Webpage Upload 2: Qualitative exploration

Box 1: Topic guide for staff

Topic Guide: Staff Interview

Study title: Di-Facto: Digital Facilitation in Primary Care

Introduction

Our current research project looks at digital facilitation, how GP practices support patients and carers to access online GP services. This might include helping a patient to access services to order medication online, helping a patient to message a health professional, or showing a patient how to upload a photo of their skin condition to a health professional, to give just a few examples. As researchers we are not for or against any particular way of supporting patients to access services online, but we would like to understand more about professionals' views and experiences.

Does that sound clear to you? Is there anything you would like to ask before we start the interview?

[TAKE CONSENT]

1. Can you tell me your role at the practice?

    If GP – are they a partner? If nurse – HCA, practice nurse, nurse practitioner?
    Admin staff – what is their role – do they work on reception at all?
    How long have they worked at the practice?

2. Can you tell me a bit about the practice and the population that you serve? What does a typical day in the practice look like for you?

3. Can you tell me about the online services the practice uses? Which are you involved in?
    Medication ordering
    Booking appointments
    Obtaining test results
    Messaging the GP/using online consultation
    Other

4. Can you tell me about your views and experience of getting patients or carers to use online services at your practice?
    Do you know what proportion of patients at the surgery access services online?

Do you encourage patients to access services online? How you do you feel about doing this? For which sorts of services; ordering medication, booking an appointment, messaging a health professional, uploading a photo to a health professional.

5. What are the reasons the practice encourages patients to access online GP services?
    Patient demand
    Covid *pandemic*
    Policy initiatives which have encouraged practices to do so
    GP contract requirements to do so
    Does greater use of online services impact on how you can run the practice – for example freeing up administrative time, avoiding lots of demand first thing in the morning?
    Are there any barriers to doing this?

Topic Guide: Staff Interview

6. Does the practice have a specific approach to helping patients and carers to access online GP services?

    If yes can you tell us a bit more about that? What does that look like?

    If not, is this something done by all professionals in the practice or some? Where does it sit in list of priorities?

7. Can you tell us something about the patients you support to use online GP services?

    What sorts of patients do they tend to be?

    What factors impact on online access to GP services – disability, age, ethnicity, English as not the first language, access to devices, adequate internet access?

    Do you feel more confident supporting certain groups over others?

    Are the patients you provide support to different from the patients you encourage to use online services?

8. I want to ask about some of the ways in which the surgery has helped to get patients and carers to access GP services online. What help has the practice given patients?

    Who has provided that support – staff? patient participation group members? Other?

    How successful have you found efforts to get patients to use online GP services have been? What has helped in getting patients to use online services?

9. What challenges have you encountered trying to get more patients online?

    Time/ resource?

    Do practice staff have the skills/resources to deliver this?

    Covid restrictions or impacts on practice resources?

    Lack of national guidance or support in how to do it?

    Patients are not willing to receive such support?

10. Is there anything else we have not discussed which you'd like us to talk about?

    Across the whole study we are gathering data from individuals in three areas of England and when we are looking at the data overall it is really useful to have some information about those who have taken part in the interviews. I have three questions I would like to ask you about yourself and it is entirely up to you if you wish to answer them or not.

    What is your gender? What age or age group are you? What ethnicity are you?

    Thank you very much for your time today.

Topic Guide: Patient/ Carer Interviews

Study title: Di-Facto: Digital Facilitation in Primary Care

Introduction

Our current research project looks at how GP surgeries support patients and carers to access online GP services such as ordering a medication, making an appointment or messaging the GP. We are really interested in finding out more about your experiences of support from the practice in accessing online services. As researchers we are not for or against any particular way of accessing services online, but we would like to understand more about what people really think.

Does that sound clear to you? Is there anything you would like to ask me at this stage?

[TAKE CONSENT]

1. I'd like to start by just asking generally about how you use online services currently. Do you use online services for things like shopping, banking or chatting with family or friends?
    How do you feel about using online services?

