



PHASE TWO REPORT: DESIGNING GP DIGITAL SERVICES, TOGETHER

FEBRUARY 2017

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EXECUTIVE SUMMARY

This phase two report of the OurGP project lays out the key outputs from the discovery phase carried out between October 2016 and January 2017 by mHabitat.

The mHabitat team led a series of workshops and road show events to elicit ideas and then review early stage prototypes of four prioritised ideas. An iterative process was used to refine and define the ideas into examples that were ready for public review.

Final activities for this phase included a further prioritisation of the ideas, based on citizen and practice staff feedback, resulting in versions ready for a public consultation of online iterations of the three final prototypes. This public consultation was led by the Scottish Health and Care Alliance and therefore outcomes of this aspect of the project are not included here.

The phase 1 discovery work comprised:

- Six workshops at venues around Scotland
- Ten roadshow events around Scotland
- Three ethnography sessions at GP practices
- Review of the survey outcomes for citizens and staff.
- Technical development of three prototypes for further validation/refinement.

A pause was held at each stage of phase 1 and 2 for the project steering group to review and sense check outputs prior to next steps being taken.

A total of 94 ideas were generated from the workshops and over 600 people were involved in both phases of the project to the end of January 2017.

Key insights from phase 1 and 2 of the project are summarised below:

- There was universal enthusiasm for more use of digital technologies across GP practice services
- There was a significant gap between the enthusiasm and actual infrastructure available in practices
- There was a significant gap in GP staff confidence to use digital tools in practice
- Improving the presentation of information and optimising the use of practice spaces to convey information in accessible and interesting ways was a repeating theme

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- Staff and citizens made the case for digital tools which support transactional aspects of care delivery and free time to deliver care
 - Staff and citizens had concerns about digital tools replacing direct care
 - Concerns about interoperability between digital tools and existing technologies, such as electronic patient records was a recurring theme
 - Citizens want highly personalised tools which they can retain control over whilst being connected in useful ways to their GPs systems
 - Digital tools should not further exclude people who are not digitally confident and there should be assisted digital and non-digital options available.

The prototypes were widely appraised during the roadshows during which the final iterations were sense checked in respect of functionality and fit with clinical workflow, systems and ongoing innovation..

INTRODUCTION

This report captures highlights and core findings, outputs and detailed insights from the workshops, surveys, ethnography and roadshows carried out during the second phase of OurGP, encompassing the views of over 600 people. It outlines the process of idea generation and the final ideas progressed through to the public user research led by the Scottish Health and Care Alliance (Alliance) on behalf of the project partners and supported by the mHabitat. Summary insights and reflections, final prototypes and Show and Tell outputs will be included in the phase three report, due for submission in April 2017 at the end of the project.

Summary

Following the initial research phase of the project, OurGP moved into the discovery phase which has included the following activities:



Reflections on insights related to the phase one report are included where relevant. The next steps for phase three and project closure are articulated at the end of the report.

Hypotheses and workshop question from phase one

The following hypotheses and discovery question were articulated in phase one to guide discussions and test preliminary ideas about the ambitions of citizens and staff in relation to digital tools in GP practices:



“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?”

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

Out of scope areas

A number of areas were out of scope for the OurGP project as they were already being addressed through existing initiatives. These are:

- Online appointment booking with a GP practice
- Repeat prescription ordering with a GP practice
- Electronic health and patient records - including access to more joined up patient records across primary, secondary, and other care sectors and people having access to a summary of their medical record
- The patient portal - future 'one stop shop' where people will be able to access the above services and more
- E-consult project
- Personal health records
- Search directories of local assets/ services e.g. ALISS
- Sharing personal data on your health and wellbeing as part of existing technical architecture development plans
- Self-management websites/platforms such as Living it Up or a variant on this
- Commercial eHealth services/products potentially available to GP practices/ patients.

A car park of out of scope post it notes was created and a summary is included in Appendix 1. The graphic below was used with workshop participants to illustrate the fact that these out of scope areas are already in the pipeline.

Future Building Blocks



WORKSHOPS

DISCOVERY WORKSHOPS - SESSION FORMAT AND OVERARCHING REFLECTIONS

This section sets out a summary of the workshops that took place during phase two of the OurGP project.

Locations and format

The workshops took place in Glasgow, Stirling, Ayr, Inverness, Skye and Edinburgh. Recruitment was led by the Alliance as outlined in the phase one report.

Workshops timings were extended to include working staff and citizens with the team supporting one to one engagement using a drop-in style for evening sessions. All citizens were given vouchers and travel costs were paid. Staff attended had backfill costs paid to the practices, although in several venues staff attended in their own time out of personal interest.

Workshop format:

Introductions (Alliance welcome), housekeeping & warm up exercise and dividing into teams

Alliance video on building blocks in play and therefore out of scope

Phase 1: Citizens: persona validation and storyboards 2016

Future focus - miracle question: it's five years in the future and the (persona) is using their digital GP services, what's different? How do other people know it is different?

Parallel practice staff session: persona validation and process mapping (variable focus); digital overlaying and high impact areas for change

Lunch/main break

Phase 2: ideas generation sessions

Citizens: range of creative activities focused on in-scope areas of digital and rapid prototyping

Practice staff: focus on areas of redesign and in-scope idea generation/ prototyping

Raids: throughout the teams were given the opportunity to visit the other groups to ask questions and clarify issues/ideas

Presentations: teams feedback to each other on progress with the staff sharing the process map

Show and tell: final presentation of the ideas and voting on favourite ideas

Summary & next steps.

Reflections

The workshops had positive feedback from participants (see outcome details in Appendix 2) and while there were some comments about the catering, booking and venues, overall they were positive. Some circumstances meant that less participants attended than were expected - for example in Skye there was unusually warm weather which led to a lower turnout. Staff informed the team that this is usual in the islands, in particular before the bad winter weather sets in. Nurses explained that this also impacts clinics and group work. Workshop citizen attendees demographics can be seen from the citizen survey results.

The team adjusted the format of workshops to flex with the numbers of attendees and venues. The partnership working with the Alliance team (who attended each event) worked well, with a collaborative team approach enabling quick solutions and adaptation of the format to get the best outcomes. Two examples were:

Glasgow pre workshop evening event - the use of the future focused question did not work as well as hoped using a persona that was 5 years further on in their health issues. Alliance colleagues suggested changing the activity to transport the 2016 persona into the future and this worked better at the other workshops, including saving time to spend on more prototyping.

Stirling workshop - an unexpected group of attendees came which would have taken the event over fire regulation numbers if all participants registered came to the event. The team worked together to flex the format and roles of the team to ensure smooth operation and good outcomes for all attendees. The workshop went very well and the feedback and outputs were excellent.

As the workshops progressed, the time spent on validating personas (as outlined in Appendix 5) was reduced as no new comments or edits were forthcoming. This created more time for idea generation.

The outputs from each workshop have been collated and represented in the following sections as discrete events illustrated by the graphic recordings and photos of prototypes.

WORKSHOPS

SURVEYS

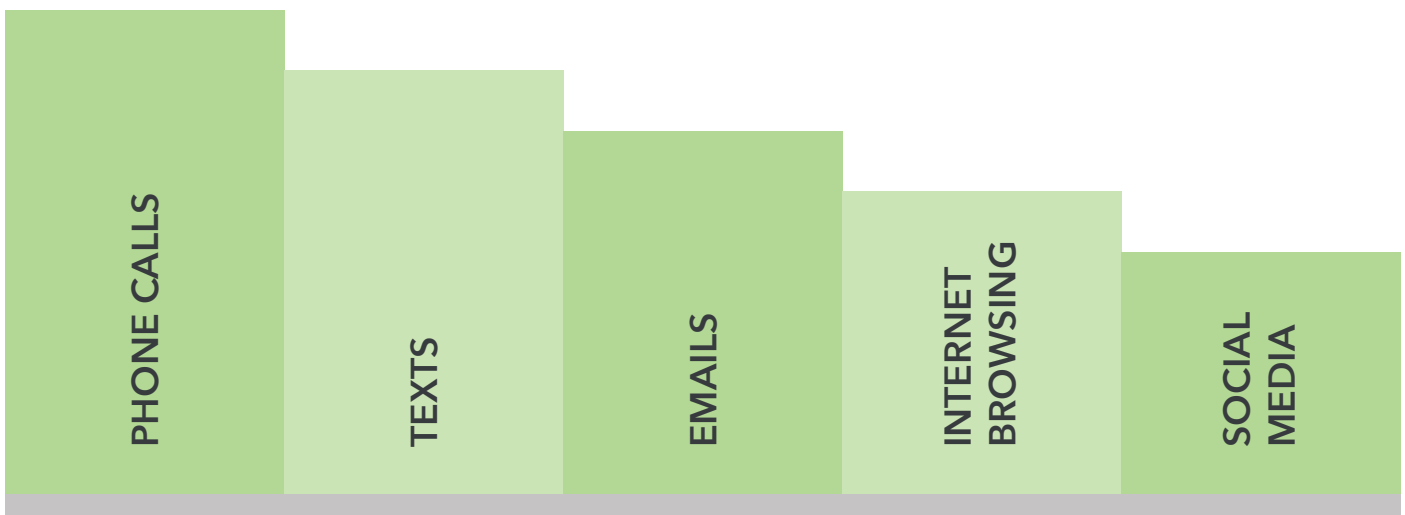
Surveys were used at the workshops to understand the demographics of participants. The questionnaires sought to understand people's use of and confidence in digital technology, access to technology, and views about use of technology with their GP practice. The online SurveyMonkey platform was used to undertake the survey and this was extended to the roadshows for those who engaged in more prolonged user research as part of that activity. A separate version of the survey was also widely circulated for practice staff to complete. This version included more work related and professionally focused questions, as well as personal use of technology. The full survey reports are included in full at the end of this report in Appendix 3 and Appendix 4.

