

☐ Tablet / iPad

☐ Other (please specify):

8. What do you use the doctor's surgery website for? (Please select all that apply)

### Managing Appointments



## Patient and Professional Experiences of Digital Tools in Primary Care.

- ☐ Requesting and cancelling appointments
- ☐ Requesting appointments for others (children/family etc...)
- ☐ Completing a Health Review / Managing long term conditions

### Information and Advice

- ☐ Covid-19 advice and updates
- ☐ Surgery opening times / contact details
- ☐ Information and advice about illness or injury
- ☐ News and surgery updates

### Administration

- ☐ Message reception
- ☐ Provide surgery feedback
- ☐ Access test results
- ☐ Sick/Fit Notes

### Self Referral

- ☐ Self-refer to a service: e.g. smoking cessation, physiotherapy
- ☐ Other (please specify):

9. What do you not like about the doctor's surgery website?

10. What do you like about the doctor's surgery website?



11. How easy do you find the website to use?

- ☐ Easy
- ☐ OK
- ☐ Difficult

12. Is there anything you would like to use the website for, that you can't already?

## NHS App

13. How often do you use the NHS App?  
(please choose the option that is closest to your usage of the website)

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Every few months
- ☐ Yearly
- ☐ Never

14. What do you use the NHS App for? (Please select all that apply)

### Information and Advice

- ☐ Search for health conditions and treatments
- ☐ Receive advice about Covid-19

### Manage Personal Information



## Patient and Professional Experiences of Digital Tools in Primary Care.

- ☐ View medical record and notes
- ☐ View and manage appointments
- ☐ View linked profiles (e.g. children)
- ☐ View Covid-19 vaccination record

### Access NHS Services

- ☐ Use NHS 111 online
- ☐ Order a repeat prescription
- ☐ Get your NHS Covid Pass
- ☐ Other (please specify):

15. What do you not like about the NHS App?

16. What do you like about the NHS App?

17. How easy is the NHS App to use?

- ☐ Easy
- ☐ OK
- ☐ Difficult

18. Is there anything you would like to use the NHS App for, that you can't already?



## Airmid and Patient Access Apps

19. Have you used either of these two apps to access your doctors' appointments, order repeat prescriptions or discover local health services?

- ☐ Airmid
- ☐ Patient Access
- ☐ Neither
- ☐ Unsure

20. What do you use the [question(15207256)] App for? (Please select all that apply)

### Information and Advice

- ☐ Search for health conditions and treatments
- ☐ Receive advice about Covid-19

### Manage Personal Information

- ☐ View medical record and notes
- ☐ View and manage appointments
- ☐ View linked profiles (e.g. children)

### Access NHS Services

- ☐ Use NHS 111 online
- ☐ Order a repeat prescription
- ☐ Other (please specify):

21. What do you not like about the [question(15207256)]App?



22. What do you like about the [question(15207256)]App?

23. How easy is the [question(15207256)] App to use?

- ☐ Easy
- ☐ OK
- ☐ Difficult

24. Is there anything you would like to use the [question(15207256)] App for, that you can't already?

## Video Appointments

25. During the covid-19 pandemic have you had a video appointment with your doctor or a healthcare professional at your doctors' surgery?

- ☐ Yes
- ☐ No

26. What did you not like about the video appointment?

27. What did you like about the video appointment?



## Patient and Professional Experiences of Digital Tools in Primary Care.

28. How could the video appointment have been improved?

29. Please use this space to tell us anything that we have not asked about digital technology to access your GP surgery that you think we should know:



## 11.2. Primary Care Professional Survey Questions



### **Exploring Clinical and Online Consultation Systems in Norfolk and Waveney GP surgeries.**

#### **Who is Healthwatch Norfolk?**

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

#### **What is this survey about?**

We are working with Norfolk and Waveney Clinical Commissioning Group (CCG) to find out how patients have been accessing and attending doctors' appointments during COVID-19, because it has not always been possible to have face-to-face appointments with doctors, nurses, and other healthcare professionals.

To limit unnecessary contact with patients, many doctor's surgeries have increased their use of digital technology; adopting alternative systems like video appointments or encouraging patients to contact their doctors' surgery using their website or the NHS app.

