Telephony Access and Auto Booking Solutions

Integrated Communication, Voicemail and Messaging Solutions for GP Practices
Meeting the Demands of the Future
Internet versus Phone: Delivering Automation
A More Integrated Future
Developing the Technology of the Future

Sponsored by
VOICE CONNECT

Published by Global Business Media
Providing the NHS with Specialist Solutions for 24 years.

“The silent receptionist—working away in the background”
Practice Manager, Wigan.

Automated 24/7 Telephone Appointment Booking Systems, appointment reminders and repeat prescription ordering.

Proven to alleviate peak telephone traffic, drive down DNAs and reduce out of hours and A & E attendances.
Foreword

A S DAVID Cameron set out his stall after his election victory, one of the main themes he came back to was the idea of seven day opening for GPs. For practices already coping with staffing levels and workload, it was a hint of some of the strains that are to come.

While there has been plenty of opposition to the ideas, the truth for GP services is that they will be having to do much more in the future, without necessarily receiving the required funding boost to deliver. Various operational improvements will be desperately needed if they are somehow going to make things work.

One of these improvements may come in the form of telephone systems and automated booking services. These have considerable potential for reducing strain on staff and making efficiency improvements throughout the service. In the first article in this report, we look at one of the leading providers, Voice Connect, and how they are utilising the often overlooked technology of the telephone to improve access to data and provide 24/7 booking services.

We’ll then look more closely at the challenges GP practices are facing. These are tough times.

Tom Cropper
Editor

Tom Cropper has produced articles and reports on various aspects of global business over the past 15 years. He has also worked as a copywriter for some of the largest corporations.

Although funds increased marginally over the course of the last parliament, they fell a long way short of what was needed. Promises have been made as to the future, but there is no guarantee that these will translate into reality.

Faced with such a landscape, the only option is make operational savings. Automated booking systems offer an option and there has been plenty of work invested into delivering new systems online to help patients make appointments without the need to call in to the surgery.

However, while this technology will help some people others have no access. The phone, therefore, represents the best and most universal technology. In the final two articles in our report, we’ll look at what it can offer, and the technical challenges that still need to be overcome.

—

Integrated Communication, Voicemail and Messaging Solutions for GP Practices

Voice Connect Limited

Patients’ demands on the NHS are at an all-time high. Our modern 24/7 lifestyles and political pledges call for greater access to health facilities. Healthcare providers are compelled to deliver services in line with patients’ expectations. Patient access has become key, there is pressure to extend opening hours and provide round the clock access to primary care services.

Patients’ demands on the NHS are at an all-time high. Our modern 24/7 lifestyles and political pledges call for greater access to health facilities. Healthcare providers are compelled to deliver services in line with patients’ expectations. Patient access has become key, there is pressure to extend opening hours and provide round the clock access to primary care services.

The silent receptionist — working away in the background, handling calls that receptionists would normally handle.

Imagine, Create, Connect

Improve patient access
Reduce DNAs
Extend opening hours
Improve communications
Release valuable reception time

“The silent receptionist — working away in the background, handling calls that receptionists would normally handle” — Practice Manager, Wigan

Tom Cropper
Editor

The key is to utilise simple technologies that are available to every practice and patient. The internet is often seen as the great panacea for access issues to the NHS, but it is the phone that most people utilise to contact their GP; everyone has access to a phone.

The biggest users of the NHS, the elderly and patients with long term conditions are also the demographic which are most likely to have limited options on how to access its services. This is why offering 24/7 services over the phone is so important. It is easy to use, widely available, and very cost effective. The patients are already utilising the telephony infrastructure, why try to get them to go somewhere else? What we should be doing is enabling them to access what they need, when they need it by integrating the practice’s phone system with other resources.

Making Use of Existing Technology

By better utilising current, often overlooked technologies, especially when integrated with existing clinical systems — access for patients and access to data can be improved without the need for excessive budget increases or strategic overhauls.

The biggest users of the NHS, the elderly and patients with long term conditions are also the demographic which are most likely to have limited options on how to access its services. This is why offering 24/7 services over the phone is so important. It is easy to use, widely available, and very cost effective. The patients are already utilising the telephony infrastructure, why try to get them to go somewhere else? What we should be doing is enabling them to access what they need, when they need it by integrating the practice’s phone system with other resources.