Citizen Survey

In this section a brief summary and discussion regarding the citizen survey is set out. The full survey responses can be found in Appendix 3.

Citizen surveys were distributed at every workshop (78 people) and at the roadshows (18), amounting to 96 people. The survey results indicate that a wide range of age groups were represented from 16 years to over 80 years. The largest age group was 71-80 (23%) and 12% under 30 years. Approximately a third of respondents (33%) used online booking for appointments and for ordering prescriptions. This maps to the larger staff survey which indicates that these are the most frequently offered digital services at the present time. Almost half of citizen respondents (48%) did not use any digital services.

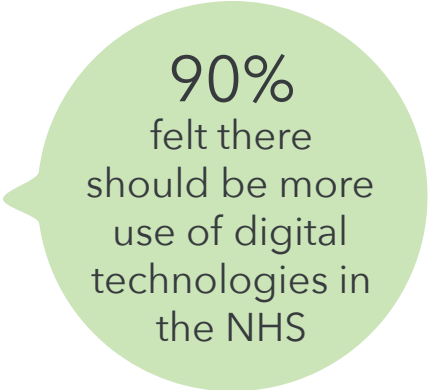
Of all attendees who completed the question (76) over 80% used a mobile phone with Internet connectivity. Considering the largest group of respondents were between the ages of 71 and 80, this would suggest attendees who came were already digitally enabled and with varying levels of confidence. 94 citizens reported that the top five uses for their phone are (in descending order):



Wellbeing apps were used by 25% of citizen attendees. Other uses were taking photos and general shopping activities.

For those using technology while working (68%), emails were the most frequently cited mobile phone function used, followed by phone calls, Internet browsing and texts.

Over 60% of citizen respondents described positive attitudes towards the use of technology in their use of healthcare. Almost all citizen respondents (90%) felt there should be more use of digital technologies in the NHS, which mirrored the staff response (95%) set out in the staff survey section (page 12).



90%
felt there
should be more
use of digital
technologies in
the NHS

All citizen respondents added a free text comment and the question about why digital is important elicited a range of responses from efficiencies through to reducing wasted time, speed of response, and modernising the NHS.



**"We can't
'uninvent'
technology. The
need to use its assets
to enhance the services
provided by NHS to be
able to streamline
services to where
needed"**



**"In this day
and age more
people are using
digital health"**

There were also comments from those concerned about digital literacy:



**"Not everyone
has a computer or
internet phone or
can use them"**

The question relating to the top three problems that need to be addressed in GP services in the future (excluding appointments, prescriptions and medical records) also elicited a wide response. The top problem identified was time - both waiting for appointments (all aspects) and delays, restricted time with the GP, access to the GP or other services. These issues were raised repeatedly during workshops.

Survey responses included:



The survey responses indicate an enthusiasm for digital use in healthcare amongst respondents and a significant level of use of digital technologies.

Comments added by respondents varied significantly regarding their top three priority problems for practices in the future, but the most common themes are listed below. Full responses can be found in Appendix 3.

- Attitudes of staff and rapport with patients/relationship issues
- Access - to technology options, user friendly services, sufficient time with clinical staff and so on
- Waits - on the phone, between results and follow up or referrals
- Patient education and holistic approaches to care/teamwork
- Information being more accessible to everyone in a range of formats
- Costs/financial aspects
- GP recruitment and lack of GPs in future.

"Much much better link with other parts of the system - GPs do not hold the record, instead empower us, we are still too dependent"

Citizens presented a wide range of issues which were echoed by staff, indicating a degree of alignment in their view of GP practices challenges.

Staff Survey

In this section a brief summary and discussion regarding the staff survey is set out. The full survey responses can be found in Appendix 4.

The staff survey was circulated by the Alliance to colleagues from across the health and care landscape in Scotland using SurveyMonkey. 254 responses were received which included hand entered data from staff who attended the workshops and had completed a paper version.

Staff were asked about their personal use of technology as well as their use of technology at work. The free text sections were the same as those provided in the citizen survey although 27% of respondents chose not to complete them in the staff survey.

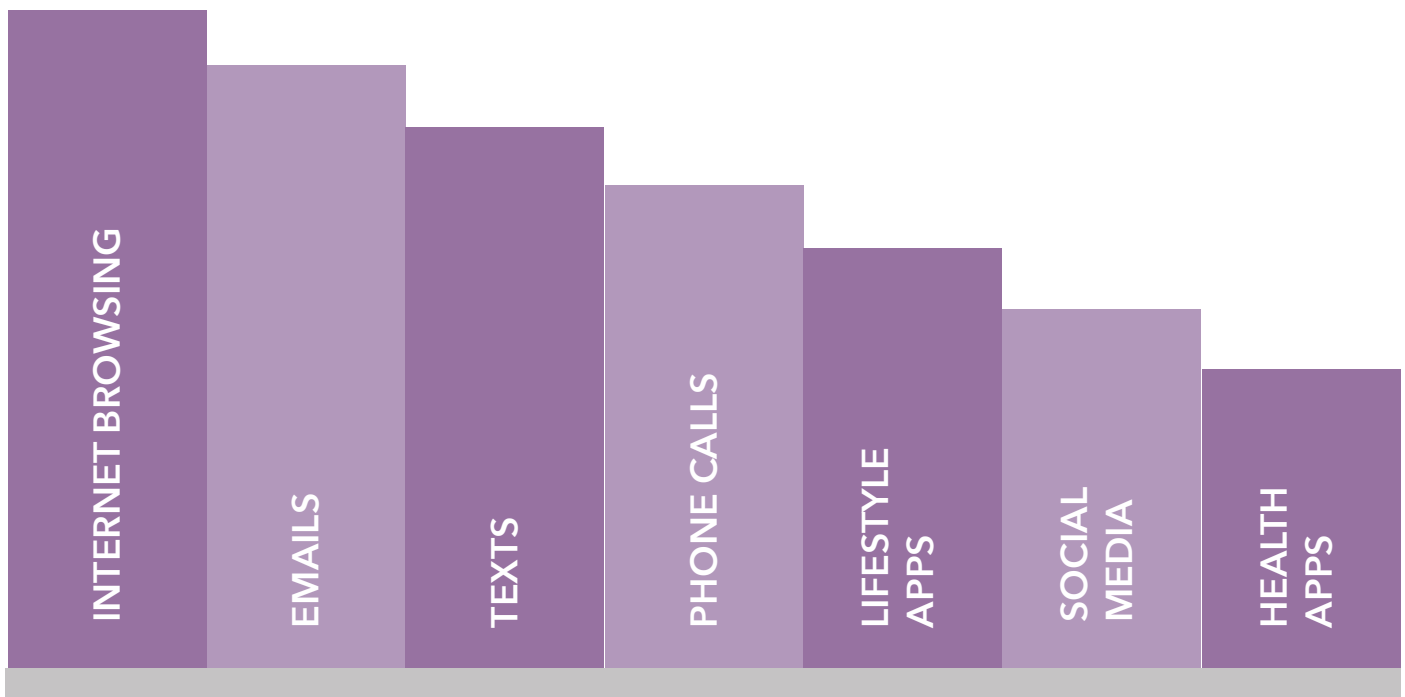
The survey captured responses from people aged 21-70 years and with approximately two thirds (68%) aged 41-60 years. Respondents included practice managers (38%), GPs (28%) including one trainee, practice nurses (22%) including one district nurse and one health visitor, and reception staff (12%). There were seven (2.7%) respondents who identified nurse with different specialisms who completed the survey and eight (3.1%) administrative, technical and clerical staff. There were no AHPs, midwives, students, volunteers or pharmacists who completed the survey.

Respondents worked within a wide range of settings but largely in towns or cities (77%) with 20% based in a shared site and 30% in a village or rural setting. Other settings included:

- Practices in private building
- Large practice
- Within University
- Island with bridge
- Peripheral clinics
- Two villages
- 10mls from main practice
- Two satellites.

The majority of respondents reported that their primary communication methods with patients were both face-to-face and via the phone (96%). Three quarters (77%) of respondents to the question regarding personal use of digital technology stated that a mobile phone with Internet is their main device outside of work. In contrast, almost no-one (0.82%) identified they use a smartphone in work. Responses showed that most staff (97%) are using desktop computers for work. Only five respondents (1.9%) indicated that they use a laptop at work.

