

Our GP

# THE OURGP STORY

CO-DESIGNING THE FUTURE FOR  
DIGITALLY ENABLED GP SERVICES

APRIL 2017



**ALLIANCE**  
HEALTH AND SOCIAL CARE  
ALLIANCE SCOTLAND  
people at the centre

mhabitat



**The Scottish  
Government**  
Riaghaltas na h-Alba

# INTRODUCTION

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This report tells the story of the OurGP project - from initial concept through to co-creating digitally enabled services for general practice in Scotland. In the report we share how we co-designed new services with many hundreds of patients, citizens and primary care practitioners over a nine month period. We reflect on the process, what we have learnt, and what we will be doing next.

This is the final Our GP Phase 3 Report. Two separate ones, covering the work carried out in wider detail, having been published internally. The Our GP Phase 1 Summary Report and the Our GP Phase 2 Report are available on request. To receive a copy of these, please contact the Health and Social Care Alliance Scotland Digital Health and Care team by emailing [DHCscot@alliance-scotland.org.uk](mailto:DHCscot@alliance-scotland.org.uk) or by calling on 0141 404 0231.

# THE BEGINNING

The OurGP project has been led by the Scottish Government eHealth division in partnership with The Health and Social Care Alliance Scotland (the ALLIANCE), a national third sector organisation who works with the government and others to ensure people who are disabled or living with long term conditions have a strong voice. The project had clinical leadership from Dr Trudy Foster, a GP in Forth Valley.

The aim of the project has been to take a partnership approach to the evolution of digital services - co-designing GP digital services with citizens rather than for them. Importantly, the project did not view going digital as an objective in itself but sought to explore its potential as one tool which could play a role in helping to enable better care.

The objectives of the OurGP project were threefold:

- Identify (a) how citizens interact with GP practices and what they need from GP services; (b) citizens' views on how their healthcare needs could be addressed and their experience potentially improved through the use of GP digital services; (c) citizens' ideas on potentially helpful GP digital services
- Work with citizens to further develop these ideas into prototype GP digital services and then test out these solutions with citizens and relevant stakeholders
- Define a new or revised GP digital service(s), which have the potential to be implemented by some GP practices and subject to outcomes, then scaled up in Scotland.



Through a procurement process, the lead partners brought in mHabitat<sup>1</sup>, an NHS hosted digital co-design team, as partners over a nine month period from August 2016 to April 2017.

A number of areas were out of scope for OurGP as these were already being addressed through existing initiatives - this included online appointment booking, electronic patient records the future 'patient portal'. These basics of e-health are already the focus of a significant programme of work in Scotland and provide the fundamental building blocks for day-to-day interactions with primary care upon which future digitally enabled GP services can be built.

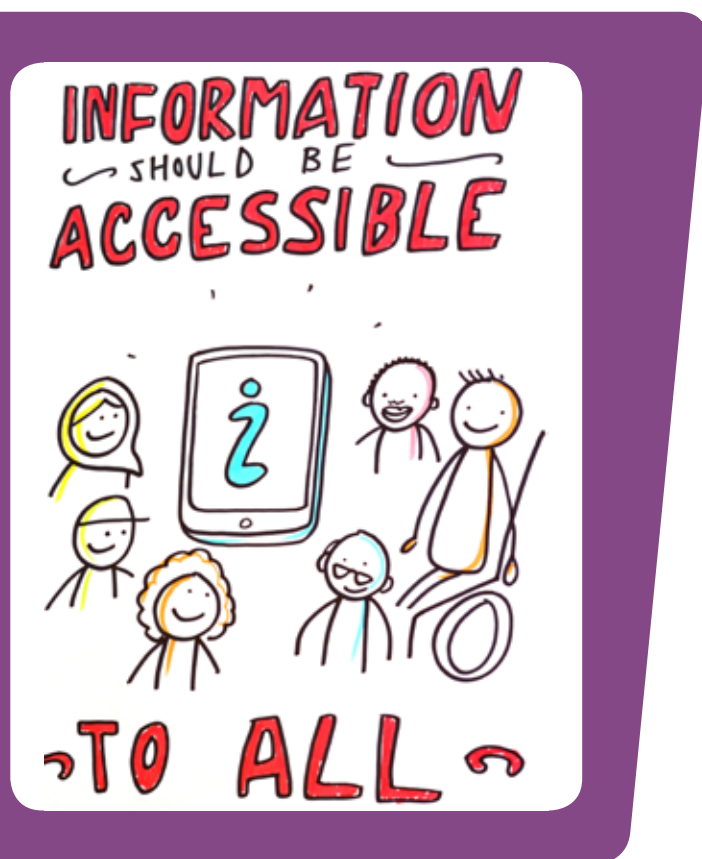
1 mHabitat can be found at [www.wearmhahabitat.com](http://www.wearmhahabitat.com)

# THE CONTEXT

We firstly sought to understand the context for the OurGP project. This was done through two surveys, one for citizens and one for health practitioners, interviews with key stakeholders, and a review of the evidence as well as the market.

