



Research Article

After the disruptive innovation: How remote and digital services were embedded, blended and abandoned in UK general practice – longitudinal study

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Plain language summary

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Before 2020, most general practice appointments were in-person. In March 2020, for infection control reasons, people had to phone or go online to seek appointments, and most consultations became remote (phone, video or electronic message). We studied how United Kingdom general practices took these 'disruptive innovations' forward (or not).

We used ethnography, where a researcher spends time in a practice observing and interviewing staff and patients. We followed 12 practices (from small to large, basic to advanced technologically, and in affluent to deprived localities) from 2021 to 2023. We collected additional data from workshops, publicly available reports and wider interviews.

By 2023, the 12 practices ranged from 'strategically traditional' (typically, serving populations with complex needs, for whom in-person services were often more appropriate) to 'digital trailblazers' (making extensive use of digital tools and delivering > 50% of consultations remotely). Digitalisation increased complexity of care. Staff reported stress ('it feels like a call centre'), low confidence and unmet training needs. Almost all digital innovations require an extensive period of embedding to adjust processes and pathways to fit the technology and vice versa. Measures to mitigate inequities (e.g. training patients, digital navigators, walk-in services, low-tech options such as text messaging) sometimes helped. The prevailing context of austerity, workforce shortages, rising demand and need, and high workload made routinisation of digital innovations challenging.

One size does not fit all. While some practices are appropriately high-tech, there are sometimes good reasons why others are not. Support for practices should focus on resourcing and optimising digital embedding, mitigating patient inequities and ensuring staff competence and wellbeing.