Improving Patient access requires access to data. Patient data that was once locked away in primary care needs to be accessed by other areas of the NHS, and the ability to integrate different clinical databases and systems and create access to information is crucial in achieving greater efficiencies and improved patient care.

The challenge is — how to meet these increased needs whilst managing staff and infrastructure costs.

Voice Connect’s Patient Partner – Improving Service While Saving Resources

Integration of a practice’s systems is fundamental to its current and future success. As can be seen across the whole of the NHS, the ability to access and share data brings increased efficiency and with it potential savings. Patient Partner, Voice Connect’s automated appointment booking solution is a good example of this style of technology. Patient Partner links any phone system the practice may have to its clinical database. This enables a patient to ring the practice 24/7 and book an appointment to see a GP or nurse and for it to work seamlessly in the background without the need for staff intervention.

The internet is often seen as the great panacea for access issues to the NHS, but it is the phone that most people utilise to contact their GP; everyone has access to a phone.

The biggest users of the NHS, the elderly and patients with long term conditions are also the demographic which are most likely to have limited options on how to access its services. This is why offering 24/7 services over the phone is so important. It is easy to use, widely available, and very cost effective. The patients are already utilising the telephony infrastructure, why try to get them to go somewhere else? What we should be doing is enabling them to access what they need, when they need it by integrating the practice’s phone system with other resources.

The biggest users of the NHS, the elderly and patients with long term conditions are also the demographic which are most likely to have limited options on how to access its services. This is why offering 24/7 services over the phone is so important. It is easy to use, widely available, and very cost effective. The patients are already utilising the telephony infrastructure, why try to get them to go somewhere else? What we should be doing is enabling them to access what they need, when they need it by integrating the practice’s phone system with other resources.

—

Integrated Communication, Voicemail and Messaging Solutions for GP Practices

Voice Connect Limited

Patients’ demands on the NHS are at an all-time high. Our modern 24/7 lifestyles and political pledges call for greater access to health facilities. Healthcare providers are compelled to deliver services in line with patients’ expectations. Patient access has become key, there is pressure to extend opening hours and provide round the clock access to primary care services.

Patients’ demands on the NHS are at an all-time high. Our modern 24/7 lifestyles and political pledges call for greater access to health facilities. Healthcare providers are compelled to deliver services in line with patients’ expectations. Patient access has become key, there is pressure to extend opening hours and provide round the clock access to primary care services.

The internet is often seen as the great panacea for access issues to the NHS, but it is the phone that most people utilise to contact their GP; everyone has access to a phone.

The biggest users of the NHS, the elderly and patients with long term conditions are also the demographic which are most likely to have limited options on how to access its services. This is why offering 24/7 services over the phone is so important. It is easy to use, widely available, and very cost effective. The patients are already utilising the telephony infrastructure, why try to get them to go somewhere else? What we should be doing is enabling them to access what they need, when they need it by integrating the practice’s phone system with other resources.

The internet is often seen as the great panacea for access issues to the NHS, but it is the phone that most people utilise to contact their GP; everyone has access to a phone.

The biggest users of the NHS, the elderly and patients with long term conditions are also the demographic which are most likely to have limited options on how to access its services. This is why offering 24/7 services over the phone is so important. It is easy to use, widely available, and very cost effective. The patients are already utilising the telephony infrastructure, why try to get them to go somewhere else? What we should be doing is enabling them to access what they need, when they need it by integrating the practice’s phone system with other resources.

—
The patient has been given improved access to services in a format they already use and are comfortable with. The practice, by empowering the patient, has offered a better service whilst reducing the demand on their precious staff resource. This win/win scenario is then repeated again and again enabling further gains.

As more patients use the service, particularly outside of the surgery’s normal opening hours, pressure is reduced on the existing infrastructure and the staff resource. Staff that may have been used previously just to deal with the morning surge of phone calls can now be deployed more effectively, either dealing with face to face enquiries or, later in the day, to help cover extended opening hours. This integration of the telephone system with the clinical database is creating better access to key services for patients and at the same time enabling practices to redeploy staff to offer improved access to further and extended services. The linking and automating of these two existing resources creates large benefits with minimal change.

**Tailoring the System to the Users**

Who uses this type of system? The simple answer is everyone. The keys to getting good usage in a system such as Patient Partner are availability and capability. The advantage of any telephone based solution is that the traffic is already there, in fact there is usually too much traffic for the service provider to cope with. The system self-advises to the people who will get the most benefit - the repeat users of the service. The second key element is capability. Is the technology providing a service the patients actually need and is it doing it in a way they are happy to use?