Personal use of digital technology by staff is set as follows (in descending order):



11 'other' free text comments identified that some staff use their personal device for work, largely for access to guidance (for example, British National Formulary) work emails, and for continuing professional development (CPD).

Desk top computers at work were used for emails with almost all respondents (90%) using a PC every day, Internet browsing for work (62%) accessing data/evidence to support clinical practice (68%). The free text comments identified a range of direct clinical care work being undertaken using PCs.

Questions on the use of digital tools in clinical practice were skipped by 55% of respondents. Of the 112 who did complete it, just over half (57%) stated they use digital tools routinely, with another 28% stating they used them sometimes.

Comments included:

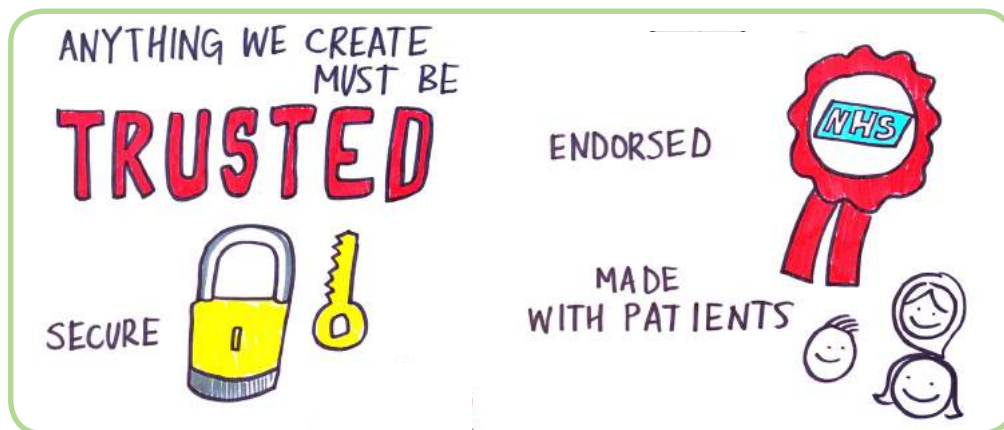
"We aren't allowed to download anything"

"Desktop browser will not support many of the apps"

Just under three quarters of staff (71%) reported that they use digital technologies to support care delivery, and a slightly smaller number (66%) used digital technologies to support service users and/or carers to access services. Half of the respondents stated that citizens hardly ever told them they were using apps to help manage a condition. Just under half of the respondents (44%) reported that they never ask patients about use of technology and a similar number (47%) stated that they only sometimes recommend digital tools. Responses suggest that digital tools are not yet a routine part of conversation between patients and practitioners in daily practice.

Respondents were asked to rank concerns about digital technologies in healthcare. The results indicate that the highest concerns relate to clinical effectiveness and security, followed by usability and safety. Cost was the lowest concern and privacy was ranked mid way.

Respondents were given a free text box to set out any other concerns. This was used by 32 people to share a range of issues from infrastructure failures (being on Windows Internet Explorer 8 was repeatedly mentioned throughout the survey), slowness of the NHS to catch up with the citizens use of technology, fears over less face to face care and a plea for human and not technological investment:



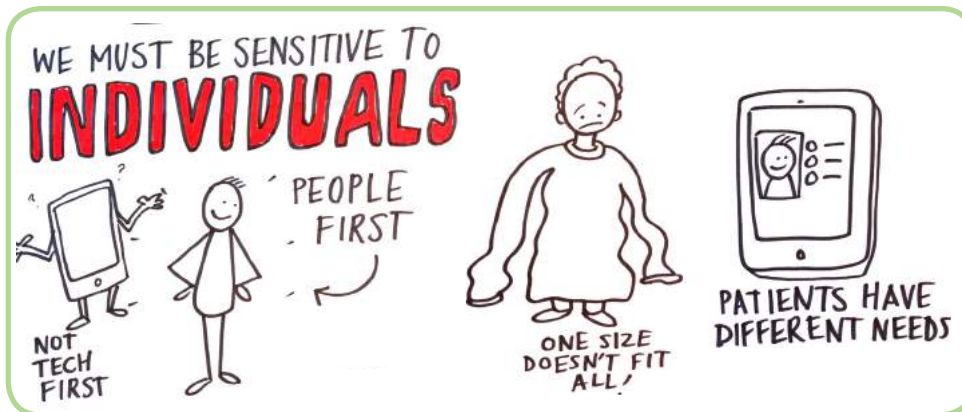
Other issues related to trust:

"...more investment in people NOT technology PLEASE"

"Trustworthiness. Sites should be evaluated and be able to show they have information that's to be trusted."

"My concern is the computer gives the wrong answer!"

Several respondents identified issues relating to digital inequalities:



“Ability of patient access, not all can afford iPads etc so they may suffer from a second class service”

Issues also related to a range of professional responsibilities including being covered by insurance and never recommending apps because of a lack of awareness of the potential issues and risks.

“We do NOT offer electronic appt booking as we serve a very deprived practice with poor access to IT in the most vulnerable and we are keen not to increase health inequalities...”

Digital services currently on offer included e-prescriptions (79%), appointments (59%) and an electronic records used in primary care (44%). Other digital services referred to by respondents included the self check-in, text messages, and some offering limited digital services with digital inequality raised again.

Three quarters of respondents (76%) reported they were positive about the use of digital in healthcare but shared concerns similar to those outlined above. There was overwhelming support for greater emphasis (95%) on the use of digital technologies in practice.

Comments by 70 people are typified by the following:

“There are lots of systems that start off promising but end up being rubbish, so I’m cautious but generally positive”

“It would help us hugely in our work if we had better clinical IT that was more readily shareable with our extended team”

“Now widely available and accessible to citizens. May help manage time and workload pressures ”

The potential patient benefits of digital technologies were mentioned by numerous respondents, covering issues such as convenience, ease of use of information, accessibility, behaviour change, openness to a digital society and connecting more effectively with patients:



Respondents were invited to state the top three problems GP services need to address in the future. The question received the following amount of responses:



The free text highlighted repeated use of the word ‘access’ in a range of contexts, infrastructure and inefficient system challenges/frustrations and human resource issues including training.

Overall the key message from staff was the need to address existing problems and system issues and release more time for face-to-face care. Staff views map to citizen comments in the survey regarding staff releasing time for face to face care when needed, throughout their journey through GP services. This may indicate challenges for implementation of digital tools if staff continue to feel a disconnect between usual practice and digitally focused solutions as an adjunct to care. The opportunity here is to convert the overwhelming support for more digital (95%) into confidence in its use.

Workshop Output Generation Tools

Personas

The workshop participants had an opportunity to validate and edit the skeleton personas that had been drafted in phase one of OurGP for citizens and staff.

The practice staff were able to further develop the citizen personas as well as add to the GP and practice nurse personas already drafted. Staff added a receptionist, Community Nurse and Practice Manager.

The personas were useful tools to maintain the citizen and staff 'voice' in room as workshop activities were undertaken. They were used during the development of the early prototypes of the four ideas taken on the roadshows and support the other phases of agile development employed by mHabitat. The final personas can be found at the end of this report in Appendix 5.

User Stories

User stories were generated throughout the workshops and used as part of the collation process to generate an ideas log. A user story is an industry standard tool used in digital development and takes the format of:

As...

I want...

So that...

These were generated in large numbers to articulate a range of user requirements by both citizens and staff.

Storyboards

Following validation of the personas, citizens were provided with a storyboard template to complete using either their own experience/issue or the personas if that was easier for them. Examples of these are included in each workshop's outputs in this report and were used as a key tool in the roadshows.

Process mapping

This approach aids understanding of patient journeys through a pathway or system. It is an improvement method which has been in use for about 20 years in the NHS. This mapping helps teams to identify blocks and flows in the system which might be improved. mHabitat use this tool to garner a clear understanding from staff about the flow through the local system and overlay digital use to the map to see where it is being used and understand how it may help, hinder or be an opportunity.

The staff teams were also asked, as part of this activity, to map the citizens view of digital - what do they actually see/experience? They then reviewed this in a future time (2021) and identified ideas for solutions or innovations which might transform care and user experiences.

Teams were encouraged to focus process maps on a collective priority area which is perhaps most likely to benefit from improvement in their area, some aspects of which might be digital. Future focusing helped teams to visualise and express an improved experience for both citizens and practices.

These insights have been captured visually and are included for each workshop, along with an overview of blocks/barriers, strengths/enablers, opportunities and high impact benefits surfaced during discussions. The outputs can be found in the workshops outputs by venue section.

Wireframes

The teams were provided with a range of paper wireframe templates to design and create their ideas as a digital tool. Examples of these can be found within the workshop output section.

Show and tell

Each workshop culminated with a show and tell of participants' ideas followed by the opportunity to vote on favourite aspects or a whole concept using coloured dots (these can be seen in some of the visual images included in this report). This was preceded by 'raids' between tables where participants could visit each other to support learning about issues and share challenges. This approach enabled relationship building and cross validation. Examples of these are included in the workshop images.