We know that GP practices play a central role in the NHS - around 90% of all patient contact goes through general practice in Scotland. Many Scottish practices are offering digital services to their patients. Most have a website and around half offer the online transactional options of appointment booking and/or repeat prescription ordering<sup>1</sup>.

Our research suggested that digital technologies have the potential to positively impact GP service delivery in a variety of domains, such as reduction in unnecessary visits and fewer unnecessary face-to-face appointments<sup>2</sup>. However, we also know that if offline processes are merely replaced with digital versions then the true benefits of technology enabled care would not be fully realised. Where technologies have failed it is often because they have been simply added on top of existing work patterns, creating additional workload for practitioners<sup>3</sup>. An underpinning principle of OurGP has been that digital technologies should be an enabler for transformed care and new ways of working<sup>4</sup>.



GP practice staff have increasingly widespread access to wifi and broadband as well as less costly mobile smart technology. This affords greater opportunities for mobile working associated with improved productivity and flexible working (Imison et al, 2016). Our research found that many digital innovations have been technology driven without the involvement of practitioners. Staff can be reluctant to engage with and recommend digital technologies when they have concerns about safety and risk. Staff also report finding it hard to keep up with the pace of change in digital innovation. Lack of connectivity between digital technologies and electronic patient records is a significant barrier for adoption.

We also sought to understand about public use of the. We found that it is now the case that 90% of people in Scotland are online<sup>5</sup>. A survey of attitudes towards use of digital technologies in health found that two thirds of British adults believe that the

1 The Scottish Government eHealth Strategy 2014-2017 <http://www.gov.scot/Publications/2015/03/5705> states that "All GP practices will be encouraged to provide online repeat prescribing and online appointment booking as online services, with a view to at least 90% of practices offering this service by 2017"

2 <https://www2.deloitte.com/uk/en/pages/life-sciences-and-healthcare/articles/connected-health.html>

3 <https://www.gov.uk/government/publications/using-information-technology-to-improve-the-nhs>

4 <https://assets.kpmg.com/content/dam/kpmg/pdf/2016/03/digital-health-heaven-hell.pdf>

5 [https://www.ofcom.org.uk/\\_data/assets/pdf\\_file/0022/20668/cmr\\_uk\\_2015.pdf](https://www.ofcom.org.uk/_data/assets/pdf_file/0022/20668/cmr_uk_2015.pdf)

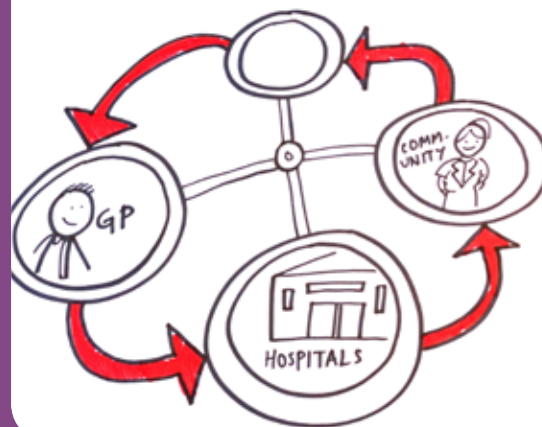
NHS should use technology more in order to increase efficiency as well as improve patient experience and outcomes. However, this enthusiasm is not matched by experience<sup>6</sup>.

We undertook a number of in-depth qualitative telephone interviews to understand the wider context for the OurGP project and specifically to identify existing assets and enablers as well as barriers to the initiative. A key theme identified by stakeholders is that views of patients and citizens have been largely absent in the development of digitally enabled GP services to date. The OurGP initiative was therefore widely welcomed by all interviewees and a person-centred approach to digital health developments was endorsed.

We undertook a review of the market so that we could understand the types of digital health technologies already in use in Scotland and wider UK. The research identified existing digital technologies that are either already being used in Scotland or could play a role in enabling future digitally enabled GP services.

Our research showed us that there is huge potential and a big appetite for digital tools and services to improve patient experience and quality of GP services. There is significant enthusiasm for digital services from citizens although we must also make sure we do not increase inequality for people who are less digitally confident. Co-design with patients, citizens and staff is essential to developing digitally enabled services that meet people's needs and are feasible in practice.

## SYSTEMS LINKED ACROSS SERVICES



6 <http://www.trustmarque.com/report-the-digital-nhs-healthcheck-citizens-view/>

# CO-DESIGNING THE FUTURE OF GP SERVICES ENABLED BY DIGITAL

The next part of our journey was to co-design the future of GP services enabled by digital. We held seven participatory workshops with 120 participants (70% citizens and 30% GP staff) in different parts of urban and rural Scotland<sup>1</sup>. The purpose of the workshops was to develop a deep understanding of the challenges and opportunities of digital technologies as well as ideas for future GP digitally enabled services. We used the workshops to co-design prototypes for digitally-enabled services with citizens and practitioners. We did this through a variety of creative approaches and using service design tools.