The rise of triaging patients may mean the ability to book a standard GP appointment may not be required, but the ability for a patient to be able to ring the practice and request a triage call in the morning and leave a short description of their symptoms, would free up both clinical and reception staff time, whilst still offering a better service to the patient. With a service like this, the practice can choose which patients to prioritise and the patients don’t have to wait until the lines open and join the morning rush!

Going back to the statement that, if implemented, “everyone” uses the system, this can be seen if we look at two very different types of practices. Nuffield Road practice in Cambridge has usage throughout its age range with 5% of the users of the Patient Partner system being older than 80 years of age. If we look at The University Health Service Sheffield, as expected, the demographic is much younger, but for many the surprise would be that even though all of the students have access to the web and web booking, Patient Partner handled 14,700 appointment actions and booked over 20% of the appointments made in 2013. This proves that appropriate services offered in an accessible way will always be utilised.

**Numerous Advantages**

Practices that deploy 24/7 services can also see positive effects in other aspects of their service. DNA rates are reduced. Patients that make their appointment via Patient Partner chose the appointment time that suited them – it was their choice. In the event that they can’t attend, the patient can ring 24/7 and amend or cancel the appointment. This high level of access partnered with a text and email appointment reminder service such as Medical Messenger can help high DNA rates. It also removes the excuse that poor access (I couldn’t get through) was the reason for not cancelling the slot and making it available for another patient.

A number of CCG’s believe automated telephony booking can help with A&E attendance and are implementing the system. A proportion of patients attend A&E simply due to growing levels of anxiety regarding an ongoing condition. They feel unwell during the evening or over the weekend and because they don’t know when they will next have access to a GP they concern grow and they attend A&E. Patients that can book an appointment over the phone 24/7 know when they can next speak to their doctor Knowledge when they’re going to see a GP reduces their anxiety levels and makes the patient less likely to attend A&E.

Voice Connect are finding that other additional services are also becoming more and more popular: 24/7 Repeat Prescriptions services show an 800% patient increase between 2012 and 2014. Repeat prescription services in practices are often limited to certain times of day and offering a 24/7 service not only improves patient access but further relieves pressure on overworked reception staff.

**Specialist or Seasonal Clinics**

Specialist or seasonal clinics are also being commonly offered. Flu clinics, again partnered with testing services such as Medical Messenger, can remove both financial and time burdens from a practice. A timed text message can be set to go out in the evening to selected patients. The patients can then ring into the surgery and book an appropriate appointment slot without taking up any additional staff time or increasing the morning inbound call rates.

**Looking Ahead**

The future will see more and more integration between services and those services becoming easier to deploy for the NHS. An example is the clinical databases found in primary care such as EMIS and SystmOne which are now being deployed in other areas such as the Child, Community and Mental Health services. Patients will take up these enhanced services only if they are easily accessible and meet their needs – currently the best way to achieve this is via the phone.

**“The staff think Patient Partner is wonderful – it really helps to make their front line job less stressful”**

Nuffield Road Medical Centre

**“Patient Partner has lived up to our expectations and has significantly reduced the volume of calls taken by reception staff.”**

Reception Manager at University Health Service Sheffield

**“The silent receptionist—working away in the background, handling calls that receptionists would normally handle.”** Practice Manager, Wigan
Meeting the Demands of the Future

Tom Cropper, Editor

Coping with increased workload and tightening budgets makes for a challenging environment for primary care providers.

Our hectic 24/7 lifestyles mean we tend to expect some form of service all day, every day, but all that comes at a cost and, in recent years, the money has not been there.

In the run up to the General Election, the government unveiled one of their landmark healthcare promises. By 2020, everyone would have access to a GP seven days a week between the hours of 08:00 and 20:00 and patients over the age of 75 would have access to same-day appointments. While this, no doubt, played well to the Conservatives’ core constituencies, and won some crucial votes, it is the NHS which will be tasked with delivering and, with resources already stretched thinly, there is no guarantee it will be able to do so.

Funding Issues

The government must halt its surreal obsession for practices to open seven days when there aren’t the GPs to even cope with current demands, he said at the annual conference of medical committees. “It would damage quality care by spreading GPs so thinly, and replace continuity of care with impersonal shift work, and will reduce our availability for older, vulnerable patients.”