Ideas log

Ideas were collated from all the phase two outputs to generate a master ideas log. This was divided by workshop, user stories, source of the idea (citizen, practice staff, ethnography) and mapped to the project vision statement. Ninety four ideas were included in the list which was then prioritised by the OurGP Steering group. The lists were further subdivided by each partner, including the mHabitat team, into in and out of scope areas and a final round table discussion focused on four ideas to be taken forward. The remaining ideas were passed on to colleagues in the Scottish Government for wider sharing with those already developing products and services for digitally enabled GP services in Scotland. The ideas log can be found in Appendix 6.

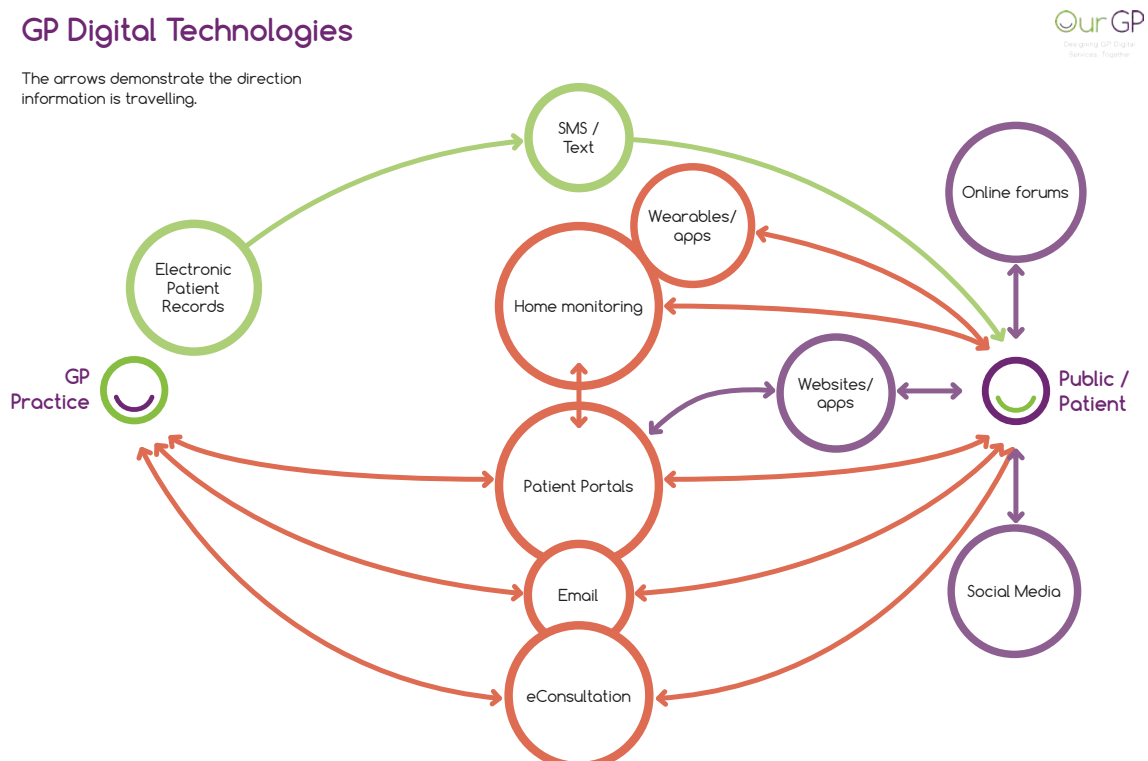
Graphic recording

The mHabitat graphic recorder was used to capture, in easy to understand images/cartoon illustrations, the issues being discussed and explored by workshop participants. These can be seen throughout this report. This was also used to identify a set of principles for future digital solutions which were also taken on the roadshow and will be of core importance in future development of the prototypes from OurGP.

The principles are included at the end of the ideas log section.

Visual aids

The mHabitat team generated a range of visual aids to use at the workshops and roadshow events. Below are the generic ones used to explore the kind of tools in/out of scope and the challenges and ambitions outlined in the [RCGP Core Values paper](#).



GP Core Values for Scotland



These key advantages are 'central to the future development of primary care'



Textocracy

Throughout phase two Textocracy has provided a free text messaging service for citizens to share their ideas and comments. The service was utilised during the workshops and roadshows to get anonymous comments from participants. The Textocracy service will continue to be open until the close of the OurGP project.



NB: The mHabitat tools are trademarked as part of the mHabitat brand.

WORKSHOPS

OUTPUTS BY VENUE

Participant experience feedback

Feedback was collected at workshops using an approach adopted from the Net Promoter Score where a simple Likert scale 1-10 is used and one question 'What could we have improved today?'

This was well received and allowed participants to share their top issues. These were reviewed after each workshop and improvements carried into the next workshops. This provided opportunities for a rapid improvement cycle. The full results of the workshop feedback are listed below.

The overall average Likert score was 8.7 with a range of 8.3 to 9.0 from a total of 102 submitted. This demonstrated a high level of consistency in regards to user experience. Typical comments added to the forms concerned pre-event organisation as well as venue, toilet and refreshment issues. Many positive comments were received, the most common were that the event was professionally carried out and was enjoyable.

The screenshot shows a feedback form with the following elements:

- Logo: OurGP (Designing GP Digital Services, Together)
- Question: "How was your experience of the event today?"
- Likert Scale: 0 (very poor) to 10 (excellent), with "OK" centered under 5.
- Second Question: "What could we have done better?"
- Input Fields: Three horizontal dotted lines for text entry.
- Logo: mhabitat

A general evaluation tool developed to capture more organisational aspects of the events was deemed not feasible as it required too much time to complete at the end of workshops. It was therefore not used. The full evaluation framework can be found in Appendix 2.

Workshop outputs

The workshop outputs are listed below by venue. A full report of all feedback and frustrations with current service provisions captured during the workshops can be found in Appendix 2.

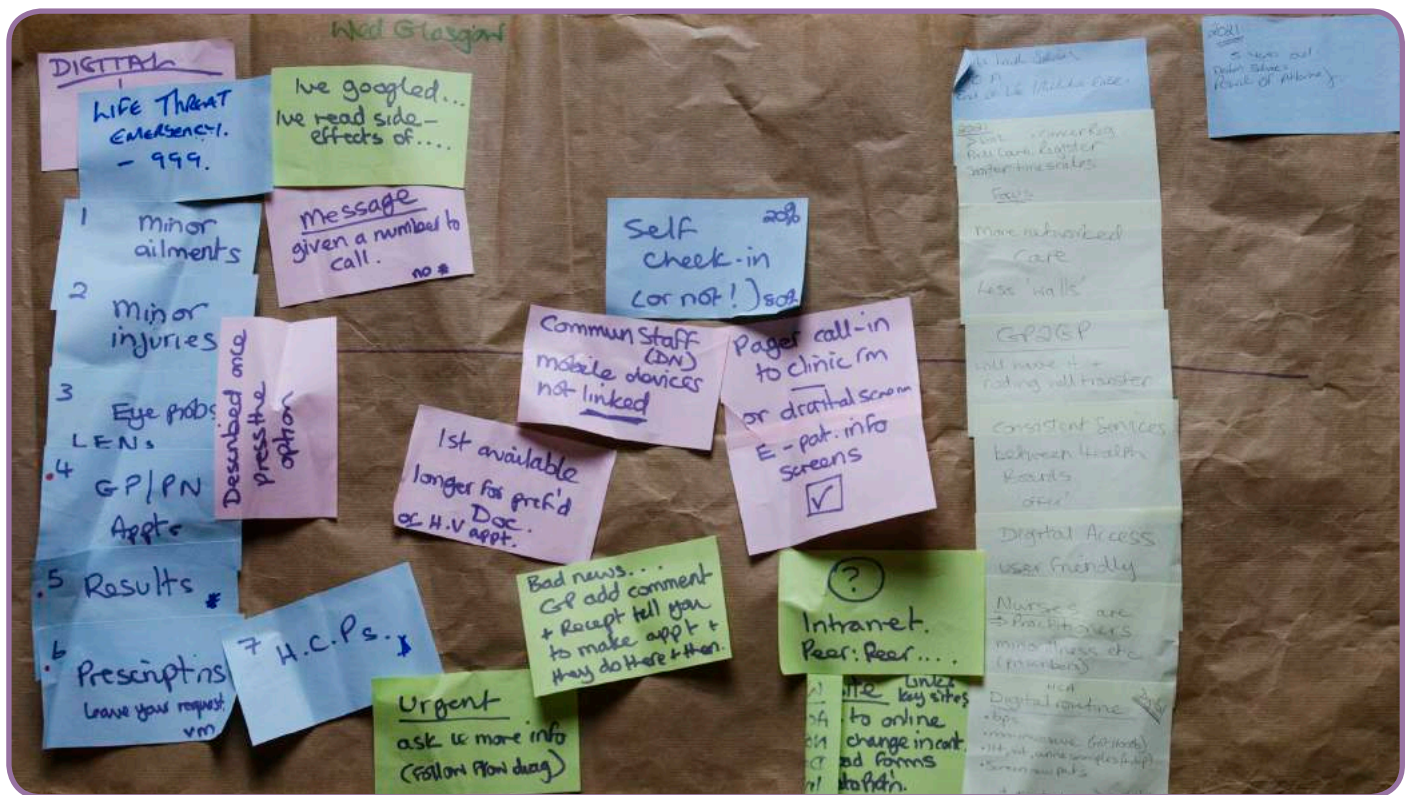
A. Glasgow

Glasgow was provided with an additional, shortened session the evening before the main workshop to engage people who wished to join in a group event outside their working hours. The findings were collated into the main event and are presented here as one workshop.

