

## **Evaluating General Practice Staff's Perspectives of the Facilitators, Barriers, Benefits and Challenges associated with eConsult, across Cardiff and Vale University Health Board.**

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### Abstract

Online consultation services such as eConsult, which is used by over 3,221 General Practitioner (GP) practices, were introduced in Wales as a digital triage and consultation tool in April 2020. Previous research and evaluation has associated eConsult with high satisfaction rates and has advantages to accessing care. Since introduction into practices, eConsult is now used by only 24 out of the original 59 practices within CAVUHB. The current evaluation aims to understand the usage, good practice, success factors, benefits and challenges of eConsult within GP practices within Cardiff and Vale University Health Board (CAVUHB), South Wales. There were two phases to this evaluation. Phase 1 consisted of a mixed methods approach whereby practices (n=28) completed a survey on their use of eConsult. Additionally, Phase 1 also contained data regarding patient satisfaction from pre-existing patient feedback forms. Phase 2 of the evaluation consisted of data extracted from interviews with practices who still have eConsult within their practice (n=3) and those who have eConsult decommissioned (n=3). Thematic analysis was completed on all quantitative data.

The main conclusion that was drawn from this evaluation was the need for further support and training provided by CAVUHB, which was expressed throughout the entire data collection process. It is hoped that this will allow practices to utilise the service within their practice fully and improve the experience for both themselves and for patients.

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### Key Words



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## List of Acronyms

Acronym	Meaning
GP	General Practitioner
NHS	National Health Service
PCP	Primary Care Practitioner
CAVUHB	Cardiff and Vale University Health Board
PC	Primary Care
PM	Practice Managers
IT	Information Technology
OOH	Out of Hours

## Introduction

### ***Background***

Since the beginning of the COVID-19 pandemic, General Practitioner (GP) online consultation platforms have expeditiously grown with 95% of English practices utilising them [1]. The leading platform is eConsult which covers 29 million patients over 3,221 practices [2]. eConsult works by allowing GP practices based in the NHS (National Health Service) to offer their patients online consultations where they can state their symptoms and requests on an online form [3]. Furthermore, eConsult offers extensive self-help information which includes information about services available to them e.g., pharmacy services, in addition to symptom checkers [3]. Previously, GP's that have used eConsult have acknowledged that they would not have been able to navigate the pandemic as efficiently as they have, without the help of eConsult, suggesting it is therefore in the best interest of GP practices and patients to expand on its use and to improve the user experience [2].

#### i. How eConsult is used in GP practices

There are several ways of using eConsult in GP practices. For example, GP practices can adopt the Total Triage method where all practice requests come through eConsult [4]. This model is often favoured as it gives practices the most control over any patient requests [4]. The next way that GP practices can use eConsult is explained by the Same Day Demand Model. In this method, practices can use eConsult to replace patient requests for same day appointments [4], meaning that patients can still book appointments by usual means but if they want a same day appointment, they submit a request through eConsult. This method is favoured by practices that want to manage patients on their clinical needs instead of who calls up first [4]. Routine appointments are another model in which GP practices can use eConsult. For example, eConsult is used as a new method of contact with patients to better manage demand and increase patient access [4]. Finally, the last way of using eConsult in GP practices is the Centralised Working model. This is when an eHub is used to provide eConsult across multiple practices [4].

#### ii. Benefits of eConsult

There is an extensive list of both patient and organisation benefits that are associated with eConsult. Firstly, patients benefit from having flexibility with their preferences; for example, individuals who work during practice hours can interact more efficiently and flexibly with their GP [5]. In many cases, eConsultations prompts the patients to take time and think fully about what they want to say; especially with sensitive conditions such as mental health services [5]. Furthermore, eConsult simplifies the conveyance of information, as follow-up advice or instruction can be sent to patients on message following their consultations, such as patient information leaflets [5]. This is particularly prominent for individuals who may have language or understanding/comprehension difficulties. Patients are also more likely to get the appropriate care and responses from the right people when using eConsult [5]. Patient benefits also extend to improved access, infection control, access to self-help signposting and improved care [5].

Organisation benefits include improved workflow management as eConsults can be sent to the right people when they are required; for example, if the practice is overwhelmed, eConsult can be turned off [5]. Organisations were massively assisted by eConsult in the COVID pandemic; COVID safety

continues to be a huge benefit to both patients and organisations. This is particularly prominent for the practice itself as practice members can work from home and manage eConsult if they are isolating or shielding [5]. In addition, organisations can make efficiency savings from using eConsult as clinicians are able to review cases in a couple of minutes in comparison to having a 10-minute appointment [5]. Furthermore, stock responses can be made to common, simple issues such as coughs and colds which additionally saves precious time [5].

### iii. Challenges of eConsult

However, there have been challenges associated with the use of eConsult. Previous research investigated the implementation of an eConsult programme in America during the COVID-19 pandemic [8]. It compared traditional face-to-face consultations with the reach, adoption, and maintenance of the eConsult programme [8]. Although the study identified improvements in workflow, documentation, and billing, it was concluded that there is a preference for in-person consultations [8]. However, this study included a small sample of 21 eConsult requests so therefore, conclusions must be taken with caution.

According to a systematic review completed in 2019 [9], there were several barriers identified as to why clinicians and GP practices may not use or want to implement eConsult into their practice. These concerns were over four principal areas; provider barriers, patient barriers, healthcare system barriers and costs. Most barriers identified in this report however were from the provider, and included concerns over an increased workload, concerns for privacy and safeguarding, and finally concerns around reimbursement for using the eConsult system.

In another study of 40 primary care practitioners (PCP), it was deduced that the main barriers to the implementation of eConsults in their practices was often a result of consistent reports from GP's of being overburdened. While this is a small sample size, feelings of being over-burdened were associated with feelings of resentment from practitioners due to having broadened responsibilities. These feelings of resentment were more common than feeling that the additional time spent on eConsults were worthwhile [10].

An additional study published in 2020, which evaluated 18 practices suggested that while primary practitioners found eConsults useful in simple consultations, eConsults further complicate more complex cases and therefore are often used as part of a 'blended-consultation'. This blended approach often extends the time that practitioners spend on a patient and therefore while it is more convenient for the patients, according to this study eConsults presents little to no time savings and sometimes inconveniences the practitioner [11].

### iv. Previous Literature

Previous literature has supported the use of eConsult within PCP'S [12]. A mixed methodology was used to assess the impact and satisfaction of eConsult. 2,052 eConsults were analysed and three themes emerged from the data: PCP appreciation of eConsult, perceived benefits for the quality of patient care and attitudes towards using a new health technology [12]. Results highlighted how PCPs had positive beliefs regarding the effect eConsult had on patient care as it provides reassurance and educational

opportunities in addition to increasing flexibility by decreasing time and travel [12]. Therefore, it was concluded that eConsult was associated with high satisfaction levels and provides many advantages to accessing care from PCPs [12].

Previous research has assessed the use and usability of GP practice online services. In Devon and Cornwall, staff and patients across seven practices were interviewed [6]. Additionally, consultation meta-data and patient feedback data from eConsult was collected [6]. Results from the interviews highlighted how the biggest barrier to the implementation of eConsult was that practices rarely involve patients due to a lack of resources [6]. It was identified that including patients in the implementation of eConsult would be important to understand their experience and promote it further [6]. The patients that had been involved gave a positive description of their experience using eConsult however, practice staff acknowledged that patients do not understand the purpose of it. Furthermore, practice staff also acknowledged that patients have unrealistic expectations about eConsult, such as expecting quick response times [6]. Results from the eConsult data underlined the significant increase in the use of eConsult after March 2020 (beginning of the pandemic) and additionally that the men's rate of use of eConsult was under half of women's [6]. Furthermore, very few patients left feedback or made suggestions for improvement on their eConsult experience [6]. It was concluded more open systems for patient feedback need to be explored for eConsult to improve and evolve [6]. Moreover, it is important that patients are involved in the implementation of eConsult in GP practices, this could be key to setting patient expectations of the platform.

Furthermore, a six-month multi-methods evaluation of eConsult was carried out among 11 GP practices in Scotland to assess its facilitators and barriers [7]. Both log data and patient survey data was utilised from eConsult to obtain information, in addition to interviews with GP staff which were required to understand individual experiences of eConsult [7]. Results highlighted how eConsult is a safe and effective service; however, it was concluded that efficacy was hard to assess as many practices had variations in what they expected from eConsult [7]. On the other hand, both staff and patients had positive experiences of eConsult with staff stating that it complemented their service well and patients benefiting from having a flexible way to communicate with their GP [7]. Facilitators to the successful implementation of eConsult included having an eConsult champion within practices and barriers to eConsult included insufficient engagement for both staff and patients, a lack of support and protocols around processes [7].

Within Wales, eConsult was introduced as a digital triage and consultation tool in April 2020 (shortly after the start of the COVID-19 pandemic). Since its inception, only 24 out of the original 59 practices within the Cardiff and Vale University Health Board (CAVUHB) are currently still using eConsult. No previous research has investigated the large variation in the use of eConsult within a given area and with the current volume of GP practice enquiries and appointments overwhelming Primary Care (PC) services, it is important to consider the benefits and challenges of digital triage tools such as eConsult.