2. Thinking now about your GP surgery, how long you have been a patient at the XX (name of practice) surgery?

3. How often do you tend to use the GP surgery?

4. Do you know which online services your GP surgery offers to patients?
    After leaving the interviewee to think: Prompt (depending on what you know is available at the surgery)
    Ordering medicines online
    Making appointments online
    Having a consultation online
    Messaging a doctor or other professional
    Uploading photos

5. Which of the online services available at your practices have you used?
    Ordering medicines online
    Making appointments online
    Having a consultation online
    Messaging a doctor or other professional
    Uploading photos

6. How often do you use these services?

7. What are your main reasons for using online services from your GP surgery?
    Were you encouraged by someone else, if so who?
    How easy is it to navigate things from the surgery not online e.g. to get through on the telephone, or to get a face-to-face appointment?
    Has Covid changed things, not being able to visit the practice in person?

Topic Guide: Patient/ Carer Interviews

8. How do you feel about going online to access services from your GP?

    Have you done so? What did you do?
    How did you find it?
    What device did you use?
    Does anyone help you when you do this?

9. Are there things that affect whether and how you access online services?

    Personal factors – e.g. sight difficulties
    Technology factors – e.g. lack of device, lack of internet access, problems with internet access
    The process of registering for online services

10. Have you had any help from the practice in getting online? Can you describe the help that you have received?

    What was nature of the help?
    Who was it with? – member of GP staff, patient participation group member etc.
    How useful was the help that you had?
    Have you since accessed services for your GP surgery online since this help? If yes- how did you find this?

11. Do you feel that more help from your GP surgery would be useful in accessing online GP services?
    If so, can you describe what sort of help would be useful from your practice to support your use online services?

Topic Guide: Stakeholder Interviews

Study title: Di-Facto: Digital Facilitation in Primary Care

Introduction

- Thank you for seeing me today and offering to take part in this study.
- I would like first to outline the study so that you're able to decide whether you wish to proceed further (recap participant information sheet: stakeholder interviews).
- You have kindly signed the consent form ahead of meeting today. Can I check that you are happy with what you have completed on the form and happy to continue with the interview?
- I have a list of topics that I would like to address for the research but hope that it will flow like a conversation where you feel comfortable to raise any related issues.
- I might just take a few notes in case I want to come back to something later on.

[Questions to be framed to role – e.g. if at national level, focus on national agendas or if local/linked to participating practices, talk more of local area. The questions are indicative of the range of questions that could be covered. The interviews will also ask, where relevant, whether views are those of the individual participant or representative of their organisation]

1) Participant's current role

These questions will seek to understand more about you experience and role in relation to online services in primary care.

- Can you tell me what your current role/job is and what that involves?
- What responsibilities or interest do you have with respect to digital services in primary care? (prompt: can you say a bit more about where relevant)
- Have you had any previous jobs/roles relevant to understanding the use of digital services in primary care? Can you say a bit more?

2) Digital services in primary care

These questions will attempt to understand how you feel about current and changing use of digital services in primary care, the drivers for this and what may be the priority for increasing use of digital services.

- Can you tell me how you feel about the current use of digital services in primary care? How do you feel this has changed over time?
- What are the priorities within your role for increasing use of digital services in primary care? Why is this important?
- What are the drivers for trying to increase the use of digital services in primary care? (prompt: pre/post Covid; specific policies/agendas; professional drivers; patient drivers; resources) Which of these do you feel are most important just now/in your areas? Why?

3) Increasing uptake for digital services in primary care

Topic Guide: Stakeholder Interviews

In this section we are interested in views about what is being done to support patients and carers access and use online services or to support staff to help patients and what else you think could be done. This will include a discussion of the challenges that you think general practices face.

We have been interested in this study in understanding different models of 'digital facilitation' where general practices take specific steps to try to support patients, carers or staff to use online services.

- What do you feel are the main challenges for patients and carers in using online services in primary care?
- For what groups of patients and carers do you think it is most challenging to use commonly available online services in primary care? (prompt: particular challenges/groups)

Policy level (as appropriate)

- Can you tell me what you know about what is currently done at a policy level to help staff, patients and carers access online services in primary care? Can you tell me a bit more about these (status of policy, target, aims)
- In your view, how successful have these policies been? Can you say a bit more? (prompts: from what perspective; evidence to support)

On the ground

- Practically, what do you know that general practices are doing to increase uptake of online services? Can you talk about that a bit more/give examples? How effective do you think these efforts are? Why?
- Who has responsibility for ensuring increased uptake of online services in primary care and that particular group of patients and carers are not disadvantaged or excluded (prompts: responsibility at different levels – e.g. staff, practice, PCN, CCG, national)
- Who else do you think has an important role in trying to help to increase uptake of online services in primary care? Why?
- What do you think are the most significant challenges in trying to increase the uptake of online services? (prompts: equity, digital exclusion, types of services, Covid)
- What can be done to try to meet these challenges? Is there any change that you know of in relation to your role/wider policy that may impact on the uptake of online services in the future?