We introduced each workshop with a question, which was deliberately broad and non technology focused in order to encourage participants to think widely:

**“How can we look after our health in the future, accessing GP services when we need them the most and in the ways that work best for us?”**

We had developed two hypotheses from our earlier work in understanding the context, which we used to underpin each workshop:

People want to understand **what is wrong** when they are ill, find out what might help, and get the help they need **how, where and when** it suits them. Technology can be a useful tool in enabling people to get the **information** they need, engage in **peer support** and manage their condition(s) over time.



Public / Patients

Staff want to spend more time supporting those who **need** their expertise the most. Technology can enable this by (a) **freeing time** from administrative tasks and enabling staff to consult with peers **virtually** (b) enabling people with lower needs to access **information and support online** and to **self-manage** where appropriate.



GP Practice Staff

<sup>1</sup> Glasgow, Stirling, Ayr, Inverness, Skye and Edinburgh

We then imagined the following 'what ifs' during each workshop:

What if OurGP digital solutions could be developed that helped citizens and also provided GP practices with useable data?

What if care became a shared decision making process between GP/staff and citizens; that involved information they need, peer support and management of condition(s) over time in care delivery through better use of these digital tools?

What if digital self-care could prevent citizens from developing some long term conditions?

What if citizens could be actively alerted to care options for themselves and in partnership with their GP/Practice or other staff?

What if people knew exactly which sort of digital tools would help them manage their own conditions/needs?

ANYTHING WE CREATE  
MUST BE

**TRUSTED**

SECURE



ENDORSED

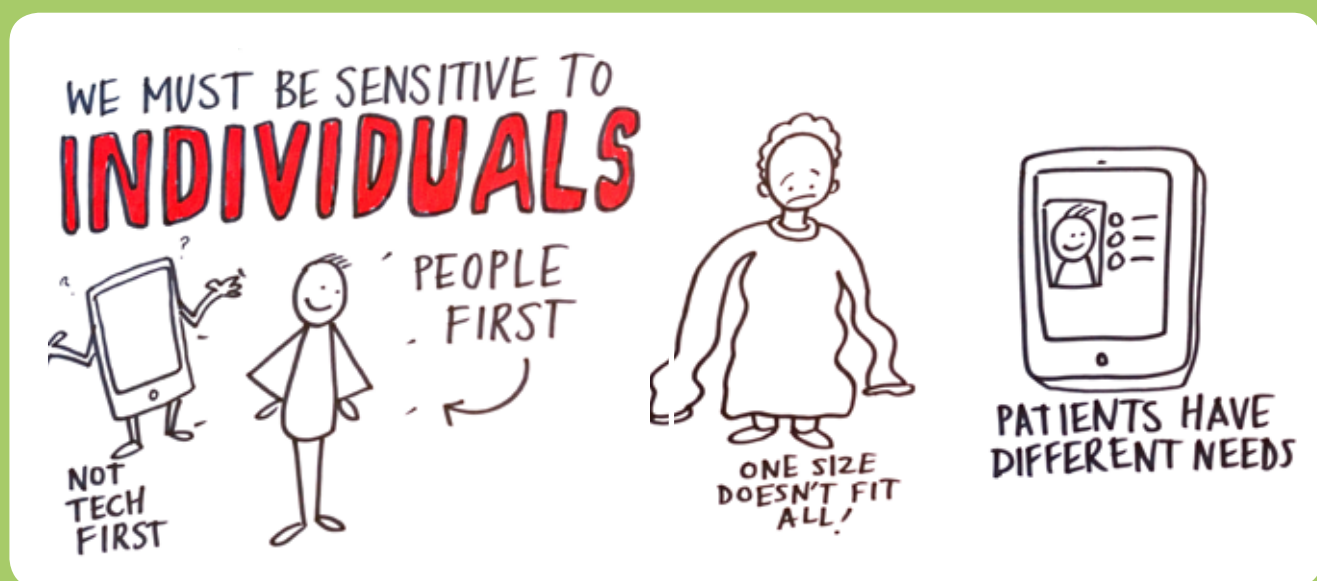
MADE  
WITH PATIENTS



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Our question, hypotheses and 'what ifs' combined to enable participants to think widely, creatively and broadly about how we could improve GP services enabled by technology.

During the workshops, patients and citizens developed prototypes through a range of creative activities, whilst GP practice staff looked at how they could improve their processes to meet patient needs better. We covered important issues such as privacy, clinical safety and consent at each workshop. We paid close attention to the feasibility of digital tools in people's day-to-day lives and in GP practices, alongside the impact of digital exclusion.



A set of personas were developed utilising data from a range of sources to identify key user groups. The data was prioritised by focusing on the top five most commonly presenting needs in primary care. Demographic data for each of the co-design workshop geographical areas was reviewed to identify any particular groups of citizens we might wish to recruit. The generated personas were tailored to these likely workshop participants. The personas comprised the following groups - carers, working age and general adult long term conditions, young families and younger people, frail elderly and older people.

We developed a social media strategy to set out how OurGP will harness online social networks to inform, amplify and engage with citizens in order to enable their participation in the project in a variety of different ways. The project aimed to use relevant social media channels to generate a buzz around OurGP and encourage the participation of specific groups, general public and GP practices across Scotland.