## **Aims**

The aim of the project was to conduct an evaluation into the usage, good practice, success factors, barriers and challenges to the adoption and usage of eConsult within PC in South Wales, United Kingdom. TEC Cymru worked with GP practices across CAVUHB, by distributing feedback forms and interviewing GPs and practice teams to understand their experiences in adopting eConsult. The

purpose of this evaluation is that the feedback will identify good practice, success factors, barriers and challenges which will be used by CAVUHB and other organisations to provide improved support for the implementation of eConsult. This was achieved by adopting two phases, Phase 1 sought findings from a questionnaire provided to the practice manager (PM) of GP surgeries across CAVUHB which identified both quantitative and qualitative data. Phase 2 involved interviews with PMs, GPs, and PC staff to provide more in-depth qualitative data.

## **Methodology**

### **- Design and Participants**

In April 2022, Phase 1 of the study was conducted which involved a mixed methods approach which included the findings from a survey recorded from 28 GP practices in South Wales, United Kingdom (n = 28). All practices operating within CAVUHB were sent the survey to complete. The survey aimed to explore information regarding the usage of eConsult in GP practices, including the benefits and challenges. Additionally, Phase 1 explored pre-existing data regarding patient satisfaction gathered by proxy, from patient feedback forms provided to patients by eConsult following their eConsult appointment.

In May/June 2022, Phase 2 of the study was conducted which involved interviews with a mixture of GPs, PMs and other practice staff from practices that were using eConsult (n=3) or had turned eConsult off (n=3). Practices operating within CAVUHB were identified and contacted, those that responded had the choice to carry out interviews in person or via a video call on various platforms (e.g., Microsoft Teams or Zoom).

### **- Measures**

### **- Data Analysis**

In Phase 1, a mixed method analysis was conducted. Firstly, responses to the survey were analysed using descriptive statistics in SPSS. Secondly, the free-text narrative responses provided in the survey were added into an excel spreadsheet so the data could be analysed using the steps for coding reliability analysis. The steps are as follows, firstly, the TEC Cymru research team familiarised themselves with the data by reading and rereading the text so codes could be identified and generated. Following this, the codes were entered into an excel spreadsheet and domain summaries were developed, reviewed, and defined by multiple coding. The final process involved repeated movement between the phrases whilst maintaining quality and accuracy.

In Phase 2, a quantitative analysis was conducted. The responses to interview questions were placed into an excel spreadsheet and the data was coded using thematic analysis. The following procedure mirrored that done during Phase 1 data analysis.



## Results

### - Phase 1 - Participant Scoping Feedback

This section of the report summarises initial feedback of practice usage of eConsult, provided by the PM of GP surgeries across CAVUHB. There was a total of 28 practices who provided feedback, including 12 (42.9%) GP practices who still use eConsult and 16 (57.1%) practices who had previously, but now no longer use eConsult.

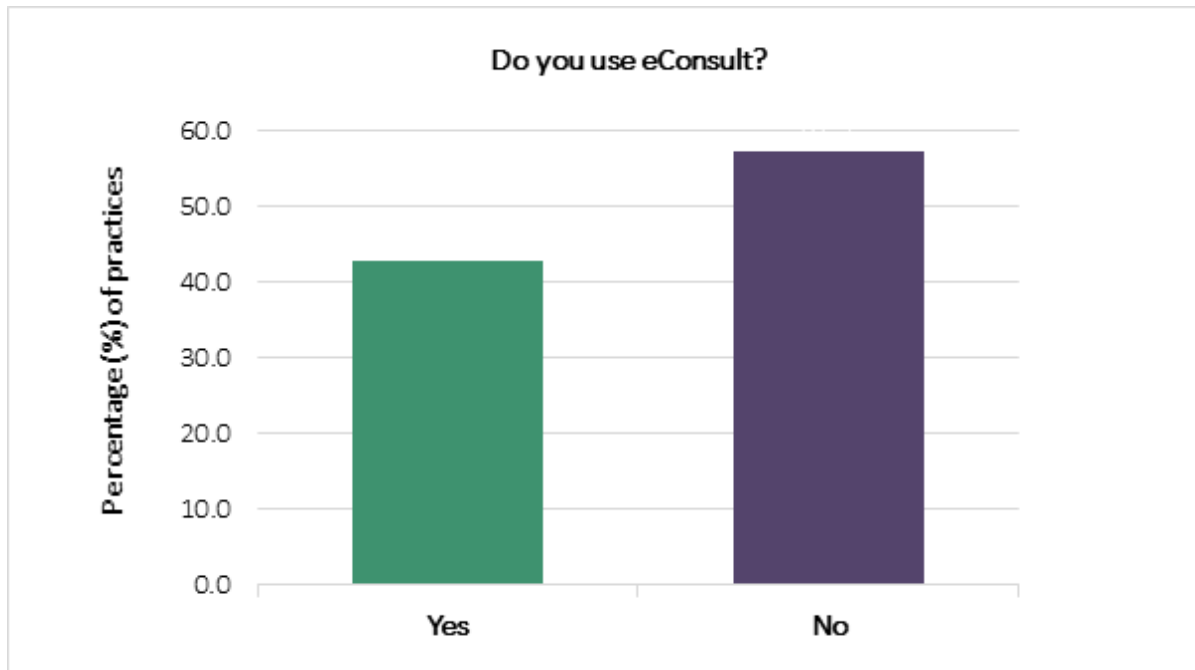


Figure 1- The percentage of GP practices that currently/ no longer use eConsult.

### ***Reasons for Not Using eConsult***

Qualitative data gathered from the feedback was coded and transcribed, to reveal common themes in the data. When asked “*If you do not still use eConsult, please explain why?*” 16 practices provided feedback, which was thematically analysed and arranged into the following categories:

#### Increased Workload

Many GP surgeries stopped using eConsult due to concerns over increased workloads and the inability to keep up with patient demand.

*“We simply could not manage the demand through it. At the time there was no option to disable it at any time through the day and we were point blank refused this. It was unmanageable.”* PM, CAVUHB

*“Increased workload significantly”* PM, CAVUHB

*“We felt that it allowed uncontrolled access to GP services at a time when we were already buckling with the demand from patients.”* PM, CAVUHB

*“Change in patient behaviour and change in COVID restrictions caused an increase in phone contact and were unable to manage this + eConsult. Having eConsult was like opening up another lane on the motorway only for it to become immediately jammed.” GP, CAVUHB*

*“Couldn't deal with demand and wanted to cap it!” PM, CAVUHB*

#### Lack of Funding

PMs also expressed that the cost of eConsult, and the lack of/ withdrawal of funding from the health board contributed to their practice decommissioning eConsult. GP surgeries did not want to pay for the platform themselves, which resulted in them terminating usage.

*“Funding stopped and due to staff shortages, we had to switch it off for significant period of time.”  
PM, CAVUHB*

*“Resource implications, we have to pay” PM, CAVUHB*

*“...We also did not want to pay for it.” PM, CAVUHB*

#### Safeguarding

However, the most significant reasons PMs provided as to why their practice had decommissioned eConsult was safeguarding. Practice staff were concerned that the quality of information they were receiving from patients over eConsult was inadequate compared to what they would receive in person and questioned whether it was safe to treat patients using eConsult. Additionally, some GPs felt that patients were able to misuse the system to get appointments faster.

*“We felt that patients were abusing the system and using eConsult when they had missed the time to call for an appointment...” PM, CAVUHB*

*“We were getting a large number through, a lot of which were fairly trivial problems which the patients wouldn't have necessarily contacted the surgery about at all. It did not improve the numbers of phone calls/appointment requests and just added to the workload. It was just completely unsustainable for us.” PM, CAVUHB*

*“Patients would fill in information incorrectly safety issues” PM, CAVUHB*

*“GPs found the quality of the data from the patients was poor, meaning they still had to triage over the phone, and it wasn't saving us time. We also found as a practice that there was a lot of admin involved behind the scenes because it didn't integrate with EMIS.” PM, CAVUHB*

*“We did not find it helpful. It significantly increased our workload, was unsafe and not user friendly for a large proportion of our patient demographic. The photograph quality was also inadequate.” PM,  
CAVUHB*

### Who Uses eConsult?

Out of the 28 practices, 25 (fig.2) provided details as to which staff member used or had used eConsult the most. The majority (88%) of the time eConsult was reported as being used by GPs themselves, as well as by other staff members in the practice. eConsult was least often used (36%) in GP practices by PMs.