Cameron’s plans may or may not bear fruit. However, they illustrate the pressure primary care practices are coming under. Our hectic 24/7 lifestyles mean we tend to expect some form of service all day, every day, but all that comes at a cost and, in recent years, the money has not been there. The Coalition Government just about met its commitment to increase funding for the NHS over the course of the last parliament. According to the Kings Fund, levels increased by 0.8%, but this was a long way short of the 3% or 4% that was required.

With significant cuts in social care services increasing the burden, many NHS providers are seriously in deficit. In the run up to the General Election, the government unveiled one of their landmark healthcare promises. By 2020, everyone would have access to a GP seven days a week between the hours of 08:00 and 20:00 and patients over the age of 75 would have access to same-day appointments. While this, no doubt, played well to the Conservatives’ core constituencies, and won some crucial votes, it is the NHS which will be tasked with delivering and, with resources already stretched thinly, there is no guarantee it will be able to do so.

GP Services

In Primary Care, the issue is becoming serious. In March 2014, Dr Maureen Baker, Head of the Royal College of GPs, warned that GP services were under threat of extinction as lack of funding forced many practices to close through staff shortages. Kings Fund said her claims were an exaggeration, but what is not in doubt is the severity of the challenge facing GP services and the NHS as a whole. The organisation is fighting a battle on two fronts: on the one hand it must respond to demands for better service and opening times, while also managing costs and ensuring infrastructure is available to meet demand.

So how do practices reduce the gap between the amount of finance received and the amount it requires to do all that is asked?

Meeting this challenge will be complicated, but a good starting point is a more effective use of IT technology, and particularly in the use of telephony services. These can play a role in reducing patient anxiety and reducing visits to A&E. This has proved to be a difficult task for the NHS over the years. In the late 90s NHS Direct was set up to provide a telephone advice system for patients. However, it closed in 2013 because of financial difficulties after the launch of NHS 111. This was supposed to provide an alternative to 999 to alleviate pressure on the emergency services. The service, though, has come in for considerable criticism.

Its reliance on so-called trigger symptoms to schedule automatically a hospital visit has, according to some experts, actually led to an increase in needless A&E admissions. Pulse today focused on the example of a 21 year old woman who called the service after experiencing heavy vaginal bleeding for 30 minutes. While she had only called for advice on alleviating the symptoms of a particularly bad period, the operator triggered a call for an ambulance, which she refused. Incidents such as this increase hospital admissions, and mean valuable resources are wasted.

A more serious incident is reported by BBC News in which an elderly woman rang NHS Direct 23 times before dying. The implication is that deficiencies in the system are failing patients, wasting resources and creating more problems than they solve.

GP services are also struggling to provide a uniformly effective out-of-hours telephony service. A recent report into out-of-hours phone services in Wales highlighted severe problems such as under-staffing. Urgent cases were not receiving face to face consultation, or receiving a definitive diagnosis. As well as under-staffing, the report highlighted issues within the management team and the availability of trained staff.

Much of the problem stems from segmentation in the service provision. While some providers are meeting and exceeding targets, others are failing short. Quality often depends on staffing levels of individual practices – where recruitment is a problem, the overall service begins to suffer.

By delivering greater levels of automation, connectivity and data sharing, practices can improve the patient experience, reduce costs and make efficiency gains.

New Technologies

Technology has a key role to play in addressing these problems. By delivering greater levels of automation, connectivity and data sharing, practices can improve the patient experience, reduce costs and make efficiency gains.

Staff can be freed up to employ their time more effectively and information about patients can be delivered to doctors more quickly, which in turn can reduce waiting times and improve the quality of the service.

What’s more this technology is available. Online automated booking services, out-of-hours telephony systems and much more have been incorporated by many practices across the country. The problem is that the technology is not being used as much as it could be. Clinicians and practice managers need a greater awareness of what’s available and what the technology can do. The question of how the NHS goes about bringing these new operations into its service will play an important role in determining how successfully it copes with the challenges of the next couple of decades.
Internet versus Phone: Delivering Automation

By Jo Roth, Staff Writer

While the internet appears to offer benefits for patients and clinicians alike, it's with telephony systems that real progress is being made.

The telephone offers multiple benefits, including an easier customer service experience and a reduction in the workload facing staff.