In the evening after the main workshop, a smaller group of patients who struggle with complex long term conditions joined a discussion about the significant practical, financial and emotional challenges they were facing despite living in an urban environment. Their priorities were self monitoring and managing conditions in their own home, better managing appointments to reduce the financial and other impacts and also accessing more information in ways that were personal and in modes that were helpful to them rather than the system.

Staff activities

Staff including nurses, managers and receptionists from practices attended the Glasgow workshops from a total of five different practices and worked on three high level process maps. The single point of access had recently launched and therefore is not a dominant theme in the feedback. One practice manager was involved in the e-consultation pilot and comments about this have been included. This manager felt that their use of Dragon (talk to text e-tool) should be used more widely and would help communications during consultations, while also reducing the admin time in those sessions (clinicians having to type on the desktop rather than focus on a therapeutic engagement with the person they are treating).



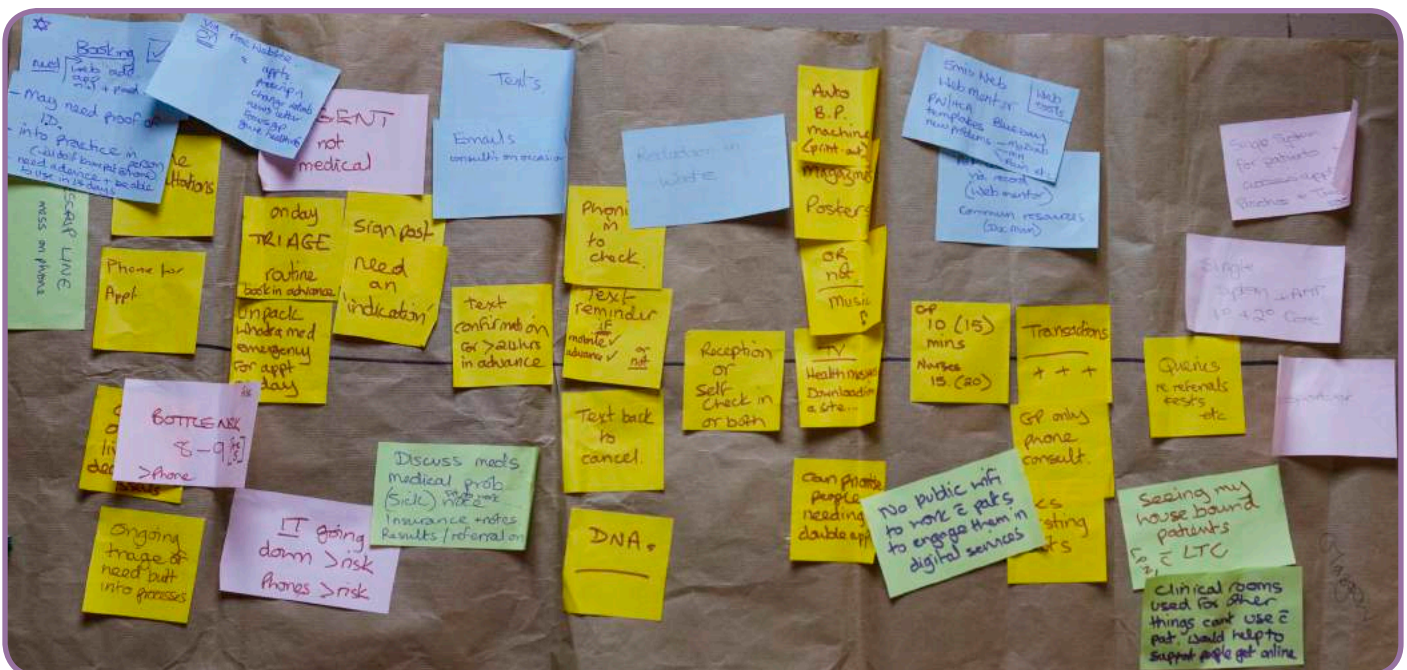
Process Map Focus: Generic Patient

Process Map 1:

Predominantly made up of practice managers, this group decided to focus on a generic 'usual' pathway for a patient from initial contact to post appointment. This group identified the heavy use of phone calls to manage the business of the practice, both by citizens and staff as a major issue. Bottlenecks in activity focused on 8-9am and just before the 5pm rush. There were concerns that the citizens who actually needed to see the GPs most urgently might miss out as there is often a queue on the phone lines or the new numbered option systems were unhelpful and had not been co-designed with citizens.

Blocks and barriers	Enablers and strengths
Phone options sending citizens to another number to call and start all over again	Digital tools are becoming more familiar to citizens and those using them are largely advocates to others
Citizens ignoring the messages re urgent and non urgent appointments and pressing urgent to get straight through (irrespective of the issue)	When working well, the online systems could support reduced calls
Not enough emphasis on the online option and challenges getting people to sign up due to the need to attend the practice to collect login details (and needing to bring ID)	Nurses have longer slots so could support people starting to use the system online and have 'conversations' with citizens
Issues with citizens transferring practice and the Docman system which requires staff to summarise patient notes and re-enter the data	Practice staff are experts in using GPIT systems
Citizens ignoring the noticeboards and TVs because the content has little meaning to them personally	Most practices have a web presence - a website and some practices use social media
Communications driven by appointments and referrals	Using text messaging much more and more creatively
Not asking people what mode of communication works for them	Trials of digital services which might add real value to practices and user experiences
Volume and time consuming nature of legal work - the fees for this are very low and don't cover staff time costs	The Government's 'push' on digital and associated funding
Extensive variation in the use of digital from a Manager who received daily Google analytics on practice website use to those who had no online or digital services at all	The group felt the project/presence at the workshop represented a willingness to find ways to increase the range of digital services they offered and saw it as a first step

Opportunities (future focus)	High impact benefits
To use the practice environment better, using the chance to engage people in lifestyle changes and well presented messages for each practices citizens	More people will be online, freeing time for the more vulnerable/risky citizens - eg frail elderly
Using the websites and online access in a way that people can make it more personal to them	More effective communications with citizens in a way that suits them
Using existing tech in a more joined up way	More effective use of resources and less wasted time, shorter waits, less calls
Making health systems look familiar to people like Amazon!	A conversation rather than a process line approach
Shared learning network to support improvement across clusters/regions	More choice for citizens about how they interact, improving patient outcomes
More effective triage options for citizens so the urgent appointments and home visits are to those most in need	
Nurses who have longer appointments to support citizens and carers using digital tools/online	



Process Map Focus: Long Term Condition Patients

Process Map 2:

The second group were largely practice nurses and reception staff who engage with citizens the most. They also chose a generic, generalist route through services for their process map. The dominant theme was one of frustration with systems adding to their workload, not helping free up time for citizens.

Blocks and barriers	Enablers and strengths
Desktop computers adding a barrier to face to face opportunities to engage people in therapeutic conversations in consultations	Professional drive to maintain quality of interpersonal interactions when face to face with citizens
Very 'form' driven re completing checklists of questionnaires/activities in a consultation before the patient leaves	Learning from new digital services, if it can be shared across networks
Time pressures and tight clinic timescales reducing the chance of picking up on wider issues	Clustering presents a range of opportunities for a more digital approach
Concerns about the pressures on reception staff	Digitally enabled citizens wanting to use more electronic services - this is likely to increase
Large amount of legal work which is only paid tokenistically but takes significant time	Nurses have longer slots and could support citizens using digital tools
Staff feel overwhelmed by digital choices and unsure what to recommend	Health Care Assistants (HCA) roles could include supporting citizens with digital tools
Use of Docman and GP2GP - demands on practice staff who could be assisting clinical staff if they had more time	Existing online services could be used more creatively
Receptionist's use of decision trees that may be changed frequently by GPs but without a formal review process to see what had worked/not worked	Text back to cancel has been a hit and this could be a useful tool for other things
Time spent in the surgery is poorly used and noticeboards are not looked at	
Referrals on to others (not just NHS/secondary care) - slow to complete, often still paper; not connected	
Systems with wider MDT not linked so clinical staff can't easily keep care teams updated eg end of life care or complex family situations	

Opportunities (future focus)	High impact benefits
Digital information personalised to people's own requirements for those who want it or it is clinically recommended	Reduce calls from people checking up on results, referrals
More engaging environment which is focused on education and prevention	Free up time for citizens most in need and those with mental health problems
WIFI in the surgery so that people can do things there and then not via letters or relying on them to re-book appointments	Support effective updates for citizens electronically - re their own care and general services updates or campaigns
Improved triage for minor problems so appointments are kept for the most in need	Improved use of appointments
Clinical staff role changes with more HCA's, likely to be less GPs so more specialist Nurses all trained to use digital tools	A consistent 'offer' to citizens across services
Delay notifications for citizens re appointments in clinics and referrals or results to reduce calls	Joined up systems
Online educational workshops	
Daily updated bulletin board	
All referrals completed automatically and sent at once	
Patient dashboard so they can see what is going on with their care	
Auto record consultations - voice to text (pilot running on one practice currently)	