If you are a primary care professional in a Norfolk GP surgery, we would like to know your experiences of using clinical systems (Systmone or EMIS) and online consultation systems (Footfall, Patient Triage, AskmyGP or econsult) to:

- record and manage patients' details
- facilitate test results
- arrange prescriptions
- communicate with secondary and community care providers
- book and manage patient appointments
- access any other information, advice, or support required
- discover how well your clinical and online consultation systems interact with one another

We would also like to know if you have used video consultations during the pandemic and your experiences of these.



The survey will take around 10 minutes to complete.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey.

#### How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at:

[www.healthwatchnorfolk.co.uk/about-us/privacy-statement](http://www.healthwatchnorfolk.co.uk/about-us/privacy-statement)

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

#### Want to keep in touch?

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If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Survey Closing date: Monday 3rd January 2022

**1. Please tick the box here to confirm that you have read and understood the privacy policy: \***

☐ I have read and understood the above statement

**2. Healthwatch Norfolk produce quarterly newsletters about health and social care in Norfolk.**

If you'd like to receive this newsletter please leave your email here:



## Doctors' Surgery

3. Please provide the first half of the GP Practice Postcode you currently work in. If you are a locum or regularly work at more than one GP practice, please provide the first half of the Practice Postcodes you spend the majority of your time. \*

4. What is your job role within the GP Practice? \*

5. We would really like to hear more about your GP surgery's clinical record and online consultation systems. If you would be interested in talking in more depth about these, please write your first name and email address here:

## Patient Records

6. Which system does your practice use for patient records?  
If you use more than one, please select the system you use the most: \*

☐ SystmOne

☐ EMIS

7. Which device(s) do you use to access SystmOne or EMIS? Please select all that apply:

☐ Computer

☐ Laptop

☐ Mobile Phone

☐ Tablet

☐ iPad



## Patient and Professional Experiences of Digital Tools in Primary Care.

☐ Other (please specify):

8. Did you receive training to use SystmOne or EMIS?

☐ Yes

☐ No

9. What do you like about SystmOne or EMIS?

10. What do you not like about SystmOne or EMIS?

11. What additional functions would you like to be able to do via SystmOne or EMIS?

12. Can you share patient records and details via SystmOne or EMIS with other health and social care provider record systems?

	Yes	No	N/A	Unsure
Social Services Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Care Providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Patient and Professional Experiences of Digital Tools in Primary Care.

	Yes	No	N/A	Unsure
Nursing and Care Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Does SystmOne or EMIS integrate well with the online consultation system your practice uses? (for example: Footfall / Patient Triage / Engage / Ask My GP?)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ GP surgery does not use an online consultation system
- ☐ Not Applicable

14. If no, please can you describe what problems you have with the two systems interacting?

15. If yes, please describe what works well between the two systems.

16. How are a patient's accessibility needs flagged on SystmOne or EMIS? for example: requires information in large print, patient has hearing loss.

- ☐ SNOMED Read-code
- ☐ Free text on patient's cover page
- ☐ Not recorded
- ☐ Not Sure
- ☐ Other (please specify):



17. Are there any problems that arise with SystmOne or EMIS if a patient moves within or outside of Norfolk?

☐ Yes

☐ No

18. Please specify the problems that arise with SystmOne or EMIS when a patient moves within or outside of Norfolk.

19. Do you use any assistive technology to SystmOne or EMIS? For example: Dragon Speech Recognition Software or Jaws \*

☐ Yes

☐ No

20. Is the assistive technology you use compatible with SystmOne or EMIS?

☐ Yes

☐ No

if no, why is this?

21. How often do you use video consultations with patients? (e.g. Footfall / MS Teams / Zoom / Skype) \*

☐ Often

☐ Sometimes

☐ Never

☐ Not Applicable



22. Which video consultation system do you use the most?

- ☐ Footfall
- ☐ EMIS
- ☐ Accurx
- ☐ SystmOne
- ☐ MJOG
- ☐ Skype
- ☐ MS Teams
- ☐ Zoom
- ☐ Google Meet
- ☐ Other (please specify):

23. What do you like about video consultation system?

24. What do you not like about the video consultation system?

25. What additional functions would you like to be able to do via the video consultation system that you can't already do?



