



E-Consultations

A snapshot of how to make it work for your practice

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HEMC in a nutshell!

>17000 patients and rising

6 partners, 1 retainer, 4 salaried GPs, 3 GP registrars, 2 ANPs, practice nursing team of 5 nurses and 4 HCAs/phlebotomy

Suburban practice, significant proportion of young families and frail elderly

E-consult use since 2014, early adopters/self funded led by IT savvy partner and PM!

PCN roles now include GP, practice nurse, ANP, MSK, pharmacists, mental health practitioners and young person's counselling

Commitment to e-consult use has continued due to demand/limited telephone resource/mindfulness of vulnerable groups

E-consult principles

Originally managed by our practice manager and this has rapidly evolved to now involve multiple team members at various stages

Original approach to incorporate e-consult demand into 'on-day' capacity persists, now moving to include more routine booking/continuity, NOT an additional workstream

Have always borne in mind design of e-consult/indemnity - influences process design

Demand and enablers?

Monday - up to 200 e-consults received especially post bank holidays

Tuesday to Friday variable from 100-150 e-consults received daily

Booking coordinator role recently established, also serves to troubleshoot on the day issues such as juggling appointments, arranging transport

Duty team made up of 2 GPs and 1-2 ANPs

Up to date awareness of appointment availability

Integration/common use of other systems e.g. Accurx

?? Switch off out of hours - hot topic!

E-consult flow

Patient submits e-consult arriving as email into practice

Direct integration with clinical system due to enhanced functionality

Administrative e-consults screened out and either coded/workflowed to team as appropriate

Clinical e-consults are triaged by duty GP daily 08.30-10am - decision logged during side by side working/administrative template

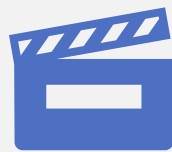
Booked by coordinator/administrators

Patients messaged back via email/text/phone

Expectations of GP triage



Rapid decision making



Action around 10-15% to avoid appointments



Agreed common practice around clinical management

Benefits/feedback

Patients ease of access – double edged sword! However can enable education/use to our benefit...

Appointments saved = win win!

Avoids duplication of work

Improved team integration and benefits to other practice areas

Increasingly can be used for QoF requirements/chronic disease reviews

Increases scope of GP role/variety of working day – are we becoming consultant coordinators?

Watch this space for e-consult dashboard....

Take home messages



USE IT TO YOUR ADVANTAGE



INTEGRATE IT - DON'T TREAT
IT AS AN ADDITIONAL
WORKSTREAM



USE YOUR WHOLE TEAM