4) Future

This section aims to concentrate more on what can be done in the future (near/medium term).

- What would be your ideal vision for how online primary care services are used in the future? (E.g. 2/5 years' time) How confident are you that we will be in that position?
- If you could prioritise actions or resources to increase the use of online services what would you recommend? Why?
- What are the opportunities for change at these different levels we have discussed? (prompts: what needs to be done, what are barriers/facilitators around this)

- What will be important for future policy to address and consider in this area? Are there sufficient policy measures to address the concerns and challenges you have raised? Can you say a bit more? (prompts: on issues raised in previous questions, reasons for confidence or not, challenges for policy)

5) Tying up: other considerations

This section explores aspects of digital facilitation that we have not thought of or discussed so far.

- In talking about supporting patients and carers to make use of online services in primary care we have used the term 'digital facilitation' in our project which we define as: promoting and supporting the use of internet based primary care health services. Do you think this is a useful

Topic Guide: Stakeholder Interviews

term? Do you have specific terms you use? Is there anything important missing from our definition?

- o   Has this made you think of any other examples that we have not already discussed?
- o   From our conversation so far, is there anything else that you think would be important for us to understand? Can you say a bit more?
- o   In relation to national or regional actors and practice around digital facilitation is there anyone who you would feel is important to talk to? Why do you recommend?

Thank you very much for your time today.

Topic Guide: Patient/ Carer with Mental Health Condition Interviews

Study title: Di-Facto: Digital Facilitation in Primary Care

Introduction

Our current research project looks at how GP surgeries support patients and carers to access online GP services such as ordering a medication, making an appointment or messaging the GP. We are really interested in finding out more about your experiences of support from the practice in accessing online services. As researchers we are not for or against any particular way of accessing services online, but we would like to understand more about what people with mental health conditions think about this.

Does that sound clear to you? Is there anything you would like to ask me at this stage?

[TAKE CONSENT]

1. I'd like to start by just thinking generally about how you use online services currently. Do you use online services for things like shopping, banking or chatting with family or friends?

2. Thinking now about your GP surgery, how long you have been a patient at the XX (name of practice) surgery?

3. How often do you tend to use the GP surgery for your mental health condition?

4. Can I ask have you used any online services from the GP surgery for your mental health condition?
   Ordering medicines online
   Making appointments online
   Having a consultation online
   Messaging a doctor or other professional
   Uploading photos

5. Thinking now about how you use online services from the GP surgery, how confident are you going online to access services from your GP?
   Have you done so? What did you do?
   How did you find it?
   What device did you use?
   Does anyone help you when you do this?

6. Are there things which make it difficult for you to access online services?
   Personal factors – e.g. sight difficulties
   Technology factors – e.g. lack of device, lack of internet access, problems with internet access
   The process of registering for online services

7. Have you had any help from the surgery in getting online? Can you describe the help that you have received?
   What was nature of the help?
   Who was it with? – member of GP staff, patient participation group member etc.
   How useful was the help that you had?

Have you since accessed services for your GP surgery online since this help? If yes- how did you find this?

8. What makes you want to access services online from your GP surgery?
   Were you encouraged by someone else, if so who?
   How easy is it to navigate things from the surgery not online e.g. to get through on the telephone, or to get a face-to-face appointment?
   Has Covid changed things, not being able to visit the practice in person?

9. Do you feel that more help from your GP surgery would be useful in accessing online GP services?

   If yes – what sort of help would be useful? From whom, and in what ways?

10. Is there anything else about online services which we have not talked about, but you would like to mention?

Thank you very much for your time today.