### 11.3. Patient Interview Schedule

#### Interview Questions for Public

**1) Which Doctors' surgery do you use?**

**2) Doctors' Surgery Website**

- a) What do you use the doctor's surgery website for?
- b) What do you like about the doctor's surgery website?
- c) What do you not like the doctor's surgery website?
- d) What would you like the doctor's surgery website to be able to do?
- e) How accessible is the Doctors' Surgery Website for you?

**3) Patient Access / Airmid App**

- a) What do you use the Patient Access / Airmid App for?
- b) What do you like about the Patient Access / Airmid App?
- c) What do you not like the Patient Access / Airmid App?
- d) What would you like the Patient Access / Airmid App to be able to do?
- e) How accessible is the Patient Access / Airmid App for you?

**4) NHS App**

- a) What do you use the NHS App for?
- b) What do you like about the NHS App?
- c) What do you not like the NHS App?
- d) What would you like the NHS App to be able to do?
- e) How accessible is the NHS App for you?

**5) Video Appointments**

- a) During the covid-19 pandemic have you had a video appointment with your doctor or a healthcare professional at your doctors' surgery?
- b) What do you like about the video consultations?
- c) What do you not like video consultations?
- d) What would you like the video consultations to be able to do?
- e) How accessible is the video appointment for you?

**6) Covid**

- a) How has Covid affected which digital technology you use to access you GP surgery?

Please use this time to tell me anything that we have not asked about digital technology to access your GP surgery that you think I should know.



## 11.4. Primary Care Professional Interview Schedule

### Interview Questions for Doctors, Health Care Practitioners and Practice Managers

Tell me about your role in the GP surgery.

#### 1) Electronic Patient Records and Footfall

- a) Which system does your surgery use for electronic patient records?
- b) Please can you tell me more about SystmOne / Emis?
- c) What do you like / not like about SystmOne / Emis?
- d) What would you like to do with SystmOne / Emis?
- e) How do you access SystmOne / Emis?
- f) Did you receive training to use SystmOne / Emis?
- g) Does SystmOne / Emis connect successfully with Footfall / Other Online Consultation System?
- h) Do you belong to a user group/ support group membership for SystmOne / Emis?
- i) What is the IT support like for SystmOne / Emis?
- j) How compliant is the SystmOne / Emis with Footfall? Any duplication issues?
- k) Is out of hours available on SystmOne / Emis?
- l) How do you flag a patient's accessibility needs on ystmOne / Emis?
- m) Do you use any assistive technology to access SystmOne / Emis? If so, please discuss.

#### 2) Online Consultations

- a) Do you conduct telephone appointments?
- b) Do you conduct video consultations?
- c) Please can you tell me more about the positives / negatives about these?
- d) If not, would you consider using video consultations?
- e) Did you receive sufficient training to conduct video consultations?

#### 3) Triage

- a) Does your surgery use the total triage model?

#### 4) NHS App

- a) Do you need access to the NHS app?

#### 5) Covid

- a) How has Covid affected how digital technology is used within your GP surgery?

Please use this time to tell me anything that we have not asked about digital technology to access your GP surgery that you think I should know.



## 11.5. Focus Group Information

### Focus Group

#### Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

#### What is this Focus Group about?

We are working with Norfolk and Waveney Clinical Commissioning Group (CCG) to find out how patients have been accessing and attending doctors' appointments during COVID-19, because it has not always been possible to have face-to-face appointments with doctors, nurses, and other healthcare professionals.

To limit unnecessary contact with patients, many doctor's surgeries have increased their use of digital technology; adopting alternative systems like video appointments or encouraging patients to contact their doctors' surgery using their website or the NHS app.