B. Inverness

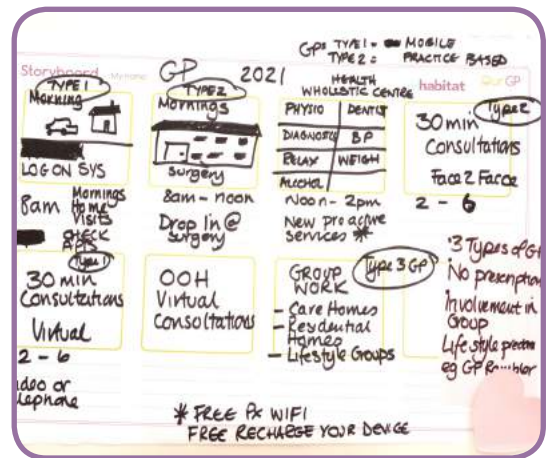
Frustrations with current service provision:



Citizens activities

The workshop in Inverness provided the early ideas for the one page profile ‘About Me’ and the ‘Digital Image Triage’. There was a mixed group of citizens of an older age range than Glasgow, working in two small groups around the personas and sharing their own experiences and ideas.

The group’s priorities were accessibility, self-management and connecting with the practice remotely. Citizens wanted the option of tracking dispensed medication like a parcel and sending images of minor problems to the practice for tips and advice.



They also raised ideas around:

- Translating audio technology
- Making the most of the waiting time in the practice - patients providing information, not wasting time
- About me profile

Staff activities

Staff in Inverness were from three practices and two staff had taken a day off work to come to the workshop. One community nurse attended who worked across several practices. The group opted to map a case study using an elderly woman with mobility problems who's carer (informal) had identified a red patch of skin at the back of one knee, possibly rubbing from her seating (wheel chair/arm chair). The potential pressure ulcer was used as a trigger to examine common challenges in elderly care.

The group developed the idea which became photoGP. They identified significant service efficiencies and an improved user experience using a digital triage tool. Issues raised related to a lack of time to effect behaviour change with patients most in need and frustrations at technology implemented without their involvement in the planning stages, but also feeling overwhelmed by digital tools available and their role in recommending, or not, solutions for patients to try.



Process Map Focus: Older person with multiple long term condition's and pressure area

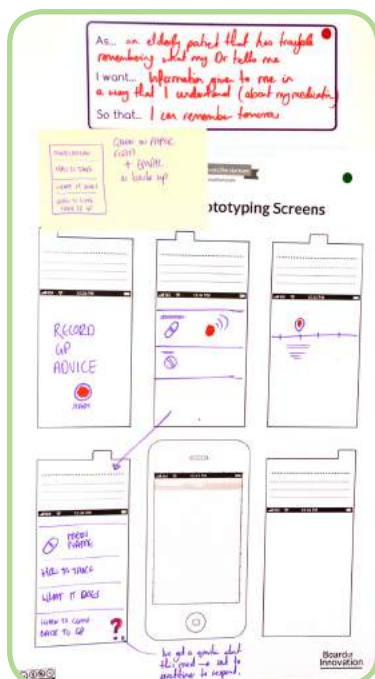
Blocks and barriers	Enablers and strengths
Phone system - added work and upset the patients	Technology is there and available it just needs connecting
Never ask people what their preferred communication method would be	Willingness of staff to try and use it more - workshops like these
Waits involved in the current triage process	Clusters
Patients not liking the self-check in	Capacity to improve the use of technology
Complex decision tree for reception to decide if a home visit is needed	Patients increasing use of technology at home (broadband) and mobile
Emailing SPOA - office hours M-F so it is not really helping	National imperative
Cost of GPIT functions that could help	
No computers for the community nurses	

Blocks and barriers	Enablers and strengths
Mobile devices don't link to anything so they are in a box under a desk	
IT providers lobby Health Boards so we are not seen as the customer	
Lack of time with people who really need to change their lifestyle	
Many people called to clinics that could be run completely differently if technology was used	
Clinics for people who didn't need them	
Reminders to patients not set up for them but for the performance targets	
TVs and notice boards no-one looked at	
Wasted time waiting for updates on referrals or results	
No one to coordinate feedback for patients	
Patients excluded from digital by their circumstances or by the practice (not having the tools to use)	
Worry caused to patients waiting	
Free prescriptions has set the expectations of patients - everything free - need to reset	
Opportunities (future focus)	High impact benefits
More self service and trust in patients to do more for themselves	Improving patient involvement so that it's a collaborative experience
To refocus on patients and carers who need it the most	More inclusive co-designed approach with joined up initiatives
More self triage	Using the assets we already have, better
Real time information needed	
More use of text messaging	
Practice based initiatives to reduce digital exclusion	
Stop paper and fax communications	

Opportunities (future focus)	High impact benefits
Self MOT	
Focus of activities on priorities - healthy living and education especially	
Digital care coordination across everyone involved in a care package, including the patient	

C. Skye

Frustrations with current service provision:

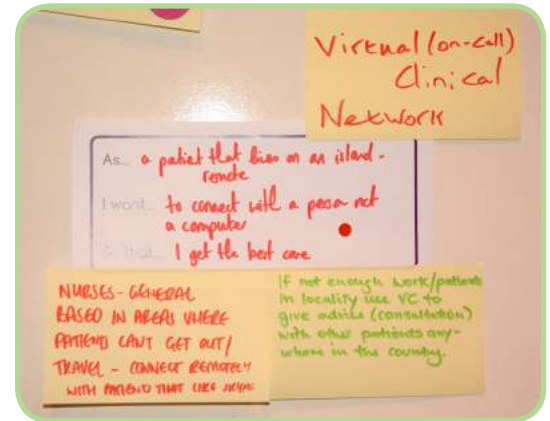


Citizen activities:

At the Aros Centre in Skye, the team worked very closely with two patients for the whole workshop. This enabled a deep understanding of their lives on Skye and neighbouring island, Rassie, to be elicited. The struggles that they and their family and friends can encounter with regards to their health, getting access to care, managing the impacts - financial, emotional, physical - and understanding the challenges of keeping well, of dying well and accessing support for carers. Technology was extremely important to citizens as it enables communication with health professionals on mainland Scotland - they were very positive and open to future technologies.

Discussions included what remote healthcare could look like in 2021 taking into account issues such as travel, care in the home and ways to encourage healthy living. The ideas that came up largely focused on benefiting those in remote locations.

Using the personas, the team were able to develop these ideas so that they could be more accessible to a wider group of people. For example, the medication vending machine idea was one which would enable patients to access their prescriptions closer to home. It was then highlighted that this would also benefit office workers in cities, who can't visit the pharmacy before they close at 5pm or when a pharmacy near work would be easier than one at home.



Staff activities:

The Skye workshop was attended by nurses, practice managers, and community staff (including a telehealth lead). Morale was low with staff feeling overwhelmed by the amount of work and challenges. They started the day feeling digital was likely to be more work but by the end of the workshop they had enjoyed the time to consider it more fully and were more energised about trying new tools. There was a wide range of digital tools currently in use, with some practices using lots of online communication and booking systems and others having none.



Process Map Focus: Generic patient - temporary residents & island challenges

The challenges of island living and working included the fact that nice weather can mean people don't attend groups or clinics. The weather therefore can add to the cost of trying to run services and access patients or other disciplines in any kind of planned way. The cost of transport was felt to be significant compared to the mainland (bus day ticket £8.50 on the island compared to £4.50 in Greater Glasgow) and some patients had to travel to Inverness for care (112 miles return plus ferry costs/times to map to appointments). Everyone used their cars to get around and the nurses felt that this reduced the amount of exercise people did. It was also a challenge therefore to support people to change routines and habits when so much of life was dictated by factors like the weather. As a consequence they felt there was an increase in requests for home visits.

