



# RESEARCH

# INFORMATION

## Exploring the impact of GP remote consultations on patient safety



### AIMS

The Covid-19 pandemic forced GPs across Scotland to change the way they work with most now offering remote consultations, either by video or telephone. We wanted to find out how this change has impacted GP practice staff and patients and to investigate whether these widespread changes affected patient safety.



### KEY FINDINGS

- Practices adapted quickly to organisational change during lockdown. Some embraced technology and thrived in this new environment, others took longer to settle into new ways of working.
- More than 12 months after beginning of the pandemic in March 2020, many GP practices were in a state of flux, and many still continue to deal with the impact of lockdowns, as well as on-going workload pressure.
- One of the biggest changes for practice staff was new and extended triage role for many reception staff.
- Usual appointment systems understandably changed during lockdown periods; None of the practices had returned to their 'old systems'. For most patients, new appointment systems were unworkable and frustrating. Issues including phonenumber availability in a very narrow 8.30am time-slot, communication from practices advising patients not to get in touch, the lack of pre-bookable non-urgent appointments and more general and frequent changes to organisational routines.





## WHAT DID THE STUDY INVOLVE?

- We visited and spent time in 12 primary care practices across Scotland. We included a mix of practices in rural and urban, as well as affluent and less well-off areas.
- We explored the way in which practices adapted to changes forced by the pandemic, what practice staff and patients thought about remote consultations, whether they thought the changes affected patient safety, if 'safety netting' in these consultations had changed.
- We interviewed practice staff and patients about their experiences.
- We looked at some patients' medical records.
- We ran focus groups in communities.
- We spoke to GPs about what we found.



## WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

- All practices we visited reported that workloads have increased for everyone. Staff sickness continues to have an impact on workload and appointment availability. Recruitment and retention of reception staff is difficult and impacts workload.
- Accessing appointments was a major issue for patients. We found that systems varied considerably both within practices over time and between practices. The lack of standard systems was challenging for patients, and many found this off-putting; many simply chose not to contact their practice. None of the practices we visited had a system for booking appointments in advance, or a facility to book online, most continued to offer consultations only 'on the day'/for urgent issues.
- The work of receptionists has increased, and many now 'triage' calls to decide whether patients need to see a doctor. Although many receptionists screened calls before, this part of their job has become more important since the pandemic. Patients often questioned whether receptionists had adequate training for this important role, particularly around confidentiality.. Receptionists wanted more training.
- Most patients were satisfied with the care they received during consultations. Patients were, however, dissatisfied with appointment systems and availability of appointments.
- Neither practice staff nor patients thought that patient safety incidents would increase because of remote consulting, although all acknowledged that new consulting arrangements would not suit all patients. Remote options were acceptable for straightforward and routine consultations. Patients questioned whether telephone calls were appropriate for some issues, such as mental health or complex conditions, and for some patients, especially older adults. Practice staff were aware patients may perceive telephone consultations as sub optimal.
- We found little evidence that safety-netting advice changed in response to remote consultations. Some doctors said that they would give more safety-netting advice by telephone than in face-to-face consultations. We saw no evidence of a change in practice in patients' electronic records.

### What does this mean?

- Primary care in Scotland has, since the Covid-19 pandemic, been experiencing an ongoing crisis. GP practice staff feel overwhelmed by demand at times, and many patients are frustrated and are losing confidence in primary care.
- Current appointment systems are confusing and off-putting for patients and are configured for short routine consultations; yet many GPs report that they more of deal with more complex patient issues.





## WHAT IMPACT COULD THE FINDINGS HAVE?

- Crises in, and access to, primary care impacts the whole of the Scottish population and the health system. To restore patient confidence and address on-going workload/workforce issues in primary care, we recommend establishing a national conversation between the public and primary care.
- As a first step in this conversation, we will produce animations with input from patients and healthcare professionals that addresses the crisis but also includes more practical recommendations, such as
  - additional training for receptionists to support effective triage, trusted by patients.
  - recommended standards for appointment systems and scheduling arrangements.
  - timed slots for GP call-backs.
  - increased choice for patients with more complex issues.



## HOW WILL THE OUTCOMES BE DISSEMINATED?

We will commission an animation to be shared across social media as well as with patient and community groups, healthcare professional associations such as RCGP. We will also share our recommendations with policy and decision makers.



## CONCLUSION

Scottish general practice is experiencing a crisis post-pandemic, fuelled by increased demand and workforce pressures. This is having an impact on access to care, which ultimately impacts patient safety. Appointment systems are typically designed to suit routine/urgent issues. Yet these meet patient need in only a minority of situations.

We propose continued action-research that fosters discussions between professionals and patients to allow each to recognise and appreciate the others' position. Reaching such an accommodation has the potential to increase patient confidence and impact workload.



## RESEARCH TEAM & CONTACT

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### Additional Information

Project completed 31/12/23