The project website: <http://dhcscot.alliance-scotland.org.uk/get-involved> has been used since its launch to convey up to date project information quickly in an accessible and engaging manner. From project kick-off, through to the workshops, roadshows and finally the ground-breaking online iteration, it has provided a platform through which we have communicated the main project outputs, as well as opportunities to get involved and contribute to the project, thus expanding our reach and allowing for various methods of participation.



An example persona generated at the workshops:

## Persona: Carer for daughter and mother in law

My name: *Betty*  
Gender: *female*  
My age: *57*  
Where I live:  
*Stirling*



"I don't have any time"

My quote  
I'm most likely to say...

### A bit about my life... People Home Work Health...

- I am responsible for my disabled daughter & mother in law with vascular dementia.
- I work part time locally.
- I'm overweight.
- I usually have a drink in an evening.
- I feel stressed and don't sleep well.
- At times I feel low.
- I have knee pain and I'm also worried that I might get T2 diabetes.

### What is important to me? What I value, what motivates me...

- ✓ Family
- ✓ My Daughter
- ✓ My Husband
- ✓ Socialising with friends when I get chance
- ✓ My job is important to me - it gives me a break

### Challenges I experience...

What gets in the way of doing what I need to do...

- Balancing my caring responsibilities with my work commitments is difficult. I worry about taking time off.
- I don't have any energy because of all the time I spend running around after everyone and working.
- My friends get frustrated/bored with talking about problems
- I would like to go slimming club but it costs!

### My ideal situation...

How I would like my life to be...

- One day each, caring for mother-in-law - my husbands siblings could help
- Join slimming club that fits into my schedule
- Drink less alcohol and have tea or coffee instead
- I would like to have some quiet time to de-stress before bed
- I'd like to find something that makes me happy
- I'd like to be able to speak to friends
- Have time to see a GP about my medical problems

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Recognising that whatever we developed had to be feasible in everyday practice, we carried out three visits to GP services where we spent a day meeting with patients and practice staff, alongside observing the setting. This helped us understand what would work and what might be less likely to work in a GP setting, alongside the opportunities and the barriers.

A number of key themes from the workshops were:

Optimising the use of practice space during citizens visits to practices was a priority but requires further co-design activity to develop ideas.

There was a significant gap between the enthusiasm and actual infrastructure available at the current time in practices and also the confidence to use tools in practice.

Digital tools still require potential for paper based options and/or download options to overcome connectivity and digital confidence issues.

There was universal enthusiasm for more use of digital technologies across GP practice services.

Connectivity with new tools and existing digital assets was a recurring theme.

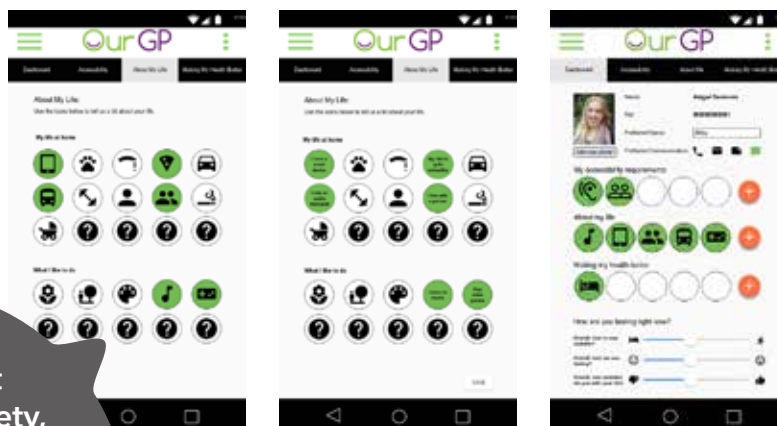
Citizens wanted highly personalised tools which they retained control over but which were also connected in useful ways to their GPs systems.

A large number of ideas were generated by patients, citizens and practice staff. We brought together the outputs from the workshops along with the results of our interviews and surveys in order find common themes and strong signals to help shape the next stage of development. We also filtered out ideas that were within the scope of other ongoing eHealth projects.

From this we identified four prototypes to develop further. They were:

"As a patient who moves regularly and registers with a new GP practice, I want something to explain about my life to staff I haven't yet met. I want them to understand my situation more clearly"

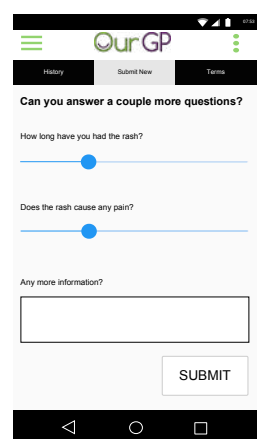
**Personal profile** - a tool for patients to share non-clinical information about them and their lives with their GP. This is simple profile to help GPs get to know their patients. Written by the patient, and displayed in a user friendly format, the profile enables practice staff to quickly understand their preferences, needs and goals. The profile uses icons and infographics that can be understood at a glance and clicked on for more information.