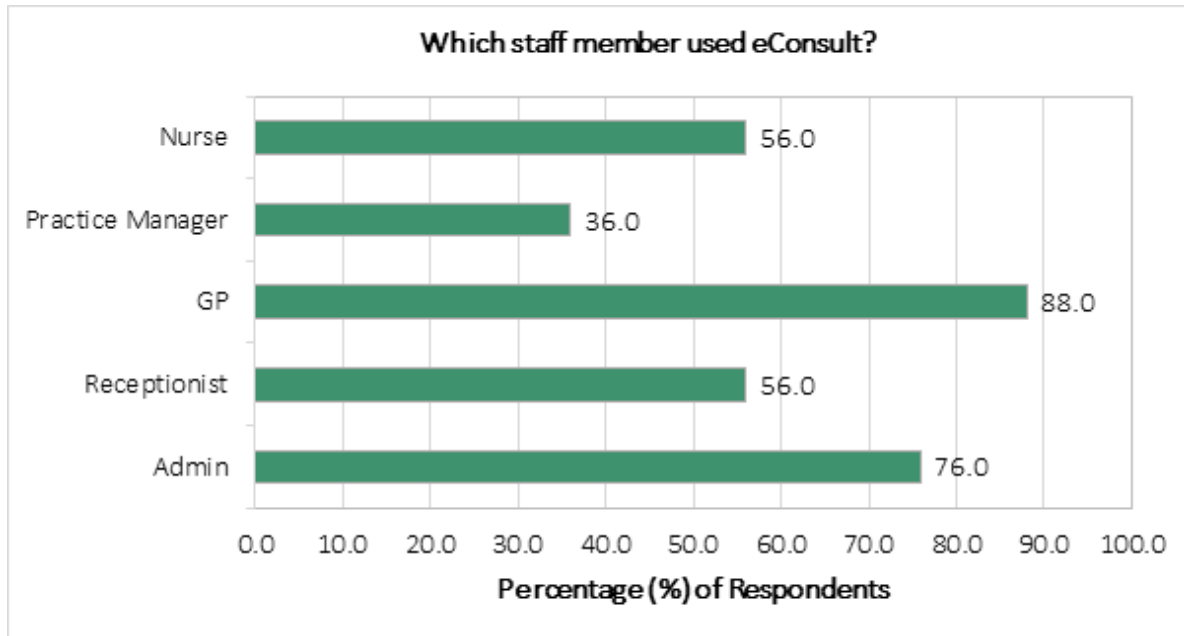


Figure 2- The percentage of different staff types who had used eConsult

Of the 12 practices who were still actively using eConsult, 100% reported that the GPs use eConsult, 91.7% reported that admin staff use eConsult, 75% reported that nurses use eConsult. Finally, feedback data revealed that eConsult is used by PMs in 50% of the practices involved (fig.3).

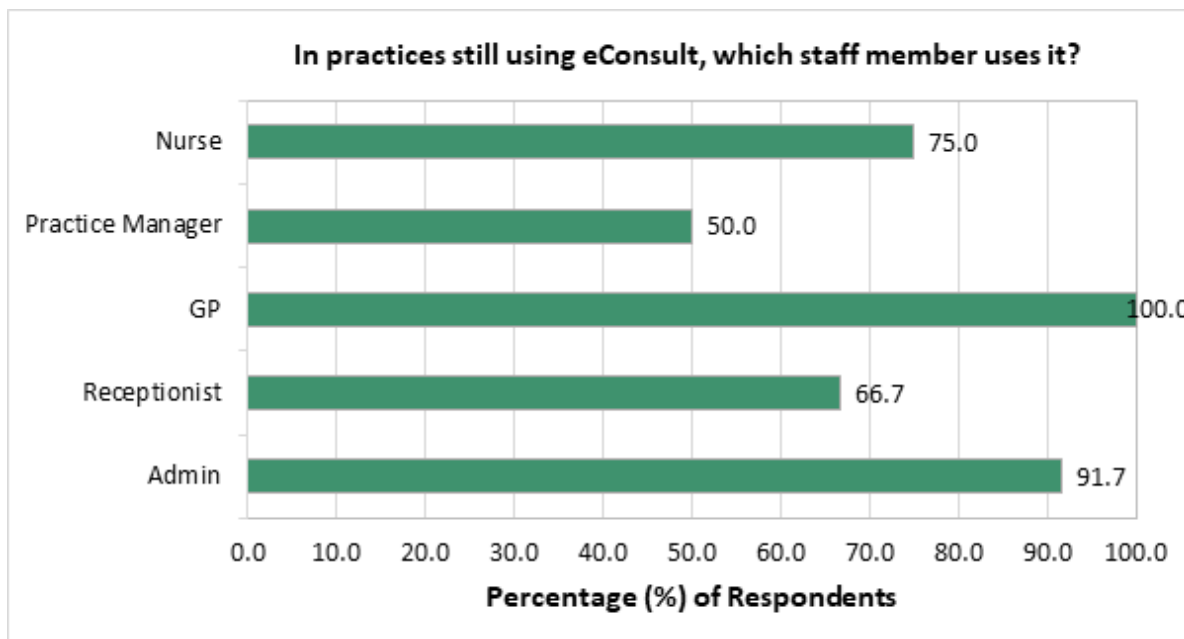


Figure 3- The percentage of different staff types who use eConsult in practices where it is currently active.

While eConsult may be used by multiple staff members within each practice, it is most often used, in general, by the GPs themselves (54.55%) (Table 1), followed by admin staff (36.36%). eConsult is least often interacted with 'other' staff members (58.8%) and PMs (54.5%).

Table 1 - The reported use of eConsult use by different staff types, with 1= low amount of usage and 5 = high amount of usage.

Staff Type	How often is eConsult used by staff members? (1= used least often by, 5 = used most often by)					Total
	1	2	3	4	5	
Admin	3	3	3	5	8	22
Receptionist	7	3	3	3	6	22
GP	0	0	3	7	12	22
Nurse	7	6	4	1	4	22
PM	12	5	4	0	1	22
Other	10	1	1	2	3	17

PMs reported that eConsult was most often used by patients aged 25-34 years (42.9%) and patients aged 25-44 (33.3%). eConsult was used least often by patients aged 18-25 (4.8%) and patients aged 65+ (4.8%).

### Benefits of eConsult

When asked "What would you say are the benefits of using eConsult for both patients and clinicians?" 25 practices provided feedback, which was thematically analysed and arranged into the following categories:

#### General Clinician Benefits

Practitioners noted that eConsult provided a handful of general benefits to their practice, including the ability for the GP to view and receive patient information such as medical history and other notes, the ability to securely receive, download and save patient photographs, and the ability to gather extended information prior to their appointment via eConsult forms.

*"Doctors were able to obtain a history before the consultations."* PM, CAVUHB

*"...the clinicians liked the ability for patients to be able to send clinical photographs securely and that eConsult could be saved to the clinical system."* PM, CAVUHB

*"Clinicians can have information prior to appointment."* PM, CAVUHB

*"Able to complete various templates, if they complete fully (IF) it can aid consultation and make it quicker as patient has answered questions already."* PM, CAVUHB

*"Clear overall reported symptoms of a problem"* PM, CAVUHB

### Improved Workload Management

Additionally, PMs noted that using eConsult helped clinicians to better manage their workloads, and allowed them to request med3<sup>i</sup> forms, to provide follow up information to the patient (medication reviews, chronic disease monitoring templates), and allows them to triage appropriately.

*“Triaging out some calls to more appropriate services for clinicians.”* PM, CAVUHB

*“...Very useful for requesting med3 forms.”* PM, CAVUHB

*“Convenient, helps with managing workload and prioritising.”* PM, CAVUHB

*“Focused requests from patients, with the ability of clinicians to respond with follow up information requests: i.e., med reviews, chronic disease monitoring templates”* PM, CAVUHB

### Reduced Waiting Times

According to the feedback data, eConsult also aided a few practices in reducing their overall wait times or waiting lists, by resolving issues without the need for an appointment and reducing the number of referrals. One practice found eConsult useful to provide advice, which may also aid in reducing the time spent per patient.

*“Problems can often be solved without needing a GP appointment”* PM, CAVUHB

*“Can check queries and blood results for patients without a referral”* PM, CAVUHB

*“Used for advice RE management due to long waiting lists”* PM, CAVUHB

### General Patient Benefits

Similarly, PMs noted that eConsult also provided general benefits to the patients including convenience, the ability for all age groups to use it and the ability for patients to request certain practitioners.

*“Convenient...”* PM, CAVUHB

*“...We encourage all patient groups to use it as much as possible. We have had an 84-year-old complete. We do complete eLites for those who are computer illiterates or unable to access internet, palliative care patients, elderly, and children under 6.”* PM, CAVUHB

*“Patients able to request clinician of choice.”* PM, CAVUHB

### Increased Patient Access

However, the most significant patient benefit noted was increased patient access. PMs noted that eConsult allowed increased, unrestricted access to GPs for patients.

*“Patients can contact without waiting on the phone line...”* PM, CAVUHB

*“It was a way for patients to gain advice without have to contact the surgery via phone.” PM, CAVUHB*

*“Easy way of accessing services, and improves our access for patients, especially those who work outside of surgery opening times.” PM, CAVUHB*

*“Benefit for patient - unrestricted access to GP services.” PM, CAVUHB*

*“Ease of access for patients at any time of day/night. When the problem was appropriate for eConsult then it worked well.” PM, CAVUHB*

#### Alternative Patient Access

PMs also noted that having eConsult supplied an alternative means of accessing GP care, as well as preventing the need for patients to wait on the phone to book their appointment.

*“It is another pathway for patients to access general medical and admin services.” PM, CAVUHB*

*“Patient does not have to queue on a phone to get through to the practice and can submit an eConsult when convenient for them.” PM, CAVUHB*

*“Easy for patients to contact the practice at any time and avoid ringing for an appointment” PM, CAVUHB*

#### No Benefits

Finally, three practices responded that using eConsult presented no benefits, which was associated with concerns that using eConsult was unmanageable, unsafe or was increasing their workload beyond capacity.