Box 5: Practice summaries

Practice summaries

Characteristics: List size: large, Deprivation: 5, Ethnicity: 94% white, Patients ≥ 65 years: 8.33%, Location: Urban

Digital offer: Pre pandemic and during the pandemic, the practice has been digitally focused, and view themselves as a digital first practice. Online services provided at the practice include: EConsult, Patient access, NHS App, email, and through the online services patients can opt in to book appointments (although this had recently been stopped because they found patients were booking apps in the wrong slots), request repeat prescriptions and access medical records. They also use AccuRx for sending in photos, and Push Doctor. The practice has a Facebook page which the practice manager runs and posts daily about the practice (e.g., vaccinations, opening times, other things happening) and used to have an Instagram page but found that it didn't really take off. EConsult was available different times daily depending on demand. To ensure a more structured approach the practice decided to have eConsult available 8am-11am on weekdays. The practice has subsequently moved from eConsult to AccuRx (clearly advertised on their website).

Digital facilitation: Patients are encouraged by receptionists and clinical staff to use eConsult in the first instance when wanting to see a clinician and are then triaged. The majority are offered telephone appointments or Push Doctor (which is a video consultation service to speak to other doctors from around England usually out of hours), with few face-to-face appointments. Reception staff are called Care Advisors. In nearly every telephone query, care advisors discuss some sort of online service. Care advisors take their time with each patient explaining how to access and use online resources and their benefits, and their patients are always very grateful and kind to them in return. They are never rushed. If patients come into the practice with an online-related query, staff often sit with them in the waiting room showing them how to do/resolve the issue. The website also has a patient information leaflet on the online services available and what to consider before signing up. Despite no formal online services training apart from the odd ad-hoc e-learning video and learning on the job, staff appear confident, happy to use, and positive about online services. Pre pandemic, staff had arranged for iPad workshops in the waiting room to teach patients how to use some of the online services, though the pandemic prevented this from happening.

Practice setting and culture: The practice is made up on a main surgery and a smaller university medical centre. The main surgery is located in a renovated stable block and the university medical centre is in a purpose-built building, on the first floor above the university's wellbeing centre. The main surgery is situated just off a busy main road in the city, and next to a little greenspace, with no designated parking but some areas available to park. The university medical centre is situated near the university campus, in a student living area, with no designated parking. There are 8 GPs, some medical students, 5 care advisors (receptionists), about 8 nurses, 2 psychiatric/MH nurses, 1 paramedic, 2 pharmacy technicians, 2 Phlebotomist, and lots of other admins like medical report officers, secretaries, operations, practice manager.

In the main surgery, the patient facing reception desk is empty, encouraging patients to use the online check in facility. Upstairs in the main surgery, there is a main hub area where the GPs and some allied workers conduct telephone appointments and answer eConsult requests. There are about 10 clinical rooms downstairs for face-to-face consultations. In the university practice, patients have to ring a buzzer to be let in only if they have an appointment. The university practice is across one floor with a waiting room and about 4 or 5 consultation rooms. There is a generally friendly atmosphere throughout the practices, especially in the reception areas, and the team work well together. Most staff (admin and clinical) congregate in the reception areas for breaks to chat.

Practice summaries

Characteristics: List size: small Deprivation: 1 Ethnicity: 14% white Patients, ≥ 65 years: 7.3% Location: Urban

Digital offer: *CityName* App, NHS App and Patient Access for online prescriptions and access the short form of their medical record, test results and vaccination information. They have online booking available for a set number of appointments per day. They also use AccuRx for sending links and for patients to upload photographs ahead of a telephone consultation. The biggest digital project is digitising all the Lloyd George paper records. They are part of the CCG full digitisation of patient records project. They are a pilot site and all records are taken off site to digitise at no cost to the practice.

Digital Facilitation: During the observation and during the pandemic all digital facilitation has been opportunistic; either responding to something a patient said on the phone or when trying to use a link through AccuRx. Now patients are coming into the practice more some staff, particularly the Assistant Practitioner, are pro-active in helping patients download the *CityName* Health App which is what they encourage their patients to use. This is an app very similar to the NHS App but devised by the local CCG. It is promoted by leaflet and poster in the waiting room. It doesn't have a link to the Covid pass however so patients who want that will have to have both apps or just the NHS App.