"As a patient with social anxiety, I want to be able to share what is important to me with my GP via text rather than talking out loud, to make this less difficult"

"As a person who may not know if their symptoms are serious enough to see a doctor, I want to be able to check out my condition with the practice first so I am confident I need to go to the GP"

**Digital image triage** - a digital tool that allows patients to photograph their minor injury, or non acute skin condition, and securely send the image to clinical staff for advice. Conditions could include rashes, skin redness, minor injuries such as a sprained ankle or infected cut. The patient enters their mobile phone number and receives a text telling them when they can expect a response. The patient then receives a further text which may ask them to make an appointment with the practice nurse or GP. A link to the online booking system is sent to the patient.



"As an elderly patient who has trouble remembering what my GP tells me, I want information given to me in a way that I understand, so I can remember it tomorrow"

**Information and advice** - a digital tool, prescribed by the GP, following a new diagnosis or significant change in treatment. The tool will enable patients to record information during consultations so that they can digest it after the appointment. It will also give them access to relevant, trusted information about their condition(s) at intervals after their diagnosis. This will enable patients to digest bite-sized information at a time when they feel ready. It will help them avoid feeling overwhelmed.



**Remote education** - a package of online education seminars incorporating rewards for positive change. The education seminars are delivered online on a weekly basis by practice staff on a variety of topics. The group seminars are delivered 'live' and also recorded so they can be accessed afterwards too.



“As a GP I want to be able to provide information to patients who would benefit from lifestyle changes, in engaging and interactive ways”

# ON THE ROAD

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From the early research and co-design workshops we now had four paper prototypes that we could take on tour to validate with a wider group of patients, citizens and practitioners.

We spent two weeks travelling across Scotland from Fort William to Aberdeen and Inverclyde to North Berwick. We based ourselves in health centres, libraries and other places where we could ask people for their feedback on our prototypes. In total we held 11 roadshow sessions and we had conversations with 108 participants.



These conversations about OurGP and the four prototypes enabled us to further validate and gain additional insights to help shape them further. For example, we added a function to the triage tool so that a patient can view images in chronological order to see how a skin condition changes over time.

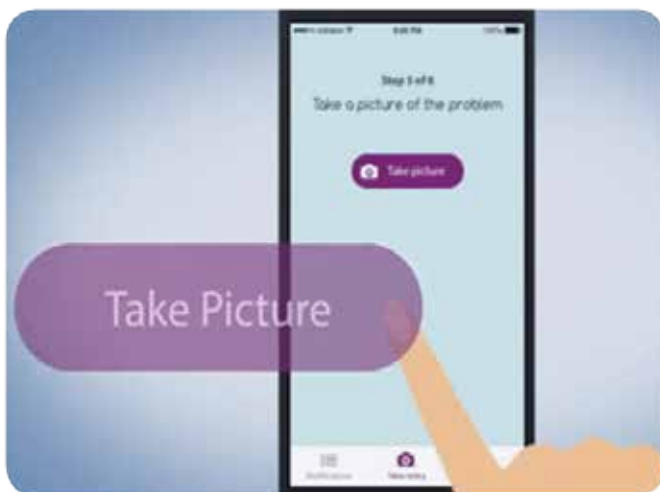
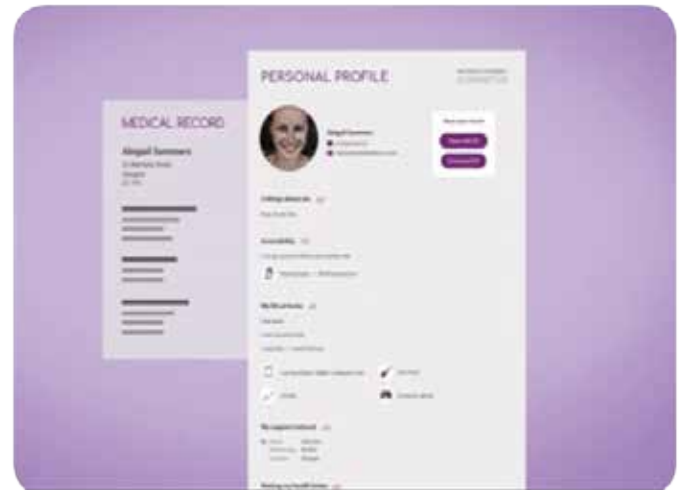
As a result of the roadshow we decided to not go ahead with the remote education tool as this had the least interest from patients and practitioners. This meant that we had three remaining prototypes to take to the next phase.

# OPENING UP THE CONVERSATION

Whilst we had involved hundreds of patients, citizens and practitioners through our research, workshops and roadshows, we were nevertheless keen to open up the conversation to the wider public in Scotland. Once we had developed interactive digital versions of our three prototypes, we decided to present them through a highly-innovative online co-design phase.

During this second iteration, the interactive demos were available on The ALLIANCE Digital Health and Care website alongside an engaging explainer video and a short survey. Through this simple three-step online process we provided opportunities for more members of the public, as well as stakeholders and GP staff, to input into the project regardless of their geographical location (as long as within Scotland) and without having to commit more than a few minutes to the project. The online co-design boosted participation from across demographics, including young people.

We have also hosted several in-situ events, striving to engage with audiences we don't often reach and to provide opportunities for those less digitally able to navigate the online co-design process with added support.