Blocks and barriers	Enablers and strengths
High numbers of temporary residents (tourists) to manage	Wide range of use of the TVs, e-consult , online systems and tools
Lifestyle change problems for islanders with limited opportunities for exercise	Practice staff supporting each other and sharing what worked
Pressure on practice staff with long waits	Community used to supporting each other in challenging times
Not enough urgent appointments	Evident improvements where technology was available
Admin activities for eg repeat prescriptions of paracetamol (unable to bulk buy off the island so people send in a script request)	PPG set up a volunteer transport service for minimal cost to get people to the practice
Patients prefer to interact with reception not smart-check	
Practice survey re digital systems resulted in them not being implemented as patients voted overwhelmingly not to have them	
Waits if the GP is on visits - delays for urgent appointments	
Concern the WIFI will increase work	
GPs trying to type notes between appointments	
People are told of delays on arrival but might be tied to transport and have to re-book (ferry; £15 per trip)	
Practice admin staff having to help write referrals (some practices still use paper only - wide variation)	
Pharmacy recommendations have largely resulted in people being referred back to the GP	
Consents on info sharing - not efficient or effective	
Challenges of MDT meetings over wide distances and no Skype	

Blocks and barriers	Enablers and strengths
Lack of mental health support	
MDT members don't come if the weather is bad	
Not feeling listened to re clinical advice	
Opportunities (future focus)	High impact benefits
iplato trial (SMS)	Insights from real time data helping planning
To implement the building blocks (Scottish Government plans)	Reduced admin burden from temporary residents
Use digital systems and tools to manage the volume of temporary residents	Behaviour change tools to address lifestyle issues on the island
Reduce the number of calls to the practice - people chasing referrals and appointments on the mainland	Increased use of SMS would help people who are tied into ferry times or are reliant on lifts from those who are/work on the mainland
Eliminate paper systems in other organisations to reduce the number of paper systems they have to refer to	
With freed up time, address lifestyle issues	
Online workshops and clinics	
Use hyper local assets and resources to support people to reduce drinking and behaviour change	

D. Stirling

Frustrations with current service provision:



Citizen’s activities

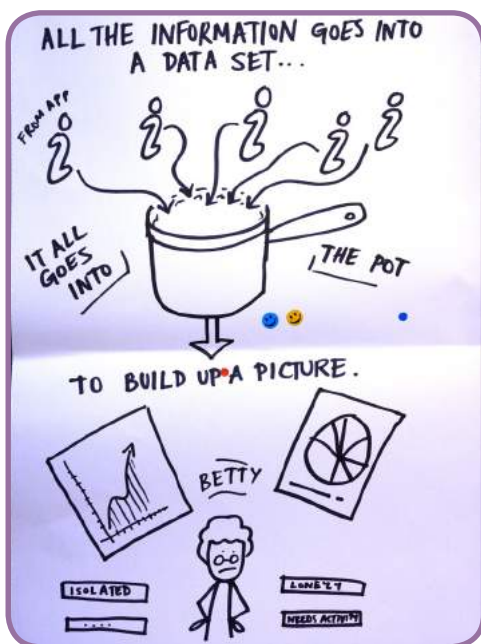
Stirling was one of the bigger workshops with teams of up to eight forming around five tables (groups moved around during the day with some tables merging) and consisted of a large group of people of different ages and from a range of backgrounds including:

- Overseas students studying at the University of Stirling
- Individuals who had experience of accessing mental health services
- Individuals that communicate using British Sign Language (BSL) and need an interpreter
- A group of older carers, some of who had many years of experience caring for terminally ill family members.

The carers group were reluctant to use technologies and highlighted instances where they felt face-to-face communication was essential. They chose to focus on areas of the GP service that they had had negative experiences, and explored ideas about whether technology could have helped. As a group, they concluded that some of the ideas discussed would benefit them, if they had a younger family member to help them set up and use the technology.

Suggested outputs included:

- A tool that enables practice staff to gain detail about the accessibility requirements of an individual at a glance and thus reduce the incidence of wasted appointments (and time from the perspective of the service user) when requirements are not met
- A home test kit that includes wearable technology and basic test kits that enable those with limited mobility or those who are time poor to submit readings to the practice from the comfort of their home
- More reassuring and personalised communications from the practice, especially for those with specific requirements. For example, 'We have booked JOE BLOGGS as your interpreter for your appointment on 03/03/2017.' A link to more information about the interpreter could be included and the message should be received by the service user in their first language
- Greater integration of communication between general practice and online peer support groups so that service users are prescribed or referred to these when appropriate as part of standard practice.



Towards the end of the afternoon the groups came together to discuss the GP practice environment itself. Ideas were shared, commented on and developed, resulting in an illustration of a practice and how it might look in the future. Attendees had the opportunity to vote on their favourite aspects. One of the most popular ideas was a similar 'About me' personal profile idea that logged the patient's needs, accessibility requirements and communication preferences to enable staff to 'know your patient'.

At the end of the session we combined all the 'public' attendees into one large group and created a vision of a future GP service that included all the different elements that had been suggested.



Staff activities:

The staff in Stirling consisted of a GP, nurses and practice manager staff. They elected to work on the process for home visits which they felt had not really been explored regarding digital tools. This often comes under mobile working but the group felt the complexities of using any digital approaches in this context needed further discussion. The mapping exercise highlighted the opportunity that integrated and intelligent mobile working could offer.

The group came up with solutions for 'pinging' multiple referrals to a wide range of providers (not just NHS) at the same time to cut the inefficient and time consuming process during home visits, freeing significant time and reassuring patients that referrals had been sent immediately.





Process Map Focus: Home visits by GP

Blocks and barriers	Enablers and strengths
Complex route through to triage and to a visit	Clustering in some areas
Three main frustrations a) calls - routing through a numbered system b) online access and appointment booking (none free) c) calling before 8am - the older citizens may not have realised there was a problem in this timescale	Advent of more technology and recognition of projects like OurGP that this needs to be embedded
Citizens defining 'urgent' v 'routine'	Push to paper free
'Ask a GP' emails adding significantly to demands on the GP, not helping	Increased use of HCA's to support citizens with LTC's
Docman issues re staff time/risks	Self check in and TV screens in the practice
Staff printing off documents from E-Systems as there are not the system linked devices available to use off site	Citizens asking for more digital options including eg emailing results or letters
Waits - across the patient journey	PPG groups could support co-design
Hand writing notes to enter on return to the surgery alongside referral forms, many are not linked or electronic but most ask for similar information	Scotland being a 'small' community in which innovations at the cutting edge could be trialled at scale
Remote visits are very expensive and may/not be needed	
New single point of access causing some issues. Ok in theory....	

Secondary care delays and referral management problems having a knock on effect on visits	
Internet/intranet connections not working between surgeries - how will this work in clusters?	
Keeping practice website up-to-date and interesting	
Calls high as citizens seek info about secondary care referrals and appointments - citizens assume the surgery knows but they don't!	
High number of referrals for a small number of citizens is a significant demand on GP time. Practice staff complete some referrals for GP	
Phone triage needs to be disclosed to Medical Defence League re insurance cover adding costs with unclear benefit	
Information governance issues using own mobile devices - concerns even using NHS mail logins and secure access	
Opportunities (future focus)	High impact benefits
Front end e-integration for citizens across all services	More holistic approach to care, not just physical
Development of a common referral form/ process for every organisation including 3rd sector providers	Reduce calls from people checking up on results, referrals
Automated, intelligent referral system that can 'ping' several referrals for one patient simultaneously during a home visit, from a mobile device	Improved use of appointments
Real-time updates straight to citizens about referrals tests so they can keep an eye on it themselves and not need to call the surgery	Reduced variation in services
Whole wider MDT on one network so teams can share ideas, peer support and also plan shared care, improving co-ordination	Joined up systems/services for joined up teams

E. Ayr

Frustrations with current service provision:

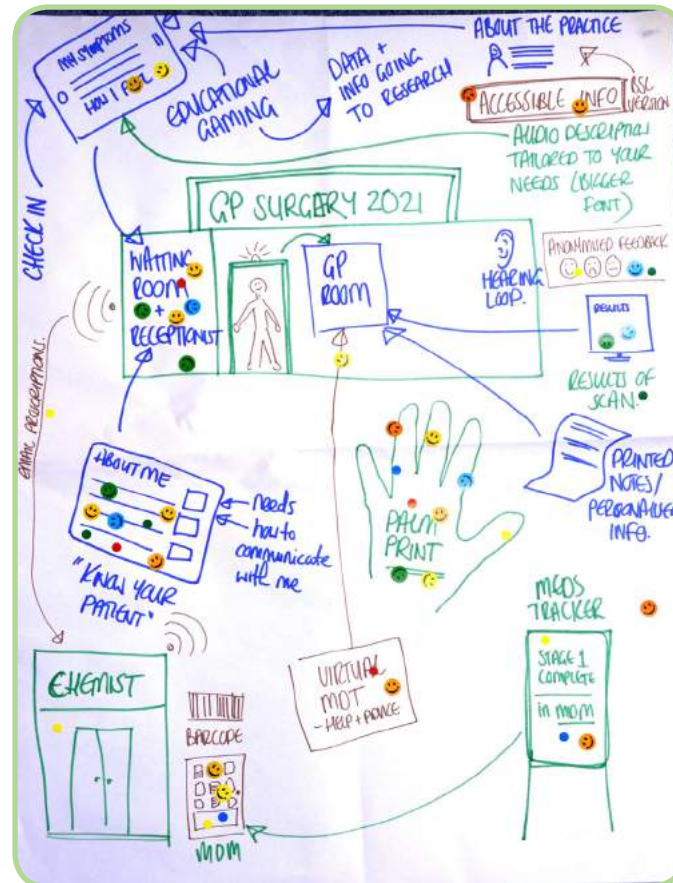


Citizen activities

In Ayr many of the citizens who attended the workshop were experiencing several long term conditions. One citizen was able to share a story relating to multiple diagnoses given in a short space of time, resulting in stress and confusion. The personas used in the session had similar challenges. Two aspects of care repeatedly raised were (a) remembering information and (b) getting confused about medications. This was a particular issues for people experiencing several conditions. Using these examples, a paper prototype was produced to help keep track of appointments, medication and advice. This was the early iteration of 'OurGP Information and Advice'.