Prior to the pandemic there was a certain amount of digital facilitation in the waiting room. The staff had access to an iPad and one of the reception managers would use it to talk with patients after appointments primarily to ask them to complete the friends and family questionnaire or the practice's own questionnaire. Whilst doing that she would ask about the app and could show patients on the iPad. She would then help people download the app if they wanted her to. Owing to the pandemic the iPad was no longer being used and the questionnaires were being emailed to patients or sent through an AccuRx link.

Practice setting and culture: The practice is located on a busy road off one of the arterial routes into the city centre. There are parked cars on either side of the road and the practice does not have a car park. Staff who drive park their cars on the street and it is sometimes difficult to find a parking space. The practice population is geographically close to the practice with many residing on the road where the surgery is located. The senior partner told me most of their home visits can be done on foot. The relatively small geographical spread of the population is also due to the high density living in the locality.

The building itself comprises of two semi-detached dwellings that were previously residential. The building is old, probably late Victorian, and the dwellings have been knocked together to form the practice. The building looks tired and well-worn although it is also welcoming. The ground floor has a waiting room and reception. In one half of the building there are two consultation rooms – used by allied professionals, stairs to the upper floor and a lift. The other half of the building contains the waiting room, reception, an admin room, one GP consultation room, a small staff kitchen and two smaller consultation rooms. On the first floor there are three GP consultation rooms a further consultation room and the office of the practice manager. The third floor has a large meeting room.

The reception area is in two parts, the first part has the photocopier and storage and the second part which is oddly shaped and cramped has a covered window which behind which are three workstations. The staff are all very friendly with each other although the clinical staff, especially the doctors tend to keep to themselves.

Characteristics: List size: large, Deprivation: Site 1 has an IMD score in the 10th decile and site 2 has an IMD score in the 4th decile, Ethnicity: 93.6% white, Patients ≥ 65 years: 19.6%, Location: Urban

Digital offer: The digital services they have access to, and use include: SystemOne, eConsult, MedLinks, AccuRx, NHS App, practice website (the behind the scenes version that staff see is referred to as 'the dashboard'), 'ICE' (where forms for pathology etc. are stored) and two Facebook pages (one is for the

surgery generally and the other is a carers group). The surgery, on the whole, is good at promoting the use of digital services, although this was observed more frequently at site 1 than site 2. According to the practice manager approx. 50% of patients have full online access.

Digital facilitation: Digital facilitation was mostly around the promotion of the use of digital services and helping (both patients and staff) use these ad hoc. There appears to have been no formal training or education for staff. There are some guidance documents available for staff on the intranet, however the staff were not aware of them.

Practice setting and culture: Site 1 is a new building that was finished and moved into in the past 12 months. It has two storeys, one reception on the ground floor, two waiting rooms (one small by reception, one larger upstairs), 10 clinical rooms split across the two levels, an administration office upstairs where the admin team for both sites are located, and a staff kitchen. Site 2 is an older building that is all on one level, it has one reception desk and one small waiting room, a larger reception space behind the main desk separated by notice boards, 6 clinical rooms, and a secretaries' office. Across both sites the clinical team remain largely behind closed doors and mostly interact visibly with admin staff when they need something doing in a professional capacity.

Characteristics: List size: medium, Deprivation: 3, Ethnicity: 60% white, Patients ≥ 65 years: 9.4%, Location: Urban

Digital offer: they have developed their own online service SYSTEM which was built by the practice manager (PM) and one of the GP partners who gave clinical input. The PM created it himself using a US company software programme. He started working on the system in August 2021 and had it ready to pilot in September 2021. The PM feels it is going well. They are in what they call Stage 1 – the receptionist will make the decision as to whether or not to send a patient to SYSTEM based on 30 symptoms. Currently their online booking is not up and running. They have never had online booking. They have the *City* POD (prescription ordering department) which is telephone based. On the website you can order prescriptions (disabled when I was there) or do online registration. They have Patient Access and the NHS App where you can order prescriptions electronically, see your patient record and vaccinations. The practice uses AccuRx for consultations for uploading photographs and for sending the links for the SYSTEM appointments.

Digital facilitation: All digital facilitation is ad hoc and opportunistic. They talk to individual patients about the SYSTEM link when they are sending it out to them but they barely go beyond saying it will 'come to your phone as a link, click on the link and complete the questionnaire and return it'. There is no pro-active facilitation beyond having information on their screen in the waiting room advertising Patient Access and posters for the SYSTEM. One of the younger members of staff will be the one who tends to help out patients with the NHS App or access issues relating to Patient Access.