THE NHS is driven by the need to do everything faster, more smoothly and more efficiently. Pressure from the government and public to offer an improved service comes against a backdrop of increasingly tight budgets. Automation has been seen as the panacea. By enabling patients to book their appointments automatically and manage their care, interventions by staff are reduced, operations become cheaper and more efficient all around. However, the introduction of such capabilities has not come without problems.

The Move Online

When MithRamI Al Ubaiydi studied medicine, he had little interest in becoming a doctor. Instead, he combined it with training in IT to create an app which could put patients in control of their medical records. His system, Patients Know Best (PKB), is in many ways a medical version of Facebook. Patients can store their medical records online and allow access to their clinicians. It’s intended to help those people who suffer chronic diseases and require ongoing treatment. Ubaiydi himself suffers from a genetic condition which requires ongoing treatment from different clinicians. He got the idea for the app when he noticed that his doctors were constantly asking him what medicines he had been prescribed. While he imagined initially that they were simply using his own medical expertise, he soon realised it was because they just did not know.

His system gives patients immediate access to their records, and allows them to share that information with clinicians and contact medical teams from around the world. It makes things easier for doctor and patients, speeding the entire process and making diagnosis more effective.

So far the system has worked relatively successfully. However, the history of similar systems in the NHS is not good. Looking like an ominous shadow over PKB is the memory of the NHS National Programme for IT which collapsed in 2011, having cost taxpayers approximately £10bn. The NHS Patient database was discontinued in 2014 due to privacy fears, while attempts to embrace online automated booking have met with mixed results.

In 2014 the NHS’s much vaunted Choose and Book system was quietly scrapped, having cost £135m million, in favour of another e-booking system which could end up costing even more! An investigation found that adoption of the system had been patchy with some GPs liking it, while others were less enthusiastic. Some GPs felt they did not have enough time to log on to the system during appointments, and that not all outpatient slots were available on it, limiting its usefulness.

Most importantly, online systems such as those offer uneven use for different patients. While some are able to access and navigate the system highly effectively, not everyone has access to the internet or has the required level of IT expertise. Indeed, the heaviest users of the NHS – those over the age of 50 – are also the least technically well-versed. A more familiar and workable approach, therefore, comes in the shape of the old fashioned telephone.

Telephony Systems

Automated telephone systems allow patients to book a technology with which they are already familiar. They allow patients to contact the surgery at any time of the day or night, and select options when prompted. They can choose their desired doctor, their preferred time and date and also provide details of their symptoms. Functions such as voice recognition allow them to fill out forms automatically, while the entire system can connect with EMIS, Vision and SystmOne to generate appointment reminders, send confirmations and reduce the rate at which patients fail to show up for appointments.

Although the government has made much of targets for all GP practices to offer online booking services by 2015, the public still appear to prefer the phone. According to a nationwide survey, 76% of patients prefer telephone booking systems to the online alternative. These surgeries which provided both options reported a significantly higher uptake of the telephone systems than the internet.

Speaking to the website Primary Care, Stefan Osborg said: “The results show that whilst the online systems provide an alternative way for patients to book appointments, they are not necessarily the best option for all patients. Whilst an online system requires patients to register in advance, the automated telephone booking is available to all and is offered to patients every time they call in to their GP. If surgeries want their online booking to be a success, it needs to be publicised to patients. Patient Partner is just there as an option every time a patient calls in.”

The telephone offers multiple benefits, including an easier customer service experience and a reduction in the workload facing staff. According to the same survey, 92% of surgeries reported that they had experienced a significant reduction in phone calls to the surgery. Instead of being weighed down by the morning rush of phone calls, surgery staff could be freed to focus on more productive tasks.

The NHS therefore has to adopt technology in a slightly different way from other industries. While most businesses in the commercial sector are falling over themselves to embrace the internet, the NHS must adopt a more nuanced approach. The internet may offer value as an alternative solution, but the truth is – it’s not the primary technology the government envisaged. It’s a solution which can be useful for those who are well versed in and comfortable with the internet, but the telephone is something that can be used by everyone. The internet is also more impersonal and abstract. Fears over the security of private information mean any online solution will be treated with scepticism.

That said, telephony systems have not been without their problems. Earlier in this report we looked at the problems afflicting the NHS 111 system. If the technology or staff training is not up to scratch, it leads to delays, mistakes and frustration for patients. When choosing solutions, procurers will need to select those systems which are intuitive to use and are backed up with effective technology which integrates data across the entirety of the treatment cycle.
A More Integrated Future

James Butler, Staff Writer

Segmented and disparate services create a drag on primary care delivery, but more integrated and seamless technological solutions could hold the key.