*“No benefit to the GP at a time when demand is outstripping capacity” PM, CAVUHB*

*“After an initial honeymoon period we felt the system was unsafe and unmanageable and turned it off.” PM, CAVUHB*

#### ***Challenges of eConsult***

When asked *“What would you say are the challenges of using eConsult for both patients and clinicians?”* 22 practices provided feedback, which were thematically analysed and arranged into the following categories:

#### IT Issues

The first challenge listed by PMs was IT (Information Technology) issues. Some PM’s reported that the initial set up and integration of eConsult into their pre-existing software was a challenge. Additionally, some GP surgeries reported that images sent over eConsult were sometimes of inferior quality.

*“Initial set up, getting the e-consult to come into the clinical system direct rather than email, coding of the e-consult.” PM, CAVUHB*

*"Poor photographs." PM, CAVUHB*

*"...The photo quality was inadequate and pixelated on enlarging photos necessitating more work." PM, CAVUHB*

#### Increased Workload

Another challenge listed by practices was the increase in workload that eConsult presented. Many practices felt that the estimated reply time provided patients with unrealistic expectations of when they would receive a response. Additionally, some practices felt that patient demand for appointments outweighed practice capacity and affected their ability to provide urgent or emergency care while also providing routine care.

*"Patient unrealistic demand due to the service advising they would be contact by a doctor in x amount of days." PM, CAVUHB*

*"Demand far outweighed capacity for the Practice. Challenges for patients are that the wait time they are told via eConsult would regularly be breached which would result in them raising another eConsult. And another!" PM, CAVUHB*

*"As above, added significantly to the workload. It impacted on being able to deliver care to the urgent/emergency cases on the day as well as our capacity to offer anything further in the way of extra appointments." PM, CAVUHB*

*"Patients using eConsult who want to speak to a doctor, extra workload every day, patients might have to wait couple of days for a reply." PM, CAVUHB*

#### General Patient Challenges

Practices also noted that eConsult presented new challenges for patients, including eConsult being inaccessible, especially to those patients whose first language was not English, patients who were technically illiterate, and patients who might not understand the information asked of them over eConsult.

*"The demographics of the practice meant that e-consult was not suitable for the many of the patients who could not navigate the service due to language, technology problems." PM, CAVUHB*

*"Not everyone can use it." PM, CAVUHB*

*"Patient challenges are the amount of questions they are required to answer. Access to the technology to be able to submit an eConsult." PM, CAVUHB*

*"Patients - understanding what information is being asked for. Clinicians - interpreting the information provided." PM, CAVUHB*

### Patient Misuse and Overuse

Many practices claimed that eConsult was frequently misused or overused by patients or presented unrealistic expectations to patients regarding when they should expect a response. It was reported that patients would often use eConsult to gain 'triage slots' or for a condition that was too minor to require appointments.

*"Patient unrealistic demand due to the service advising they would be contact by a doctor in x amount of days." PM, CAVUHB*

*"Demand and patients not following the remits of e-consult. Using e-consult as a way to gain a telephone triage slot, as one example." PM, CAVUHB*

*"Access is too easy - patients use e consult for minor issues that don't require a consultation." PM, CAVUHB*

*"Completely unnecessary contacts for things that either didn't need medical attention or were best cared for elsewhere/would have bene triaged out/redirected to different services. On one occasion, for example, we were sent three forms in a row from the same patient about separate problems (all minor) on a Saturday night." PM, CAVUHB*

### Safeguarding

A significant concern raised by practices regarded safeguarding worries, particularly for patients who raised urgent or emergency concerns over eConsult. Practices had concerns that any urgent cases raised over eConsult may go missed over the weekend or would not be attended to fast enough in the working day.

*"We have on occasion got through some queries that should have been dealt with more urgently but have slipped through and not dealt sooner. This may be because the patient has entered incorrect data and not specified the reason for query. We have some who had pain or symptoms that should have been a telephone call at least, but e-consult didn't appear to stop them and tell them to call the surgery instead." PM, CAVUHB*

*"We initially thought this would be helpful but soon became overwhelmed by inappropriate requests, many unsafe eConsults sent on a Friday night OOH (Out of Hours) and not read until a Monday as patients would choose to bypass some of the scoring systems and then free text their pain/headache etc. was 10/10." PM, CAVUHB*

*"For clinicians, the thresholds set within eConsult of what flags as urgent." PM, CAVUHB*

*"Patients might have to wait couple of days for a reply, inappropriate use of eConsult for emergency queries e.g., requesting a house call, patients unaware not for urgent problems or requests." PM, CAVUHB*

### Time Consumption



Finally, many practices felt that completing eConsult forms and digital triage was too time consuming in comparison to traditional phone call triage. Some PMs noted that eConsult asked too many questions of patients who may only be suffering from a minor condition, which would have been simpler resolved over the phone, and clinicians resolved to calling the patient *after* they had completed an eConsult, resulting in little to no clinical time saved.

*"Some patients find the amount of questions asked are time consuming for them."* PM, CAVUHB

*"Some colleagues were finding that they ended up phoning the patients anyway for clarity."* PM, CAVUHB

*"Proformas were very long and time-consuming to read (patients also either complained/refused due to the length of forms on occasion)."* PM, CAVUHB

*"Patient challenges are the amount of questions they are required to answer. Access to the technology to be able to submit an eConsult."* PM, CAVUHB

*"Time to use to full capacity of using the review templates"* PM, CAVUHB

### ***Clinical Concerns and Red Flags***

When asked *"Have you experienced any clinical problems or red flags? If so, please explain."* 19 practices provided feedback, which were thematically analysed and arranged into the following categories:

#### No Red Flags

10 of the 19 practices responded that they had not experienced any clinical issues or red flags whilst using eConsult, nor were their PMs aware of any issues that had happened in their practice.

#### Unsafe Health- Seeking Behaviour

Some practices reported cases of unsafe health-seeking behaviour in patients, where patients would downplay the severity of their symptoms to bypass the eConsult system, to get a sooner appointment. Patients would often send emergency or urgent cases in via eConsult, as opposed to booking an appointment over the phone. In some cases, this unsafe health-seeking behaviour had resulted in patients being assigned the incorrect appointment type or in the patient not being redirected to call the practice.

*"Patients have underplayed their symptoms, resulting in the incorrect appointments being offered as a clinician is not monitoring the eConsults."* PM, CAVUHB

*"Yes, as above, such as abdominal pain, which wasn't redirected to telephone surgery. It allowed patient to put query via eConsult"* PM, CAVUHB

*"Patients were inappropriately answering questions to get a sooner appointment and, conversely, using eConsult for symptoms that were red flags."* PM, CAVUHB

*“We had problems initially with children's rashes being sent through, which are clearly potential emergencies. I believe this was rectified.”* PM, CAVUHB

*“...One example was a sudden onset headache free-texted pain severity as 9/10 but the patient commented that every time, they put the score in they were advised to call 999 so they entered a lower score and wrote in the free text. The patient did not consult OOH and waited 72 hours to speak to the GP. We had a few examples such as this and felt eConsult encouraged unsafe health-seeking behaviour.”* PM, CAVUHB

*“Patients downgrading severity of symptoms just to get eConsult submitted”* PM, CAVUHB

### **Further Support**

When asked *“Do you feel you need further support with using eConsult?”* 21 practices provided feedback, which were thematically analysed:

15 practices responded that they did not need further support regarding their usage of eConsult, while 6 practices requested some form of further support including system updates, renewal of eConsult licensing and system updates.

*“Licence to be renewed so we can continue to use it”* PM, CAVUHB

*“We would like to continue to use, it has become a key way in which we operate as a practice, however, at 25 pence a patient is expensive for a practice of 18,500- when you continually get promised pipeline ideas that not many come to fruition.”* PM, CAVUHB

*“Yes, an update on new features”* PM, CAVUHB

*“We would like to see how it has improved since we stopped using it”* PM, CAVUHB

### **- Phase 1 - Non - Participant Scoping Feedback**

The following section of the report summarises the findings from feedback provided by the PM of GP surgeries across CAVUHB. This feedback provides an understanding of GP practice reasoning's as to why they had **never** adopted or implemented eConsult into their practices. There was a total of 5 GP practices that responded that they had never used eConsult in their practice.

When asked the *“Why did you not take up this opportunity?”* 5 practices provided feedback to a predetermined list of options (*Table. 2*). Four out of five practices told that the most relevant reason for not using eConsult was *‘concern patient demand will generally increase.’* This was followed by three of five practices claiming that their *‘current system working well enough’* was the next most relevant reason as to why they decided not to implement eConsult into their practices.

Table 2 - Feedback as to why practices never implemented eConsult in their practices, ranked in order of least to most relevant.