Practice setting and culture: The main practice is situated in a circle of shops next to a Tesco metro and a community centre and a short distance from a Boots outlet and a small Asda. There are various other shops situated around a crescent with a grassy area in the centre. The building is purpose built in the early 2000s. The waiting area is open with chairs socially distanced. The reception area is not behind any screen or barrier but there are a row of chairs and a movable barrier that stops patients coming right up to the reception desk, creating some form of social distance.

There are a number of consultation rooms off the main waiting area and there are stairs to an upstairs floor which again has a number of consultation rooms, currently only the community midwife works in one of the upstairs consulting rooms. The practice manager also has an office upstairs. Behind reception there are 4 desk areas. Two are at the reception front desk, one is situated behind that and the admin manager has a desk that is at the back of the area slightly behind a wall so out of sight of the reception desk. This area also has a kitchen area with a fridge, sink and microwave. There is no staff room, and all staff eat their lunch at

their desks. They told me they don't take lunch breaks but remain at their desks. There is space upstairs where the staff could eat lunch but they all prefer to stay in the main reception area. The reception area is well organised and tidy. There is little paperwork lying around although there is the usual mish mash of cables at the workspaces. All the clinical staff come into the reception area to chat to the reception/admin team an on a Thursday they have a takeaway from the local chicken shop. When I was there at least one of the GPs joined the staff for lunch which was eaten behind the desk.

Characteristics: List size: medium, Deprivation: 9, Ethnicity: 98.5% white, Patients ≥ 65 years: 23.9%, Location: Rural

Digital Offer: Since the Covid pandemic has distanced somewhat, the practice has returned to prioritising more face-to-face consultations and telephone contact, rather than digital offers. During the pandemic, there was a shift to promoting digital offerings, such as mentioning the eConsult option on the telephone message, on their website, and in their e-mail automatic replies. Receptionists also mentioned eConsult to patients who rang in asking to speak to a doctor about something 'non-urgent'. Since I left this practice, they have changed from eConsult to AccuRx. When I was there, there used to be a page on their website describing what eConsult is. On the practice website there is a main tab at the top called 'online services', which has info about and access to patient triage (eConsult), SystmOnline, and the NHS App. SystmOnline enables patients to book some appointments with a GP, request repeat prescriptions, to view medical records, and to message the practice. The practice also uses e-mail, which patients can use for the same queries as SystmOnline. The practice also has a text messaging service (the other AccuRx system), where they can text patients with a link to eConsult or similar or ask them to send in a photo of a symptom.

Digital facilitation: There is a discernible difference between reception staff members in their promotion (or not) of digital services. The younger reception staff are more likely to ask patients if they are registered for online services, and the younger reception staff are usually asked to deal with any online-related queries. Digital services are not seen as a priority or real benefit by staff at this practice. There is little in the way of shared understanding about the digital offer. It doesn't appear to be a priority to promote these services. Mention of online services are only made when a patient is requesting their patient record, have photos of symptoms to show or asking for the Covid pass. Digital facilitation is ad-hoc and passive. There is no policy or guidance or system in place at the practice re digital services/facilitation. There is no digital champion. Online services are mentioned on the telephone message, are advertised on the practice website, and there is an eConsult poster in one of the practice's waiting rooms.

Practice Setting and culture: This practice comprises of a main surgery and a smaller practice. The reception in the main surgery is much busier than in the smaller surgery. The main surgery is situated in a very small village, with a Tesco express, a deli shop, a school, a small field, some other small convenience stores, and a designated car park. The smaller practice is situated just off the main road which goes along the river *name*, with no designated parking. Again, a small village, much quieter than the main practice area, with a small convenience store, a church, and a field around.