Patients expect more, and politicians are promising improvements – but so far they have done so without delivering the financial resources to make them happen.

ONE OF the biggest problems the NHS faces is variation. Services differ in terms of their utilisation of technology, efficiency, staffing levels and administrative systems. While some GPs have embraced technology, others lag far behind, but with the NHS coming under pressure on different fronts, something needs to change. Integration of technology may hold the key to meeting these challenges, particularly in terms of data sharing and automation. Doing so, however, requires a slight shift in attitude in order to ensure that new systems are adopted successfully.

Changing Attitudes

Technology is playing an important role in delivering health services in a number of ways. The Government has been pushing practices to bring internet booking services into their operations, but it’s in telephony systems that the real benefits are being seen. Even so, there is some resistance. While some GP practices have introduced new systems, others still focus on paper-based records, and manual booking. This takes time, costs money and makes things slightly more complicated for the patient. Some of the objections are understandable. For example, some doctors have resisted moves towards sharing patient records online through fears of privacy as well as over-sharing information. Some GPs tend to keep notes on patients in which they theorise on the causes of any condition. Allowing patients to see this, they fear, could cause undue alarm.

Resistance is natural. If a system has been working well, why change? Recent years are full of examples when new systems and technologies had a negative, rather than positive, effect. Making a change is an imperative however. Patients expect more, and politicians are promising improvements – but so far they have done so without delivering the financial resources to make them happen. The only option, therefore, is for primary care services to become more streamlined and efficient in the way they work.

Automation

Automated booking via the telephone is one way in which things can be improved. At St Luke’s Primary Care Centre, in Northampton, for example, complaints about delays through the telephone booking system led them to rework the system with an automated telephone system. This allowed patients to find out what appointments were open and to pick one which is convenient for them. Those patients who preferred to make appointments through the reception could still do so. The intention was to make life easier both for the staff at the practice and also the patients. The automated system means that patients can always get through, regardless of the call load. If they are taken out of hours, they can still book appointments, without having to try and beat the queue when the surgery opens. For staff, meanwhile, it should reduce the burden of the morning rush of phone calls, which can free them up to work on other tasks.

Integration

Together with automation, the NHS is looking at ways to increase the integration of services and data. As things stand, important information is siloed away within different departments. By introducing integration into the system, different departments begin talking to one another, making it easier to process and diagnose patients.

Solutions such as EMIS allow what it calls “joined up” healthcare throughout the process. In a promotional video, they explain the process following the example of a patient who is suffering from diabetes and has recently been suffering from deep vein thrombosis after a long flight. He is able to log onto www.Patients.co.uk to read information about his condition. If he wants to make an appointment with his GP he can do this with an app and list some of his symptoms. This means that the GP will already know why he is there before the appointment, saving time in explaining symptoms and giving him a head-start with the diagnosis. When collecting his medication, the pharmacist will then be able to check his prescription against his medical records.

For people with ongoing conditions, any medication they receive can also be recorded, with electronic records being sent back to the GP and anyone else who might be involved in his care. If the is involved in an accident, for example, and requires emergency treatment, the A&E service can also have access to all the relevant information about his condition.

Another similar system is SystmOne, which supports what it calls a one patient, one record system. Clinicians can access a single source of information about any single patient’s record which can detail an individual’s interaction with the health service over the course of their life. The system can also send text messages to patients giving them reminders about appointments and reducing the costly incidence of missed appointments.

All these systems are web based, and can operate seamlessly with an online app. That’s all very well if you’re highly computer literate and comfortable using the web, but many patients will prefer a technology they recognise. The telephone will always have a role as the primary method of booking, but the next generation of solutions will need to link up with the likes of EMIS and SystmOne. When patients call to book an appointment they can add a description of any symptoms they are experiencing. These can then be shared on databases enabling any clinicians they come into contact with to have access to their information.

Automated telephone booking systems have plenty to do if they are going to prove their worth to GPs and patients alike. Both sides often prefer face to face contact and to make appointments through discussions with a human being. Technology such as voice recognition software has often been sub-standard leading to confusion and frustration as patients try and fail to get what they want. This technology is improving but, for every delay, its reputation suffers and patient frustration will grow. Some of the latest products are delivering this level of sophistication, but much will depend on the choice of solution and how it is incorporated into existing operations.
Developing the Technology of the Future

Tom Crapper, Editor

Adoption of new technology is an issue within the NHS, but it needs to happen more quickly if GP practices are to function effectively.