We would like to know your experiences of using your doctor's surgery website, the NHS app (not the track and trace apps) and video appointments via your assistive technology to:

- 1) make appointments
- 2) attend appointments at your doctors' surgery
- 3) seek information and advice about healthcare
- 4) order repeat prescriptions
- 5) access any other information, advice, or support from your doctor's surgery

We are particularly interested to find out if your doctor's surgery website, the NHS app (not the track and trace app) and video appointments are fully accessible for you using your assistive technology.

#### How the Focus Group results will be used

Focus Group responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at:  
[www.healthwatchnorfolk.co.uk/about-us/privacy-statement](http://www.healthwatchnorfolk.co.uk/about-us/privacy-statement).

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.



## Want to keep in touch?

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If you would like to receive the newsletter in an alternative format (for example: large print) please let us know in your email.

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

## Potential Questions for the Focus Group

Thinking about the types of assistive technology that you use, please consider how accessible each of the following types of digital access to doctors' surgeries are:

### 1) Doctors' Surgery Website

- a) What do you use the doctor's surgery website for?
- b) What do you like about the doctor's surgery website?
- c) What do you not like the doctor's surgery website?
- d) What would you like the doctor's surgery website to be able to do?
- e) How accessible is the Doctors' Surgery Website for you?

### 2) Patient Access / Airmid App

- a) What do you use the Patient Access / Airmid App for?
- b) What do you like about the Patient Access / Airmid App?
- c) What do you not like the Patient Access / Airmid App?
- d) What would you like the Patient Access / Airmid App to be able to do?
- e) How accessible is the Patient Access / Airmid App for you?

### 3) NHS App

- a) What do you use the NHS App for?
- b) What do you like about the NHS App?
- c) What do you not like the NHS App?
- d) What would you like the NHS App to be able to do?
- e) How accessible is the NHS App for you?

### 4) Video Appointments

- a) During the covid-19 pandemic have you had a video appointment with your doctor or a healthcare professional at your doctors' surgery?
- b) What do you like about the video consultations?
- c) What do you not like video consultations?



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- d) What would you like the video consultations to be able to do?
- e) How accessible is the video appointment for you?

### **5) Covid**

- a) How has Covid affected which digital technology you use to access you GP surgery?

Please use this time to tell me anything that we have not asked about digital technology to access your GP surgery that you think I should know.



## 11.6. GP Website and Footfall Scenarios

### Scenario One:

**Were you aware that the St. Stephens Gate GP website (footfall) has a website tour? Yes/No**

**Please watch the tour via the St. Stephen's Gate Practice website, using a laptop or computer and feedback if you think it's informative, clear, and helpful to patients and comment on:**

- 1) How accessible you think the video is?
- 2) If the tour is comprehensive enough to help a patient find what they need on the website?
- 3) What else should or could be included on the website tour?

**As a patient with newly diagnosed Autism and ADHD, you are keen to find out about local organisations that might be able to support you. Please find any information you can via the St. Stephen's Gate Practice website, using a laptop or computer.**

- 1) Which organisations did you find on the GP website to support you?
- 2) Where did you find the information on the website? (Please describe)
- 3) How easy was the information was to find?
- 4) How accessible is the website to you?
- 5) Did you encounter any problems using the website?
- 6) Can you recommend any improvements that could be made to the GP website?

### Scenario Two:

**You have sustained cuts and grazes to your leg and require immediate help.**

**Would your first instinct be to make an appointment with a doctor or visit the GP website and why?**

**Using the St. Stephen's Gate Practice website using a laptop or computer, please find the relevant information to treat your cuts and grazes immediately.**



- 1) When should you go to your local A&E department? Please paste the relevant advice below:
- 2) Can you find the details of the local Minor Injury Unit? Please paste the details below:
- 3) Where did you find the information on the website? (Please describe)
- 4) How easy was the information was to find?
- 5) How accessible is the website to you?
- 6) Did you encounter any problems using the website?
- 7) Can you recommend any improvements that could be made to the GP website?

### **Scenario Three:**

**As a patient with Asthma, you need to use a Large Volume Spacer. Please use the St. Stephen's Gate Practice website, using a laptop or computer, please access a video demonstrating how to use a Large Volume Spacer.**

- 1) Was the relevant video easy to find? If not, please talk about this...
- 2) Where did you find the information on the website? (Please describe)
- 3) How clear were the video instructions?
- 4) How easy was the information was to find?
- 5) How accessible is the website to you?
- 6) Did you encounter any problems using the website?
- 7) Can you recommend any improvements that could be made to the GP website?