All staff work at both practices, alternate each day and patients can be seen at either practice. In both practices, there's the main reception desk, a hidden reception area behind, and a separate waiting room. There are about 7 receptionists and three or four secretaries/ data administrators, who all sit in the behind reception area, which is quite cramped. There are also about 7 GPs, some of them are partners, some salaried, one foundation programme year two (trainee doctor), about 4 or 5 nurses, and there is also a physiotherapist and a paramedic. There are several consultation rooms, all on the ground floor. In the smaller surgery, there is also an upstairs where the administrators work, and where the practice manager's office is. Chairs in the waiting rooms are socially distanced, there is a screen up to protect the front desk, and staff in the reception office sit socially distanced. The receptionists rotate at lunchtimes and most staff eat at their desk. In the bigger surgery, there is a staff room with lockers and a kitchen used predominantly

by nurses, who sit in there for their lunch/breaks. Generally, it often feels quite stressed/rushed in the practice.

Characteristics: List size: large, Deprivation: 6, Ethnicity: 98.2% white, Patients ≥ 65 years: 34.99%, Location: Rural

Digital offer: At the start of my time at the practice, the practice offered the following online services: eConsult, patient access to order prescriptions and view patient records, the NHS App, email, and AccuRx for sending in photos. All offerings are outlined clearly on the practice website, with a specific section for online services. The practice used to have booking appointments online but stopped this during the pandemic as patients were booking the incorrect consultations. Since May 2022, the practice has been using Patient Triage (AccuRx) instead of eConsult for patients with non-urgent queries because it's much easier to use for staff and patients - there are instructions for this on the practice website. The practice has a digi-locum GP solely to respond to eConsult/patient triage. The practice has two IT staff who deal with online queries, and they are contactable by a designated online services email address listed on the practice website (one of them is a trained digital champion through Healthwatch Devon. 52% of patients are frequent users of online services (e.g., prescribing but more are registered). When patients register with the practice, there is a question asking whether patients would like to sign up for online services.

Digital facilitation: There is not a structure/strategy for facilitation at the practice, despite having a trained digital champion. There is a lack of awareness from the receptionists and some clinical staff about what online services are offered and what they do/how they work, and very little in the way of facilitation. Facilitation and anything online services-related is directed by receptionists and clinical staff towards the IT officers, but they do not do online services related work full-time, they also do general administrative work. Contact with the IT officers is by email only and any patient coming to the practice is directed to their email address. The IT officers receive around 10 online services related queries a week, comprising of queries about registering with online services, patient access login, NHS App not working. The IT officers view of DF is about signposting mostly, (e.g., directing to patient access customer services). Pre-pandemic, the IT officers ran workshops in the waiting areas for patients to bring in tablets and smartphones to be taught how to navigate the online services (no plans yet for this to return). Online services are nearly never discussed between patients and reception/clinical staff on the telephone or in person. Patients do not appear to ask for any support, nor are told about the available online services.

Practice setting and culture: The practice is made up of one busy large main surgery and a small quiet branch surgery. The main surgery is located in a purpose-built building on a steep hill overlooking a busy harbour surrounded by restaurants, shops, and holiday makers, retirees, and no parking. The small branch surgery is located in a nearby quiet village, in a remote field, with a designated car park. There are 10-11 receptionists, 12 administrators including the IT officers, practice manager, finance officer, 11 GPs including 7 partners, 3 pharmacists, 4 practice nurses, 3 mental health workers, 3 social prescribers, 2 physiotherapists, 4 advanced clinical practitioners, 1 dietician, 2 advanced practitioners, 1 phlebotomist, 2 healthcare assistants, and 1 care coordinator.

In the main practice, there are 4 floors, three of which have a waiting room and several consultation rooms, and the very top floor is just for staff. There is also a pharmacy on the underground floor. The reception area is on the ground floor, which has 1 receptionist always working at the front desk to talk to patients face-to-face, and a back area which is cramped and where the administrative receptionist work is done. There is also a cramped triage room on the ground floor where GPs, advanced practitioners, nurses, and

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supervisory receptionists work through patient triage and phone calls. The practice has a friendly atmosphere.

Characteristics: List size: large, Deprivation: 10, Ethnicity: 96% white, Patients ≥ 65 years: 23.4% Location: Semi-rural

Digital offer: The digital services they have access to include: eConsult, patient access and the NHS App (both of which allow patients to do online prescriptions and access the short form of their medical record, test results and vaccination information), AccuRx which allows for photos to be sent securely and video consultation, EMIS, practice website. Online booking was switched off at the time of the observation.