Why did you not take up this opportunity?	Practice Response (1 = least relevant, 5 = most relevant)					Total
	1	2	3	4	5	
Concern Patient demand will generally increase	1	0	0	0	4	5
Concern patients will ask GP instead of elsewhere	1	0	0	2	2	5
Concern this will take longer to deal with issues	1	0	0	2	2	5
Concern about acceptability to patients	1	0	2	1	1	5
No time to learn or adopt a new system	1	1	1	1	1	5
Other platforms offer better solution	1	1	0	1	2	5
Integration with clinical system is poor	1	0	2	0	2	5
Current system working well enough	1	0	1	0	3	5
Concerns about access for digitally excluded patients	1	1	1	1	1	5

### ***Reasons for Not Adopting eConsult***

Practices who had never used eConsult were invited to provide a free text response to the question “Why did you choose not to use eConsult?” There were 9 pieces of feedback from the 5 practices, which were thematically analysed and organised by response into categories.

#### Increase in Workload

Some of the practices expressed that they had never implemented eConsult due to concerns over a significant increase in workload due to eConsult opening a channel that was not able to be regulated regarding the number of patients who sent in eConsult forms.

*“Concerned about the increased workload it would create and that it was open access without any control by the practice.” PM, CAVUHB*

*“Opens up the tap and cannot switch off the demand.” PM, CAVUHB*

### Preference for Other Systems

Another factor that influenced why some practices in CAVUHB decided not to adopt eConsult was a preference for other pre-existing systems such as AccurX or ways of processing patient requests, such as email or apps.

*“As an EMIS practice the functionality of accurx suited our needs and ways of working more appropriately than eConsult.” PM, CAVUHB*

*“Historical experience with a similar triage tool.” PM, CAVUHB*

*“Practice website/ App is rich with functionality i.e., online forms etc. and the vast majority of eConsult is used for admin requests by patients.” PM, CAVUHB*

### Patient Safety

Finally, two practices noted that concerns for patient safety were the influential factors as to why their practice had decided not to adopt eConsult, such as patients being able to manipulate the systems triage protocol.

*“Not a safe or efficient use for providing GP services to patients.” PM, CAVUHB*

*“Patients are able to manipulate the triage process.” PM, CAVUHB*

### **Functions Missing from eConsult**

When asked *“Were there any specific functions that you felt were missing from eConsult, and therefore did not use it?”* there were 5 pieces of feedback from the 5 practices, which were thematically analysed.

The two most significant concerns were regarding the lack of ability to cap the total number of daily eConsults completed by patients, as well as worries over patients intentionally inputting incorrect information to bypass eConsults' triaging protocol.

*“The option to switch it off at certain times of the day/weekends.” PM, CAVUHB*

*“Patients could add/ omit information that would make their request suitable. For example, they could elaborate on their symptoms or exclude symptoms.” PM, CAVUHB*

### **Alternative Solutions**

Finally, when asked *“did your practice use an alternative solution?” (fig.5)* to triage patients, two practices claimed that they did not use an alternative method. One practice used and preferred AccurX, two practices used a combination of the My Surgery app and their website, and finally one of the practices advertised appointment bookings via social media platforms.

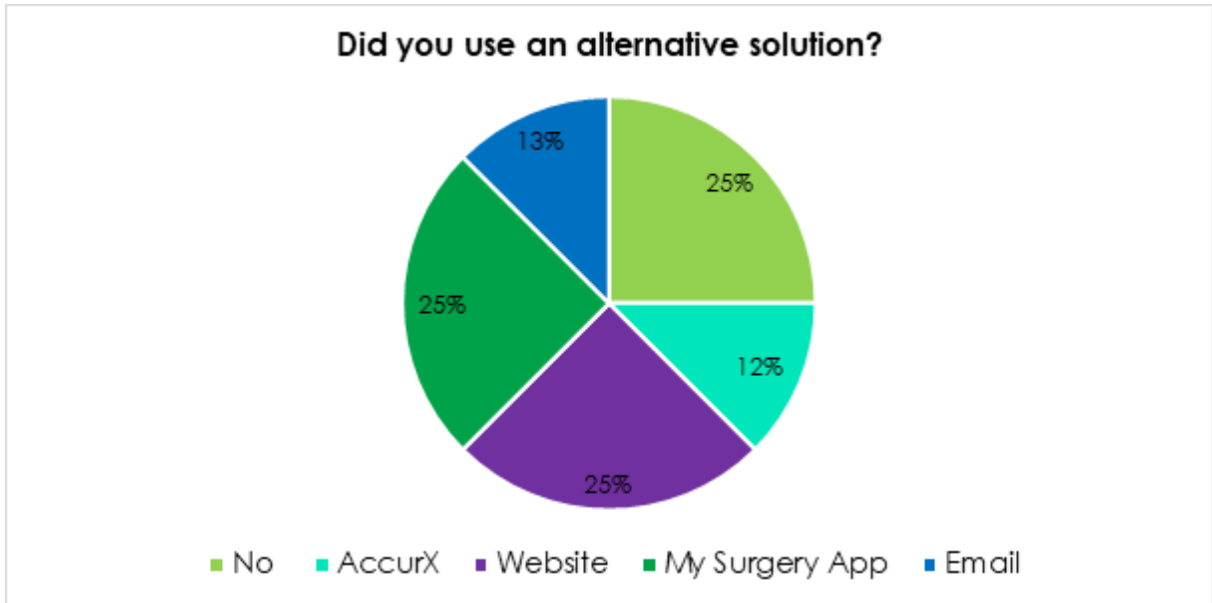


Figure 4- The percentage of different solutions used by practices in CAVUHB, who had never used eConsult.

#### - Phase 1 - Patient Feedback Data

This section of the report explores patient feedback to a set of fixed questions that was provided to patients following the completion of an eConsult appointment. The views and feedback are representative of eConsult patients within CAVUHB only, between December 2021 and April 2022. There was a total of 481 patient responses. Below (Table 3) shows the monthly response distribution from patients.

Table 3 - The number of patient responses each month across CAVUHB.

Month	Number of patient responses
December 2021	135
January 2022	80
February 2022	110
March 2022	95
April 2022	71
<b>Total</b>	<b>481</b>

#### Patient Satisfaction

When asked “Overall, how satisfied or dissatisfied were you with using eConsult?”, feedback suggests that patient satisfaction with eConsult remained high, with most patients reporting they were ‘Very Satisfied’ with the use of an online consult service for their health assessments. This was consistent for all months (Figure 6) through December 2021 (53.6%) to April 2022 (56.3%). There was a slight increase in the percentage of patients who were ‘Very Dissatisfied’ from 8% of patients in December 2021 to 13.7% of patients in April 2022.

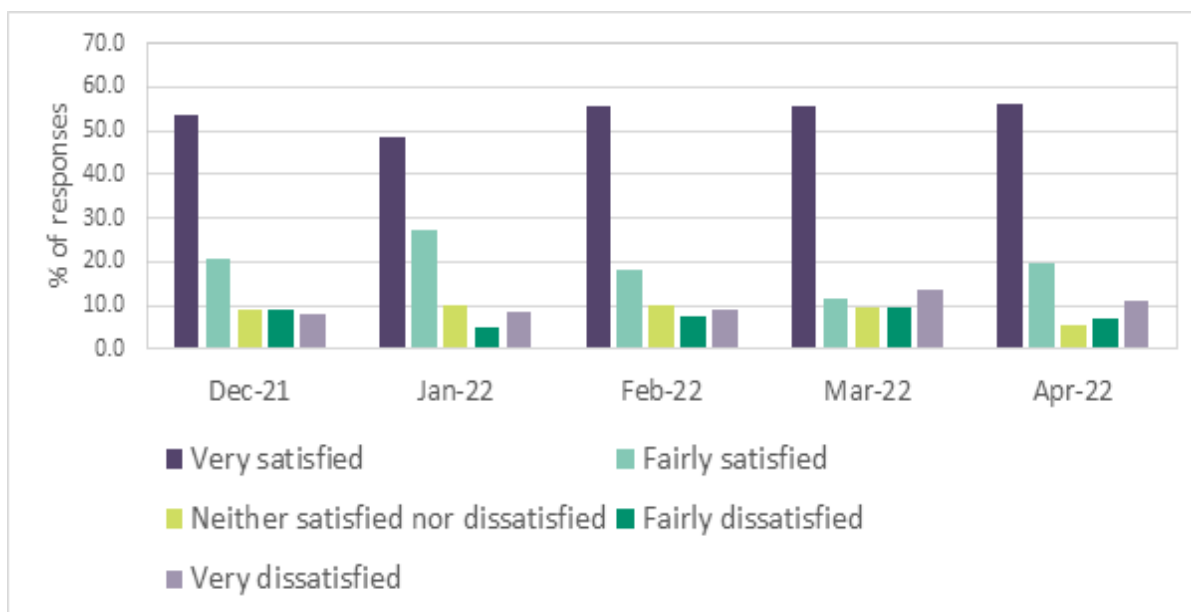


Figure 5- The monthly distribution of patient satisfaction with their use of eConsult

Overall results for patient satisfaction (Table 4) for using eConsult was very good, with the majority (73.4%) of patients between December and April saying they were satisfied with the service with over half (54.1%) saying they were very satisfied and 19.3% saying fairly satisfied. However more patients were very dissatisfied with the service (10%) than either fairly dissatisfied (7.7%) or neither satisfied nor dissatisfied (8.9%)

Table 4 - Overall percentages of patient satisfaction using eConsult between December 2021 to April 2022

Response	Overall Percentage
Very satisfied	54.1%
Fairly satisfied	19.3%
Neither satisfied nor dissatisfied	8.9%
Fairly dissatisfied	7.7%
Very dissatisfied	10.0%

When invited to explain why they were or were not satisfied with eConsult, 23 patients who were 'Very Satisfied' provided free-text narrative responses. Patient feedback related to the savings in time and travel from using eConsult.