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Second stage wireframes:

Personal profile tool -

me&  
myGP

**Idea 1: Personal Profile**

An online tool to support patients submitting non medical information which is important to them.

launch prototype

Overview

Sign out



Abigail Summers [edit](#)

07346346723

name@emailaddress.com

Share your record

Share with GP

Download PDF

**Preferred method of communication**

Text: 07346346723 [edit](#)

**3 things about me** [edit](#)

Busy, Social, Kids

**Accessibility** [edit](#)

I have difficulty communicating

Social anxiety

**My Daily Life** [edit](#)

I live with children

I own my own home

I volunteer

I work part time

On average I consume 3-5 alcoholic drinks each week

I use my phone / tablet / computer a lot

I smoke

I have kids

**My support network** [edit](#)

01 Name: John Doe

Relationship: Brother

Location: Glasgow

**Making my health better** [edit](#)

Improve my general health

Exercise more

Quit smoking

browse aloud

Change language

## Digital image triage tool -



### Idea 3 part a: Digital Photo Triage

An online tool to support patients submitting their images of a minor skin condition/injury for a clinician in the practice to assess before appointment booking.

launch prototype

Is this an urgent problem that requires immediate help?

Yes

No

Notifications

New entry

more

#### Step 1 of 6

What type of condition do you want to submit?

Cut or abrasion

Minor injury

Skin rash

Next

Notifications

New entry

more

#### Step 2 of 6

How long have you had the rash?

A few days

A week

2 to 3 weeks

Over a month

Next

Notifications

New entry

more

#### Step 3 of 6

How painful is the rash?

No pain at all

slight discomfort

Moderately painful

Very painful

Next

Notifications

New entry

more

#### Step 4 of 6

How much is it affecting you?