As GP practices look to the future they face a difficult reality. Workload has already been rising and is expected to continue to do so. While funds have been promised, there is no guarantee they will make their way into primary care – indeed recent experience suggests it will not. Promises have also been made about delivering more recruitment, but much of the current challenges tend to revolve around maintaining existing staffing levels and halting the exodus of GPs out of the profession. In order to meet such a challenging environment, practices will need to change the way they work.

White Medical Group, for example, had seen staffing levels remain relatively constant, while workload had steadily increased. Six doctors, two nurses and 19 admin staff were tasked with helping more than 7,000 patients. With their three surgeries covering a large geographical area, and demands steadily increasing, there was a real danger that they would be stretched too thin unless significant changes were introduced. The key to doing this, they decided, was to change the telephone system and in 2009 they choose Voice Connect’s Patient Partner. This represents much of what the future of telephone systems is meant to be all about. It offers patients the chance to make appointments 24/7 and integrates with existing systems. It’s intended to bring down calls to the surgery, offer greater flexibility to the patients and to get what they need more quickly. Automated telephone systems are also treated with considerable suspicion by the public, instinctively we rely on many different cues in communication such as facial expressions and body language. Phone conversations rob us of much of medical professionals.

Addressing Preconceptions

The benefits appear to be clear, and the demonstrations of the system ran well. However, with no other surgeries nearby employing similar systems, there was a fear that the entire solution could fall depressingly flat. Although the eventual implementation ran smoothly it was still a leap into the unknown for the practice.

Adoption is certainly an issue that White Medical Group found with some of their patients as Practice Manager James Young admits. However, the more they used the system, the more they got used to it.

“Generally, elderly patients can take a while to get used to the technology,” he explains. “But this has become easier with time. There was some initial concern that we would force people to use the service, but this was never going to be the case. The system is great and we find that once a patient has used it they never go back to using the old system of ringing the receptionist.”

The Challenge of Adoption

This is certainly a system which improves with time. Voice Connect’s own customer satisfaction surveys show that the customer experience improves the longer the solution is in place. Approximately 61% of respondents in those surgeries which had used the system for more than 12 months said it had improved patient satisfaction.

Integrated Technology of the Future

What is also a key issue. The NHS is full of multiple different systems from many different providers. NHS-111, for example, has more than 40 different providers across the country. Getting them all to talk to one another is a major issue. Any new telephony system needs to be connected to existing systems such as EMIS and SysmOne. By doing so, they can seamlessly share patient information across the entire operation. This gives GPs faster and more complete access to information about every patient they see, which in turn leads to faster appointment times, improved diagnosis and treatment as well as reductions in waiting times and cost savings.

As a part of this, data security will be of major importance. The NHS is harvesting increasing levels of patient data from many different sources.
References:

1. GP Leader Hits Out at Plans for Seven Day GP Services: http://www.bbc.co.uk/news/health-32810368
4. A Call Handler Thought Barbados was in Africa: http://www.pulsetoday.co.uk/story.aspx?storyCode=20010006&preview=1
6. 76% of GPs Prefer Automated Phone Systems Over the Internet: http://www.primarycaredotco.uk/patientppi/76-gps-believe-automated-phone-booking-system-accessible-all-patients
7. EMIS Integrated Healthcare: https://www.youtube.com/watch?v=GyidB17EAVY
9. HMRC Voice Recognition Software: https://www.sailsolutions.co.uk/hmrc_voice_recognition-telephone_system/

Primary Care Reports

The leading specialist online research and networking resource for General Practitioners and other senior primary care professionals.

- Up to the minute news and other content available to all site users on a free-of-charge, open access basis.
- Qualified signed up members are able to access premium content Special Reports and interact with their peers using a variety of advanced online networking tools.
- Designed to help users identify new solutions, understand the implications of different choices and select the best options available.
- Thought Leadership – Advice and guidance from internationally recognised primary care key opinion leaders.
- Peer Input – Contributions from senior primary care professionals.
- Independent Editorial Content – Expert and authoritative analysis from award winning journalists and leading industry commentators.
- Unbiased Supplier Provided Content.
- Designed to facilitate debate.
- Written to the highest professional standards.