*'Easy to do and quick response from the surgery'* eConsult patient, CAVUHB

*'Resolved the problem I had which saved the GP time than face to face and helped me more as I find it hard to get to the surgery'* eConsult patient, CAVUHB

There were limited responses from patients that stated that they were 'Neither satisfied nor dissatisfied.' However, the feedback suggests a preference to see a doctor and a recognition towards the lengthy process of completing eConsult compared to face-to-face appointments.

*'I would like to be able to see a doctor face to face'* eConsult patient, CAVUHB

*'It's not a preference but it's the only option we have'* eConsult patient, CAVUHB

*'It takes too long to complete and asks you the same questions'* eConsult patient, CAVUHB

In total, there were 6 responses from patients who stated that they were 'fairly dissatisfied' with using eConsult. All comments were in relation to the length and complexity of the eConsult form.

*'Repetitive and time consuming'* eConsult patient, CAVUHB

*'I found it onerous to fill in all the information the practice already had'* eConsult patient, CAVUHB

A final 6 responses were from patients who were 'Very dissatisfied' with eConsult with most of these patients reporting technical issues such as the website and the relatability of questions within the eConsult form.

*'Awful website, far too much information... eConsult takes ages to find'* eConsult patient, CAVUHB

*'The questions asked were completely irrelevant to the problem I had but I had to answer to get to the next question, useless system'* eConsult patient, CAVUHB

### Likelihood to Recommend

When asked "How likely are you to recommend the Consult Online service?", most patients, (64.9%), stated in response that they would either be 'extremely likely' (43.9%) or 'likely' (21%) to recommend an online consult service to family and friends for both care and advice. 17% of patients stated that they were 'neither likely nor unlikely' to recommend eConsult to those they know. The lowest category of patient recommendation was 'unlikely' (6.4%), in comparison to this, there were more patients that said they were 'extremely unlikely' to recommend eConsult (11.6%) than unlikely (Figure 7).

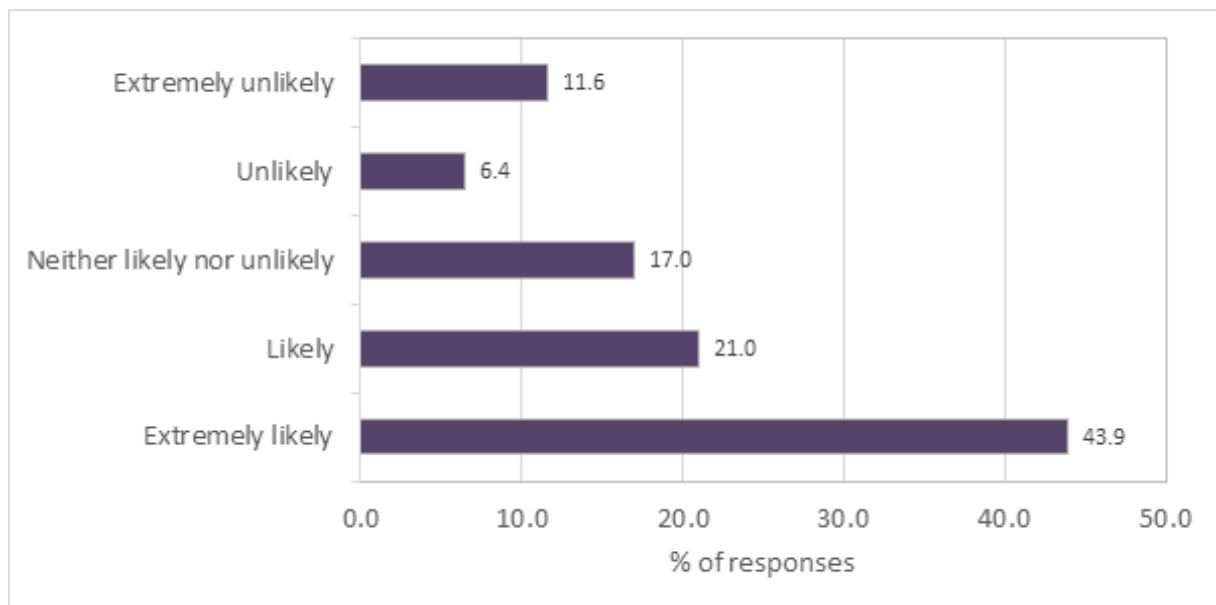


Figure 6- Overall percentages of how likely patients are to recommend an online consult service to their friends and family

### Issue Resolution

In response to the question "Seven days after your Consult Online request, had the issue you consulted about been resolved?", a total of 44.2% of patients claimed that the issue they initially submitted an eConsult for had either been 'completely resolved' (24.7%) or had 'improved' (19.5%). A further 28.3%

reported that the issue had stayed 'the same.' These were compared with 4.6% of patients stating that their issue had got 'worse' with the question 'not applicable' to 22.9% of patients (Figure 8)

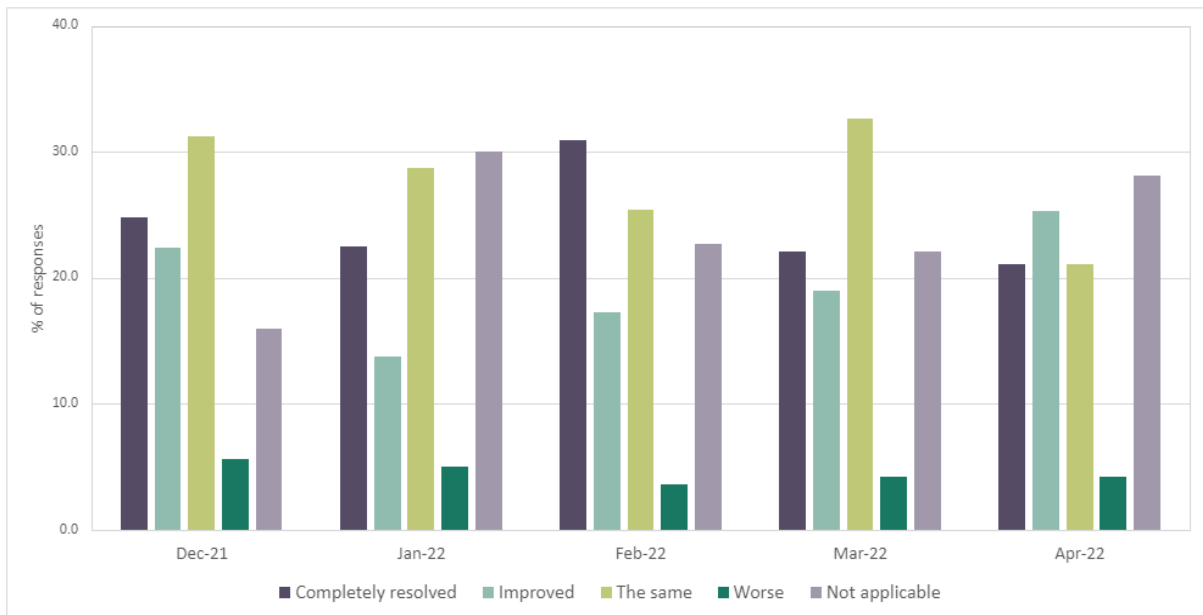


Figure 7- The monthly distribution of patient percentages in response to whether the issue that their eConsult issue had been resolved.

### Repeated Consultation

In response to being asked "In the week after your Consult Online request, did you have contact with the GP practice or any other health service for the same problem?", 72.6% of patients (Figure 9) confirmed that in the week after their initial eConsult request they had no contact with their GP practice or any other health service for the same problem. In comparison to this 27.4% of patients did have contact within the following week regarding their problem.