Not at all

Slightly

Moderate

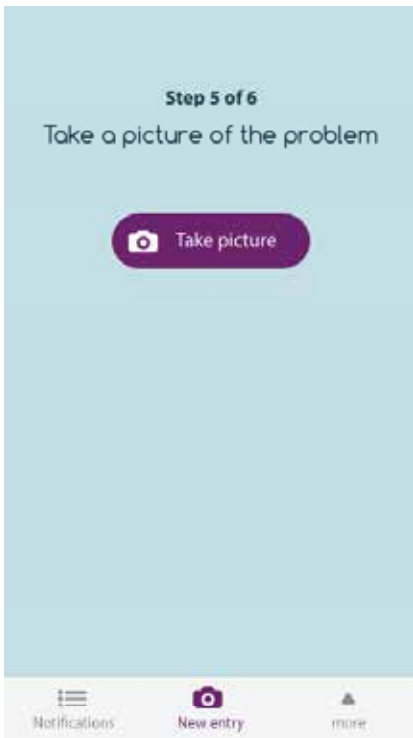
Significantly

Next

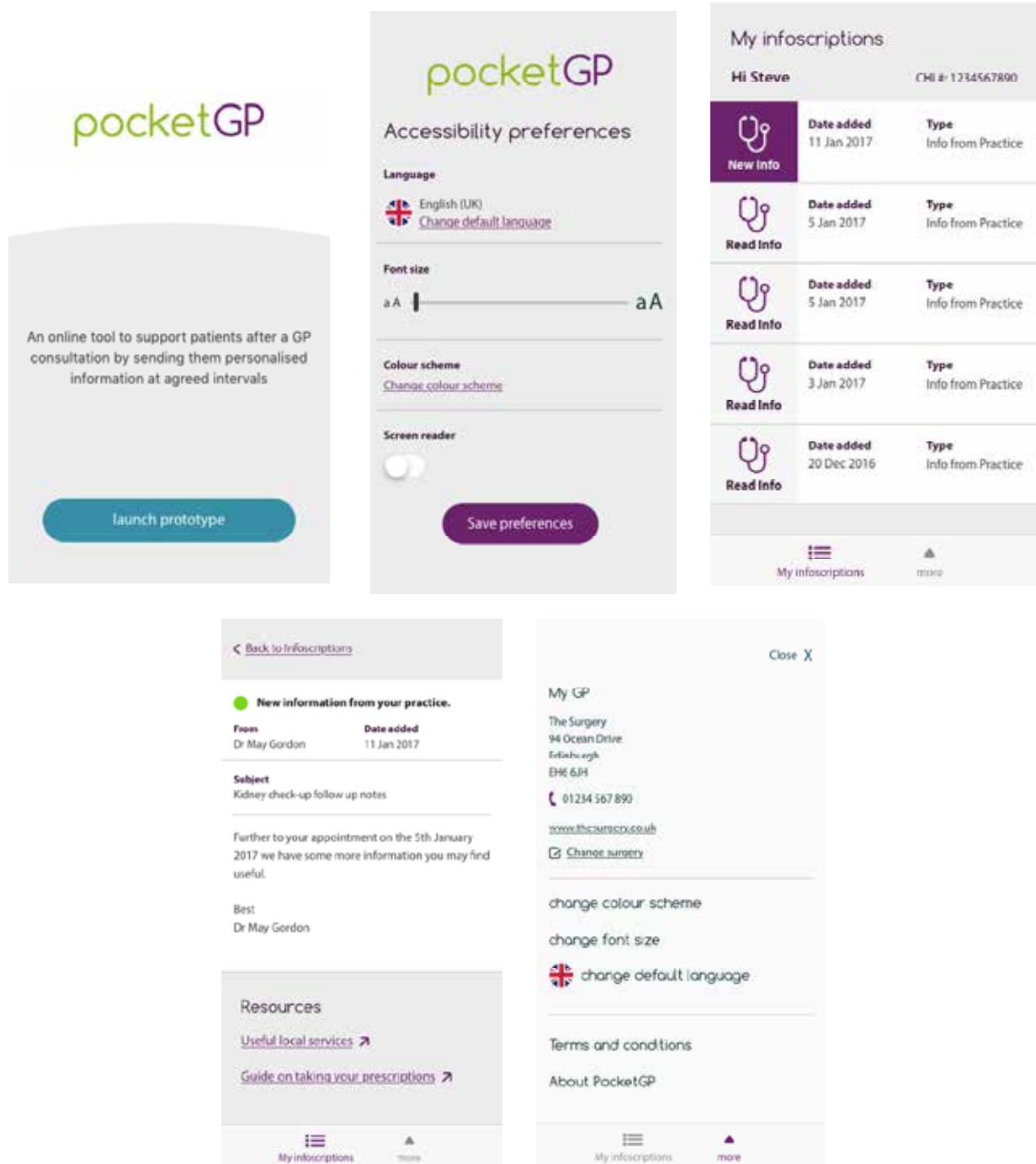
Notifications

New entry

more



## Information and advice tool -



Note: this is the final version of the prototype and not the one that the public accessed during the online iteration.

The prototypes were widely appraised and the online phase has shown that the ideas were valuable to both members of the public and GP staff. At the same time, comments from participants have helped to identify and enable further iteration.

		Personal Profile	Digital Photo Triage	Advice and Information
Public ratings	Potential to improve patient experience	3.5 ★★★★★	4.0 ★★★★★	3.8 ★★★★★
	Likeliness to use service	3.8 ★★★★★	4.2 ★★★★★	3.8 ★★★★★
GP practice staff ratings	Potential to improve care provided	3.1 ★★★★★	3.6 ★★★★★	3.0 ★★★★★
	Likeliness to use service	3.3 ★★★★★	3.7 ★★★★★	2.8 ★★★★★

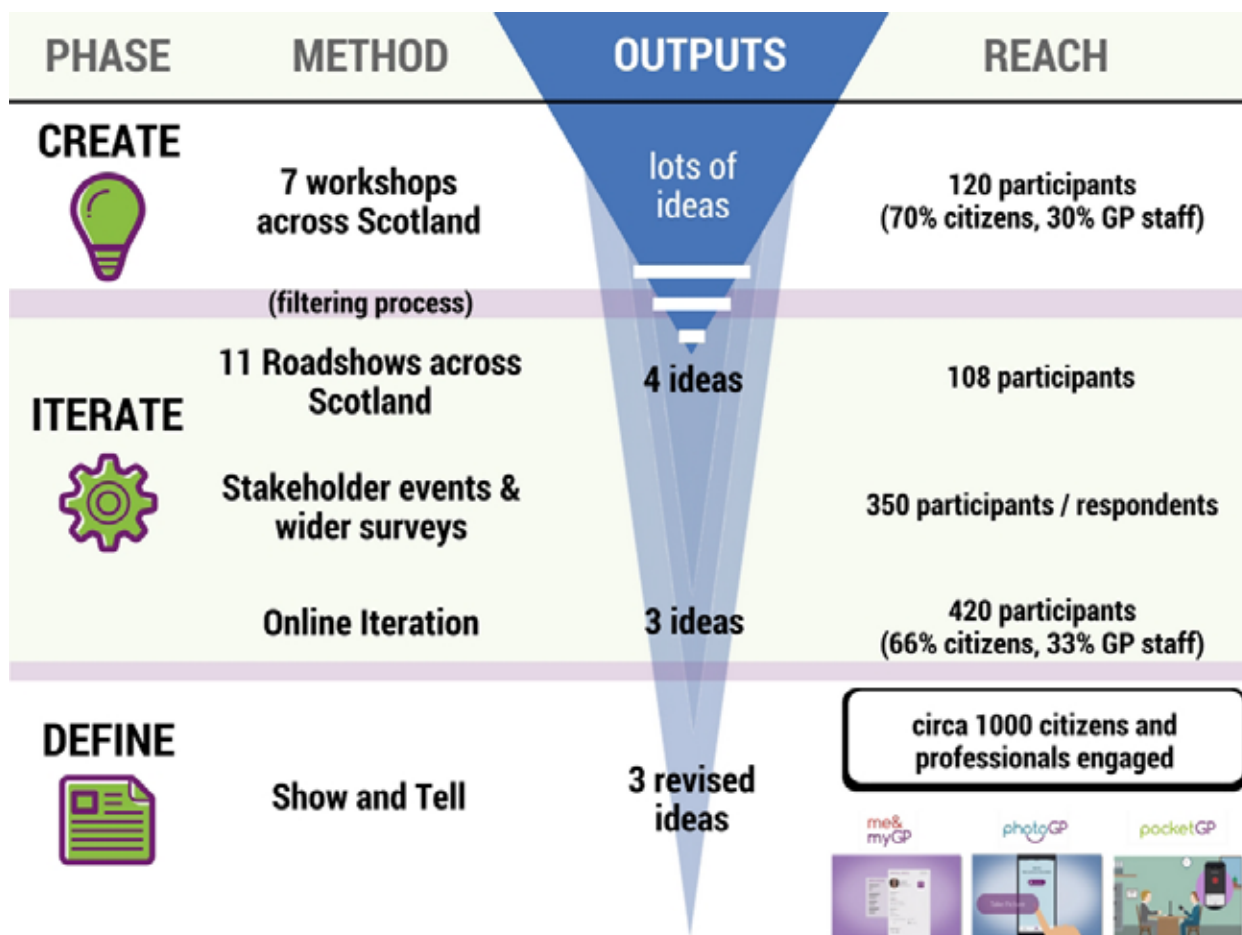
This ground-breaking method of public-led iteration enabled us to develop valuable learning about the use of digital methods to support co-design.

