



## Synopsis

# Remote and digital services in UK general practice 2021–2023: the Remote by Default 2 longitudinal qualitative study synopsis

Trisha Greenhalgh,<sup>1\*</sup> Anica Alvarez Nishio,<sup>2</sup> Aileen Clarke,<sup>1</sup> Richard Byng,<sup>3</sup> Francesca Dakin,<sup>1</sup> Stuart Faulkner,<sup>1</sup> Isabel Hanson,<sup>1</sup> Nina Hemmings,<sup>4</sup> Gemma Hughes,<sup>1,5</sup> Laiba Husain,<sup>1</sup> Asli Kalin,<sup>1</sup> Emma Ladds,<sup>1</sup> Ellen Maclver,<sup>1</sup> Lucy Moore,<sup>1</sup> Sarah O'Rourke,<sup>3</sup> Rebecca Payne,<sup>1</sup> Tabitha Pring,<sup>1</sup> Rebecca Rosen,<sup>4</sup> Sarah Rybczynska-Bunt,<sup>3</sup> Sara E Shaw,<sup>1</sup> Nadia Swann,<sup>1</sup> Sietse Wieringa<sup>1,6</sup> and Joseph Wherton<sup>1</sup>

<sup>1</sup>Nuffield Department of Primary Care Health Sciences, University of Oxford, Oxford, UK

<sup>2</sup>Lay Chair of RBD2 Advisory Group, London, UK

<sup>3</sup>Peninsula Schools of Medicine and Dentistry, University of Plymouth, Plymouth, UK

<sup>4</sup>Nuffield Trust, London, UK

<sup>5</sup>School of Business, University of Leicester, Leicester, UK

<sup>6</sup>Centre for Sustainable Health Education, University of Oslo, Oslo, Norway

\*Corresponding author [trish.greenhalgh@phc.ox.ac.uk](mailto:trish.greenhalgh@phc.ox.ac.uk)

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## Plain language summary

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## Plain language summary

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 British 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. From mid-2021 to end 2023, we followed 12 practices (from small to large, basic to advanced technologically, and in affluent to deprived localities). We collected additional data from workshops, publicly available reports and wider interviews.

We found that patients with digital devices and skills often found remote services convenient and easily navigable. But vulnerable groups – including poor, elderly, limited English speakers, refugees, and those with learning difficulties or complex health/social care needs – often struggled to access digital services (e.g. using websites or apps). 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 a 'digital trailblazer' (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 required an extensive period of adjusting processes and pathways to fit the technology and vice versa. Measures to reduce 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 work processes to accommodate digital technologies, taking steps to reduce inequities of access, and ensuring staff competence and well-being.

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