Digital facilitation: Digital facilitation was generally ad-hoc with most queries to the staff relating to problems with Patient Access or, less frequently, Patient Access. The staff promote the NHS App particularly when patients call for test results. There is one member of the reception team who deals with most of the queries regarding digital access. The older staff members default to her or get her to call back patients who have made a query about their access. The assistant practice manager, who has a dual role as access manager, does most of the digital access work. He also helps patients individually and organises the bulk texting, phone messaging and to some extent the website.

Practice setting and culture: The main surgery is in a c1970s purpose-built building and is physically linked to a pharmacy and a British Pregnancy Advisory Service clinic. Inside the building you can walk through to the pharmacy. The building is well maintained and has a feeling of being looked after. There are a number of consultation rooms on the ground floor for clinical staff along with a dispensary which deals with patient prescriptions. They can dispense prescriptions but only to patients who do not live in the small town where the surgery is located. Physically the surgery is located between the railway station and the main town centre therefore has a lot of pedestrian traffic walking past daily. It is located beside residential areas which are mostly flats, one of which is a retirement complex. Also on the ground floor is the reception area and off that a staff kitchen. There are three small offices off the reception area used by the practice manager, assistant practice manager/access manager and the medical secretaries. Upstairs there is a dedicated telephone room with up to 5 stations where telephone calls are answered. Upstairs there is a further staff kitchen, a conference room, where staff using the upstairs kitchen eat lunch, and a multi-purpose room used for external services including the psychiatry team and the district nursing team. There is one final small office which is used by the CRN research nurse, the social prescriber and the wellbeing coach all of whom are in on different days. The clinical staff all use the downstairs staff room and the admin/reception staff the upstairs kitchen and conference room. Although they keep to different groups, they are convivial enough when they interact in the reception area.

Characteristics: List size: small, Deprivation: 2, Ethnicity: 99% white, Patients ≥ 65 years: 14.71%, Location: Urban

Digital offer: EMIS (patient records system), AccuRx (used for text messaging and video consultations), NHS App, email, practice website (behind the scenes version is called Footfall), and patient access (app and website), and Documan (where letters are scanned in etc). According to their records, as of May 2022 48% of patients have patient access.

Digital facilitation: On the whole the surgery are not especially active in promoting online services currently, but this is likely because they did a big drive at the beginning of the Covid pandemic to get patients online and so do not need to push this as much now. Promotion of digital service is done using posters and sometimes by staff, but usually patient care advisors. All staff mention they have at some point helped a patient ad hoc. There is no formal training for most staff, but whenever a new system comes in they do the training provided by the supplier, and then staff have to help new staff learn on the job. There

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are a couple of documents to help staff and to help patients, but staff were mostly unaware of their existence. Most of these were last updated 2018-2020.

Practice setting and culture: This practice was 2 practices that were merged around 2017. There were previously 33 care homes within the boundary, but as the practice has grown, the boundary was reduced and there are now only 3 care homes in the boundary. The practice has just under 6,000 patients in total but over the past 6 months there have been an increase of 75-90 patients per month.

The surgery is located within the outpatient hospital, and the practice feels like a hospital, with wide open corridors, it's bright and clean, and relatively new. There is the main reception desk, a large admin office, and a practice manager office in one part of the surgery. There is also an admin suite for extra staff to work in and a meeting room. There are 9 treatment rooms available and are usually all in use. Many of the patient care advisors have been at the surgery less than a year (5/9) or only 2-3 years (3/9), the remaining person is the admin manager who has been there ≥10 years but is leaving soon. The admin team are split in 2, with one team working an early shift (8am-2pm) and the other working a late shift (1-7pm). There is a rota and each admin works across all the different jobs (Desk (front desk), phones, overflow (phones/admin), own tasks (no-one on these this week), rooms (no-one on these this week), senior cover, coursework (no-one on these currently)). All patients are telephone triaged in the morning and then if required can be invited into the practice by the clinician for a face-to-face consultation. This meant the waiting room was quiet, especially before lunch time. Some members of the clinical team (mostly certain GPs, on HCA [who was previously on the admin team before qualifying] and ANPs) interact and catch up with the admin staff – often when they come to make tea/coffee or 'grab' a snack as the kitchenette is located in the behind reception area.