

# Informing NHS policy in 'digital-first primary care': a rapid evidence synthesis

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## Plain English summary

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Digital technology can be used by primary care clinicians to communicate with patients at home or at work instead of having a face-to-face consultation. This might include having an appointment with a clinician using internet video, e-mail or a smartphone application. It has been suggested that these methods may be welcomed by some patients and could provide a number of benefits, such as saving the NHS money and reducing the amount of work that primary care staff have to do each day.

This project aimed to find out what evidence exists about the impact of using digital technology for non-face-to-face appointments on patients, medical staff and health services. We did this by assessing and combining the findings from a number of reviews and recent individual studies.

We found very little evidence on outcomes related to quality of care, service delivery, benefits or harms for patients, or on financial costs or cost-effectiveness. Much of the evidence came from studies that collected people's views, rather than from studies actually measuring what happens. Patients who use digital technology for appointments are likely to be younger and female and have higher income and education levels.

People who find attending face-to-face consultations difficult, such as people with poor mobility, may benefit from digital alternatives. A number of barriers to using digital alternatives were identified, including inadequate NHS technology and staff concerns about workload, security and confidentiality. One recent UK study suggested that there is little difference in the overall time it takes general practitioners to hold a face-to-face consultation compared with a video consultation. We found no studies examining how to contract and commission alternatives to face-to-face consultations.

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