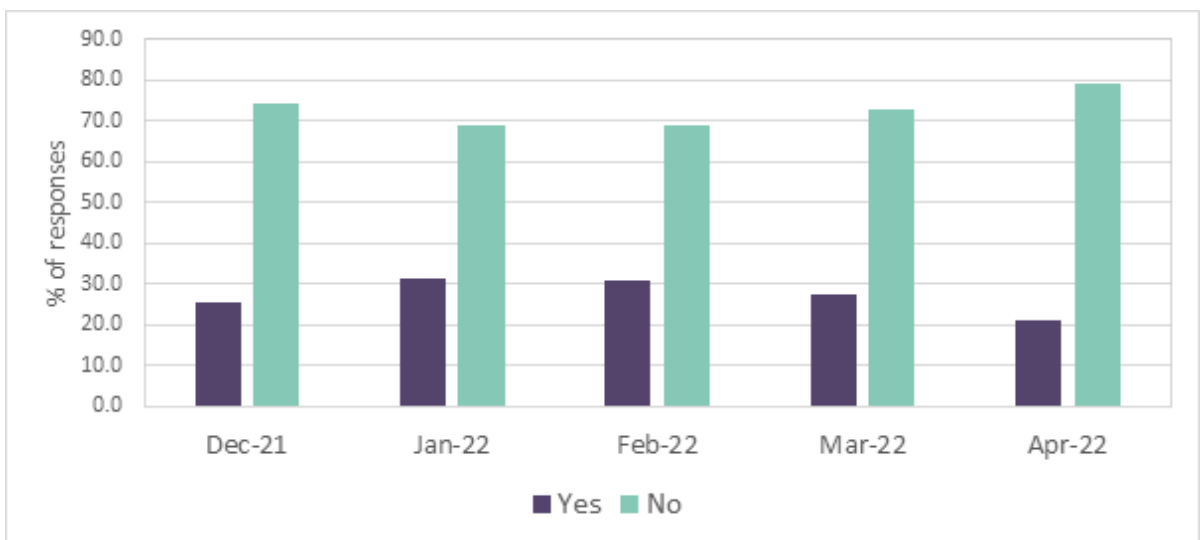


Figure 8 - The monthly distribution (%) of patients who were contacted by their GP in the week after their eConsult



## Timeliness

Patient Feedback provided to “Were you contacted by the practice about your eConsult request in the stated timeline?” suggests that the percentage of patients who were contacted by the practice within the stated time regarding their eConsult was extremely high throughout December 2021 to April 2022 with a steady increase of patients being contacted by their practice in the stated time between December 2021 (86.3%) to in April 2022 (93%) (Figure 10)

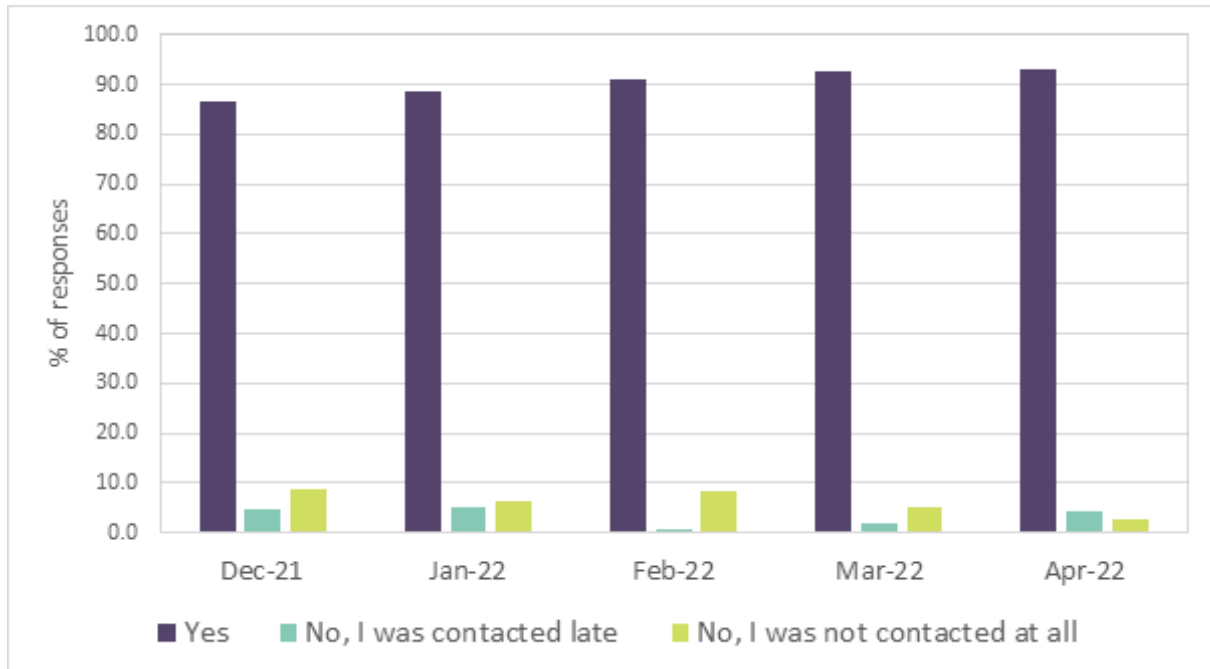


Figure 9 - The monthly distribution of patients (%) who were contacted by the practice in the stated timeline

Overall, 90% of patients between December 2021 and April 2022 (Table 5) were contacted by their practice about their eConsult request within the stated time. However, there were more patients that were not contacted at all (6.7%) than contacted late (3.3%).

Table 5 - The overall percentages of patients who were contacted by their GP practice within the stated time.

Response	Overall Percentage
Yes	90.0%
No, I was contacted late	3.3%
No, I was not contacted at all	6.7%
<b>Total Responses</b>	<b>481</b>

## Awareness of eConsult

Q.6 prompted feedback regarding how patients had been made aware of eConsult. When asked “How did you hear about the eConsult service?” the results (Figure 11) revealed that most patients (80%) heard about eConsult from their GP practice. This was split between 45% of patients hearing about eConsult from the GP website, 8% of patients directly from the GP themselves and the remaining 27% being told from someone else within the practice. 8.3% of patients were told about eConsult from another patient, family member or friend. 2.9% of patients found out about eConsult from an internet search and 2.3% read about eConsult with a further 1% of patients stating they heard about eConsult

from a leaflet or promotional banner. 5.4% of patients specified that they discovered eConsult through 'other' routes.

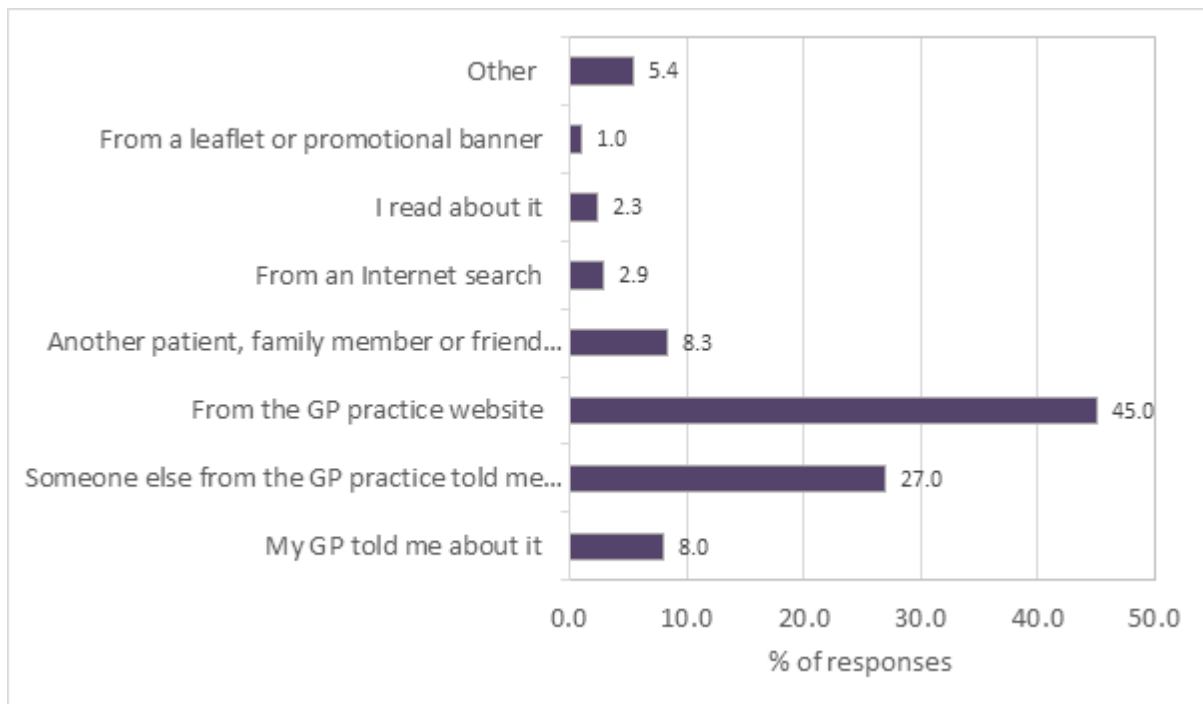


Figure 10 - The overall percentages displaying how patients heard about eConsult

## - Phase 2 – On Site Participant Interview Feedback

This section of the report summarises findings from interviews with practices throughout CAVUHB. Questions were tailored for practices that still have eConsult commissioned and those who do not. This feedback provided us with understanding of practices' current use of eConsult or the reasonings behind it decommission. In total, three sites who still had eConsult commissioned agreed to meet with us to discuss their current use of eConsult. Three practices who had decommissioned eConsult provided us with information on their experience of using eConsult. Thematic analysis was conducted on all data collected. Five main themes were identified.

### Benefits of eConsult

Benefits of eConsult and its use were identified by both groups of practices. One common benefit expressed by practices was the ability of eConsult to obtain more complex information from patients compared to receptionist staff taking phone calls. Recognition was made that there are occasions that receptionists may not have any medical training and therefore may not be equipped with the knowledge to ask the appropriate questions, eConsult removes this worry and allows the patient a greater chance at appropriate medical care. Additionally, there were numerous references to eConsult easing workload, which was especially relevant for the administrative care team as well as the system being user friendly.