### **Scenario Four:**

**Please use the St. Stephen's Gate Practice website, using a laptop or computer to list your local pharmacies below:**

- 1) Where did you find the information on the website? (Please describe)
- 2) How easy was the information was to find?
- 3) How accessible is the website to you?
- 4) Did you encounter any problems using the website?
- 5) Can you recommend any improvements that could be made to the GP website?



### Scenario Five:

**You have been unwell for 5 days and need a form to self-certify yourself as unwell for work. Using the St. Stephens Gate GP website, please download a copy of this file.**

- 1) Where did you find the information on the website? (Please describe)
- 2) Was this advice and information easy to find and clear to understand?
- 3) If not, what made the process difficult?
- 4) How accessible is the website to you?
- 5) Did you encounter any problems using the website?
- 6) Can you recommend any improvements that could be made to the GP website?

### Scenario Six:

**As a patient with Diabetes, you are unsure whether you are eligible for a free flu vaccine at the Lawson Road Surgery. Using their GP website through a mobile phone, please check if you are eligible and report back on:**

- 1) How easy the information was to find?
- 2) How accessible the website is on a mobile phone?
- 3) Any problems you encountered?
- 4) Any improvements that could be made to the website using a mobile phone?

### Scenario Seven:

Please go to: <https://www.trinityandbowthorpe.co.uk/> Trinity and Bowthorpe Surgery

**Were you aware that the Trinity and Bowthorpe website (footfall) has a website tour? Yes/No**

**Please watch the website tour on the Trinity and Bowthorpe surgery using a mobile phone and feedback if you think it's informative, clear, and helpful to patients and comment on:**

- 1) How accessible you think the video is?
- 2) If the tour is comprehensive enough to help a patient find what they need?
- 3) What else should or could be included on the website tour?

**Using the Trinity and Bowthorpe website through a mobile phone, please list all the ways you can make an appointment at Trinity and Bowthorpe surgery.**

- 1) How easy the information was to find?



- 2) How accessible the website is?
- 3) Any problems you encountered?
- 4) Any improvements that could be made to the website?

### **Scenario Eight:**

**As a patient with Diabetes, you have some concerns about the Covid pandemic and would like to find some information and advice for reassurance. Using the Grove Road GP website through a tablet/iPad please find a relevant organisation that offers Covid support and advice for Diabetic patients and list the organisation here:**

**Using the Grove Road GP website through a tablet/iPad to solve this problem:**

- 1) How easy the information was to find?
- 2) How accessible the website is?
- 3) Any problems you encountered?
- 4) Any improvements that could be made to the website?

### **Scenario Nine:**

**Were you aware that the Grove Road GP website (footfall) has a website tour?**  
Yes/No

**Please watch the tour on the Grove Road GP website via a tablet or iPad and feedback if you think it's informative, clear, and helpful to patients and comment on:**

- 1) How accessible you think the video is?
- 2) If the tour is comprehensive enough to help a patient find what they need?
- 3) What else should or could be included on the website tour?

**You have recently moved to Thetford (IP24). Using the Grove Road GP website via a tablet or iPad, are you able to register as a patient at the Grove Road surgery? Yes/No**

- 1) Where did you find the information on the website? (Please describe)
- 2) How easy the information was to find?
- 3) How accessible the website is?
- 4) Any problems you encountered?
- 5) Any improvements that could be made to the website?



## Scenario Ten:

Norfolk Libraries Digital Health Hub supports people to gain digital skills to access reliable health information for long term conditions, and learn how to use GP online services, search the NHS website and look at the NHS Apps library.

Using the Grove Road GP website via a tablet or iPad, what are the ways that you can sign up to a 1:1 session?

- 1) Where did you find the information on the website? (Please describe)
- 2) How easy the information was to find?
- 3) How accessible the website is?
- 4) Any problems you encountered?
- 5) Any improvements that could be made to the website?