The interactive digital demos of the ideas can still be viewed at <http://dhcscot.alliance-scotland.org.uk/ideas>.

# SHARING THE OUTCOMES

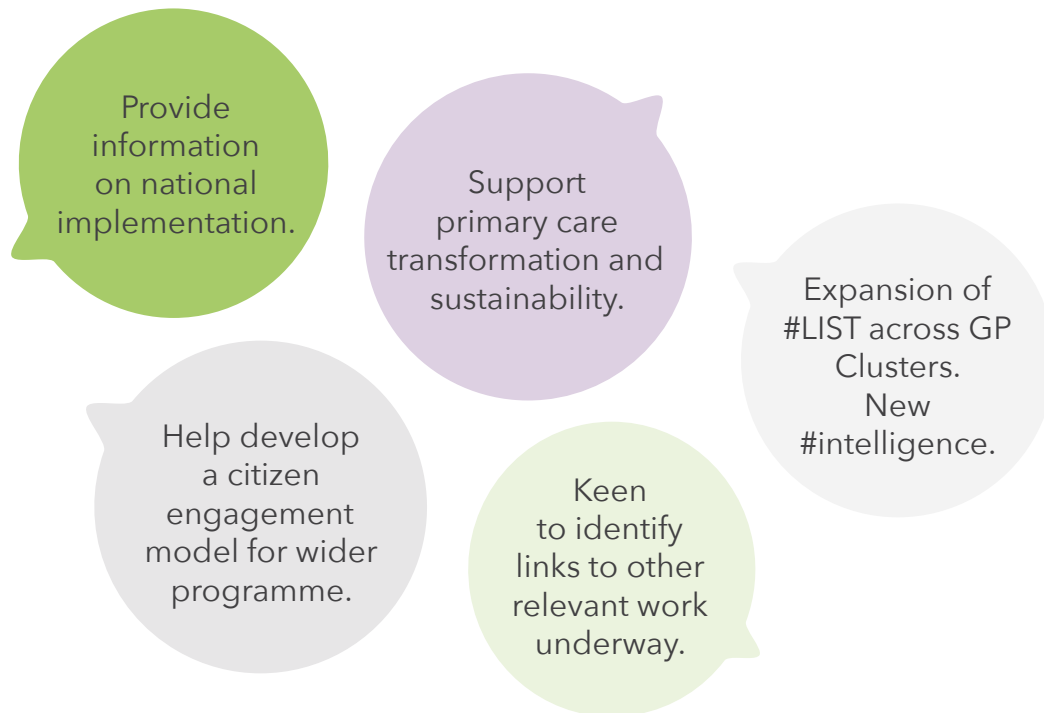
We held stakeholder meetings and events throughout the OurGP project. Towards the end of the project, we held a Show and Tell event attended by policy makers, health and social care professionals and citizens from our co-design workshops.

We set out the excellent participation and collaboration achieved through the OurGP project (shown below) - which has made it one of Scotland's largest co-design projects.



We shared the outcomes of the project and asked participants to consider the prototypes and how they could support the innovations as they are taken forward. Here are some of the ideas:





The lead partners have used this invaluable feedback in developing the next steps for OurGP.

OurGP's outcomes have been discussed with the Scottish Government Primary Care Digital Services Board who are supportive of what had been achieved.

Further work is now under to help make these citizen-led ideas a reality. We are working up details for the potentially different routes for implementation for the three prototypes.

Overall, the OurGP project has been a ground-breaking, highly collaborative, and successful project bringing people and practitioners to the centre of co-designing future digitally enabled GP services.

We thank everyone who has participated and supported the project!

We have learnt a lot through OurGP and we plan to continue to build on the project's collaborative approach and ethos. For updates, please visit <http://dhcscot.alliance-scotland.org.uk/get-involved/>







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