*"The system helps with workload and the practice admin team would struggle without it"* PM,  
CAVUHB

*“eConsult can retrieve more information off the patients than reception staff can do over a quick phone call. Staff may sometimes forget to ask or not know the correct questions to gain further information from the patient”* PM, CAVUHB

*“It needed a bit of getting used to, but it was no harder than any new system. The system is very user friendly”* Receptionist, CAVUHB

### Challenges of eConsult

One theme commonly identified by decommissioned practices was ‘Challenges of eConsult’. There were many comments made to the overuse and abuse of the system by patients. Practices found that this had a significantly negative impact on their way of working, which in turn overwhelmed the system within the practice. A lack of practice resources was also flagged as challenging for practices which contributed to the decommission of eConsult. Clinical concerns regarding a lack of significant information being provided by the patient which may result in a poorer level of care provided to be an additional challenge.

*“It allowed unfiltered access to appointments that were already in short supply”* PM, CAVUHB

*“Took a lot of time and the practice did not have the resources, however if it did it could have worked well”* PM, CAVUHB

*“Those who did use it overused it”* PM, CAVUHB

*“There was a clinical concern that patients would not give all the correct information and therefore urgent/serious conditions would go undiagnosed in a critical timeframe”* GP, CAVUHB

The overuse of eConsult by patients was mutually experienced by practices who still have eConsult in place. Additional subthemes associated with the challenges of eConsult include limitations of eConsult and the unfair nature of the process towards patient who do not wish to use the service.

*“It has opened the flood gates for minor GP appointments as it is easy to submit instead of waiting hours on the phone”* PM, CAVUHB

*“The system can make it harder for high-risk patients as there can be a delay in them getting an appointment if they do not use eConsult”* PM, CAVUHB

*“Some challenges are that not all issues can be processed using eConsult, for example contraception requests must be referred to a nurse but we often get eConsult’s for them”*- Admin care navigator, CAVUHB

### Patient usage

Another common theme identified by both groups of practices was patients’ use of eConsult. One common subtheme that was universally felt was patients’ ability to manipulate their eConsult request and ‘game the system’ to be seen by a GP quicker. Secondly, practices explained the demographics for patients who used eConsult and nearly all practices involved claimed that eConsult was not confined to just the younger population and that the older population were good at submitting requests. However, some practices with large ethnic diversity did report that mainly the white British population used eConsult, it was acknowledged that this was likely due to a language barrier. There

were also references to patient's enthusiasm towards the eConsult process and decommissioned sites reported that patients were disappointed when this option was removed, however there was recognition towards the lengthy questions within the form.

*"Patients do game eConsult, they have worked out that some answers to questions will prompt them to ring the practice to talk to someone. Patients regularly lie on eConsult e.g. when they have to rate their pain, as they may put them as a higher priority"* PM, CAVUHB

*"Feedback from patients was positive and they were disappointed to not have access anymore. It wasn't exclusively young people that liked it."* GP, CAVUHB

*"Mainly used by a white population ... it may be easier for patients who English is their second language to speak over the phone rather than complete an eConsult"* PM, CAVUHB

*"Huge range in patients who submit eConsult. Previously had 80+ year olds."* PM, CAVUHB

### Practice Experience

'Practice experience of eConsult' was the next key theme extracted via thematic analysis. Within this theme there were references to the individual practice process of dealing with an eConsult request. This ranges from the time patients can submit an eConsult, the quantity of requests a day and the process the practice follows as a result of receiving an eConsult from a patient. Additionally, within this theme practices who no longer use eConsult regularly made comments about the lack of support they experienced from the health board and eConsult whilst initial role out was taking place. Despite this, it was noted that the choice of CAVUHB to remove funding did not impact practices decision whether to continue using the service. Finally, there were remarks that eConsult increased workload for practices within the decommissioned practices however, the initial transfer to the system was a smooth process.

*"eConsult is constantly on within the practice, it does not have a cap... able to deal with eConsult submissions throughout the day"* PM, CAVUHB

*"The admin team process eConsults' into triage lists, a GP the goes the triage list...The eConsult opens at 7:30 and is kept open until capacity is reached, commonly around 12:30"* PM, CAVUHB

*"It was decommissioned because it was a lot of work on admin... lost a lot of clinical sessions because admin did not have the capacity to manage it"* GP CAVUHB

*"Felt the system was dumped on us without any real support or information. We defiantly didn't get the best out of the system... links to how to's are just not enough"* PM CAVUHB

### Future Improvements

The final theme identified was 'future improvements' for eConsult. All practices involved provided propositions to improve the use of eConsult for practices' themselves. Suggestions included further training for current and future staff, with enthusiasm to be kept up to date with training opportunities. Additionally, other suggestions to improve the service included options for patients to still request sick notes through eConsult even if the system had been switched off for the day, which would remove the need for the patient to ring the practice. Two further subthemes were the ability

for a link up service for patients to send in photos to an ongoing request instead of starting a new eConsult form and the ability to link up eConsult requests to patient history.

*“All practice staff would benefit from further training and wish to be kept updated when future training is made available” PM, CABUHB*

*“It would be convenient to still accept sick notes and medical review requests after eConsult has been closed for the day” PM, CAVUHB*

*“Allow for patient notes to be linked up to an eConsult booking so that medical professions would have easy access to patient history” PM, CAVUHB*

## Discussion

Phase 1 and phase 2 data collection has provided us with a rich insight into GP use and opinions of eConsult. Data collected during both phases of this evaluation presented similarities to each other. Desirable benefits for using eConsult was commonly expressed during the entire data collection, with a reduction in workload presenting as the most common benefit. Similarly, there were common challenges of eConsult expressed throughout data collection which included overuse of the system by patients and clinical concerns. It was apparent that these two concerns were associated with each other due to patients' commonly gaming the system to gain an appointment sooner and exhibiting unsafe health seeking behaviours. Consequently, this did lead to the decommissioning of the service within some practices. Although it was acknowledged by some practices that gaming of the system will always occur, a step forward may include analysing how patients are able to do this and providing research to reassure practices of the lack of clinical concern surrounding eConsult. Out of the 34 practices that took part during the entire evaluation, 7 found no desirable benefits of using eConsult within their practice. Despite more GP sites providing data during the Phase 1, those sites who did take part during Phase 2 provided rich and in-depth data.

Although most of the information collected from both phases was comparable, there was one topic that divided opinions. Within Phase 2, funding was not considered a contributing factor to the decommissioning of eConsult within practices. Both practices that are still readily using the service and those who have it decommissioned shared this opinion, stating that the cost is comparatively small over the year compared to other practice costs. The main reasoning behind the retirement of eConsult was noted to be mainly down to lack of staff and practice resources over self-funding. Phase 1 data however stated that funding contributed to the termination of the service.

Results from the qualitative data collection suggests that there are areas to improve that may increase practice satisfaction with eConsult. Providing additional training and support to GPs within CAVUHB was expressed to be beneficial by practices that are currently still using eConsult and by those who have it terminated. Offering this to practices at no cost was seen as an incentive by some, with most practices enthusiastic about future training. Presenting this opportunity of additional training to decommissioned practices may provide a modern insight to the benefits of re-introducing eConsult. Additionally, free training allows CAVUHB to support practices, which may improve trust within the health board as some practices explained of a lack of support from the health board regarding eConsult.

It was evident from Phase 2 data collection that GP sites use eConsult very independently. Whilst this is important to ensure eConsult works best within individual practices, it was evident that there was not a universal understanding of eConsult and its features. This may have contributed to the decommissioning of the service in some practices. These discrepancies included decommissioned practices attributing an overload of the system to the inability of turning the service off after a particular time, whilst other practices have stated that they engage the system between certain hours and cap it off at a certain number of requests a day. This highlights the lack of clarity of the service and how to use it beneficially. Training and further support from the health board would allow these discrepancies to be addressed whilst still allowing for an individualised approach. An assessment of the number and distribution of staff within the practice needs to be taken into consideration prior to providing advice on how to improve or reintroduce eConsult. This will provide more in depth and personal support for practices. Currently practices believe they are not getting enough support from either CAVUHB or eConsult and believe that emails and links to 'how to's' are not sufficient support.

Additionally, further evidence and support is required to address worries regarding patient welfare and clinical concerns.

Improving the system for practices is vitally important to increase practice satisfaction for eConsult and to reduce any further terminations of the service. Patient and Phase 2 interview feedback revealed that patients were fond of the service with the majority (65%) stating they were likely to recommend to family and friends. Interview feedback from a decommissioned GP site also stated that patients were disappointed to no longer have the option to submit eConsult's, therefore, it may have a direct negative effect on patients if decommissions continue as a result of practices' negative experience with the service.

## Conclusion

The current evaluation into General Practitioner (GP) practice use of eConsult has provided us with first-hand accounts of practice staff's perspectives of the service, including the benefits and barriers associated with eConsult. The feedback that has been obtained as a result of this evaluation can contribute to the development of good practice by improving the system and support for GP's throughout CAVUHB. Overall opinions on eConsult within GP's was mixed. Those practices that are currently using eConsult find it extremely beneficial whilst decommissioned sites are adamant that the service does not fit in with their practice.

Although participation by practices was greatly appreciated, we were only able to obtain in depth interview feedback from the minority of practices within the health board and therefore recommendations could only be constructed from a small number of factors that contributed to the termination of eConsult. Nevertheless, we were able to cooperate these recommendations with Phase 1 data to provide suitable suggestions for the future improvement of GP experience using eConsult.

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