Other ideas covered topics around carers rights (for example, lasting power of attorney), prescription delivery (similar to Skye) and care in the home.



Staff activities

Ayr was held in a GP practice and staff were from a number of local practices. There were several GPs, nurses and practice managers. The group decided to focus on a man with mental health difficulties, Type 2 diabetes and alcohol problems who was also a carer. During the process mapping it became obvious that current systems did not support his wellbeing holistically, and there was extensive discussion about the challenges of surfacing mental health issues earlier and then supporting effective referrals. This case study resulted in meeting physical health requirements (for example, diabetes reviews and flu jabs) but resulted in the admission of the carer as his mental health significantly deteriorated.



Process Map Focus: Person with Type 2 Diabetes, alcohol dependencies and mental health problems

Blocks and barriers	Enablers and strengths
Need more time for preventative and public health work - role influencing the community	Move to more digital resulting in more conversations like this
Need hyper local solutions to make changes, effectively joined up	Current technology - could use it better
GP has to carry 3 mobiles	Clusters might support more cross working
Need to factor in time to train patients use of digital	Increasing move to MDT with wider colleagues which would benefit from joined up tech
Focus on targets for physical health to support funding of the practices	Recognition that parity of esteem is vital - if this is reflected in funding streams, it will make it easier for practices to put resources to it
Text messaging being used excessively for some patients	
Most technology focused on coding	
Not linking directly physical and mental health issues	
Discharges from hospital resulting in 'bounce back' to the GP/re-referrals	
Carers role and impact not sufficiently recognised	
SMS is largely push messaging	

Opportunities (future focus)	High impact benefits
Info prescriptions to try and address wider issues for patients	Address patients needs more holistically
Targeting holistic activities to support wellbeing and prevent crisis - tech could help	Implement parity of esteem including digital support/interventions
Make it more fun to be more healthy	Provide more preventative enabling care
Algorithm to manage care and surface issues earlier based on risk factors [frailty index]	Engage patients in a more positive way which triggers behaviour change
SMS push messaging but more positive and holistic	
Web based profile that the patient can put info important to them and their circumstances	

F. Edinburgh

Frustrations with current service provision:

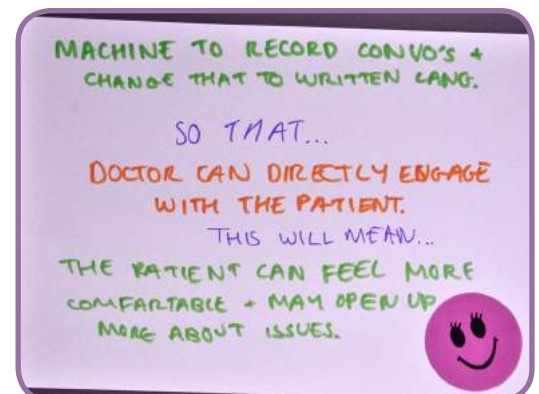


Citizen activities

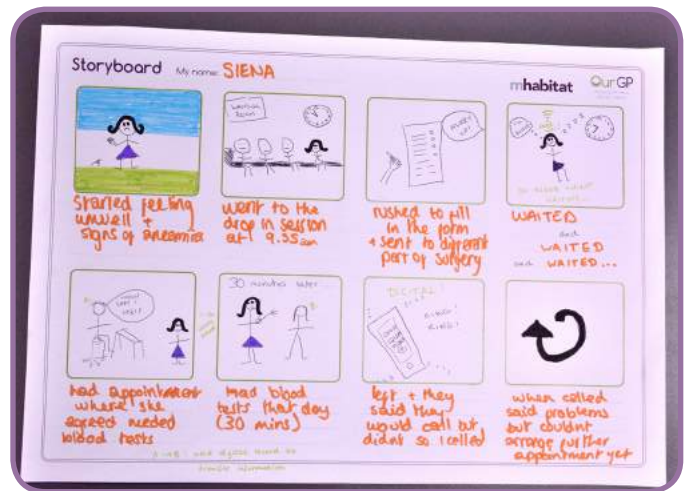
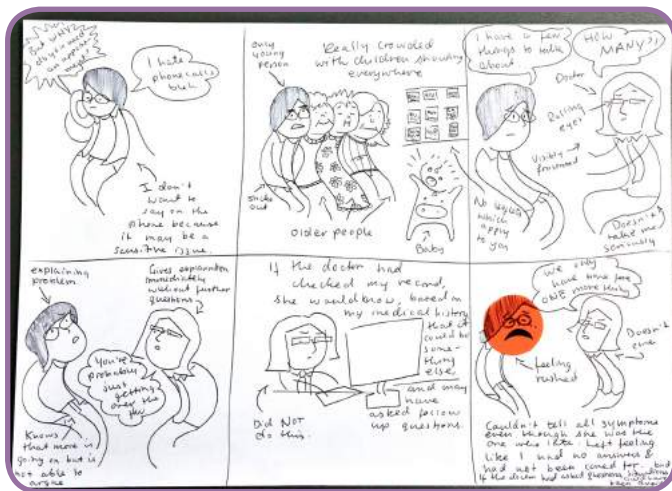
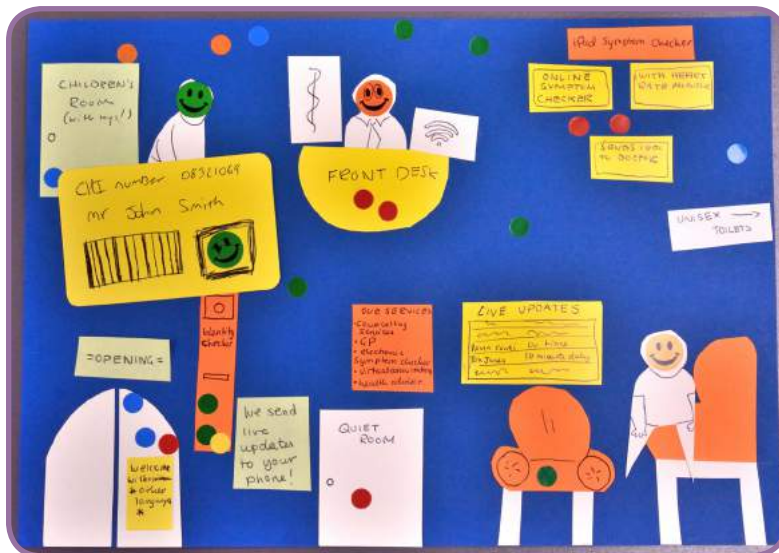
The final workshop in Edinburgh attracted participants from a younger demographic. We were able to discuss the impact of mental health in the context of accessing GP services and challenges from the point of view of a transient student population.

Ideas generated focused around the physical environment of the GP practice of the future and how digital technology could be used to streamline and enhance everyone's experience.

Other participants explored the difficulties carers encounter and how they might communicate with different health providers involved in care in the future. Sexual health and how best to educate young people to keep healthy were also discussed.



Citizens joined the GP practice staff team to offer a patient view to their idea of a 'healthy living hub.' The citizens and staff were then able to work together to develop this idea from both points of view.



Staff activities

Staff at this workshop were from a range of practices and included GPs, nurses, practice staff and managers. The group decided to map the journey of a woman who was pregnant and had recently moved to Scotland to be with her husband. English was not her first language. She also had another child. She relied on her husband to attend appointments but was well educated and tech savvy. The discussion centred on system barriers and opportunities to her accessing services and the power of technology to help her communicate independently.



Process Map Focus: Minority ethnic group mum who does not speak English

Blocks and barriers	Enablers and strengths
Limited online registration process which required many steps in the process, delays and confusion for the patient	Digital process would benefit everyone and free time for preventative work
Proof of ID and booking interpreters delays	Part digital process could be taken the next step
Issues with the registration process delays caused resulting in delays to check ups	Holistic care needed for families could be supported with digital tools
Access to other children being restricted until the registration process has been completed	Run parallel access -2G, 3G, 4G and paper; digital but off line
Potential safeguarding or vulnerable adult issues	Current drive to paperless NHS and wide access to SMS
Little opportunity for preventative work or wider lifestyle issues - being pregnant is not an illness	
Letters sent not understood - why letters?	

Opportunities (future focus)	High impact benefits
Digitise the registration process	Culture change to health and wellbeing, enabling patients
Implement faster, planned tech (building blocks)	Digitising registrations and other processes now will immediately help pressures
Change practices focus to wellbeing and positive messaging	Focus on tech that will primarily help patients
Personalised health info driven by patient	
Target priority groups we already know about	
Identify quick wins	
Paper free and better use of SMS	
Use of self MOT (using a body scanner as patients arrive in the practice) so patients arrive with the basics done before they see the GP	

ETHNOGRAPHY

OURGP ETHNOGRAPHY SUMMARY 2016-17

The first two ethnographic studies took place in October 2016 in West Dunbartonshire and Renfrewshire. A third ethnography took place in January 2017 in Moray, as a comparison and for validation of the ideas that have been co-designed throughout the project so far.

Practice one: West Dunbartonshire - 12 & 14 of October 2016

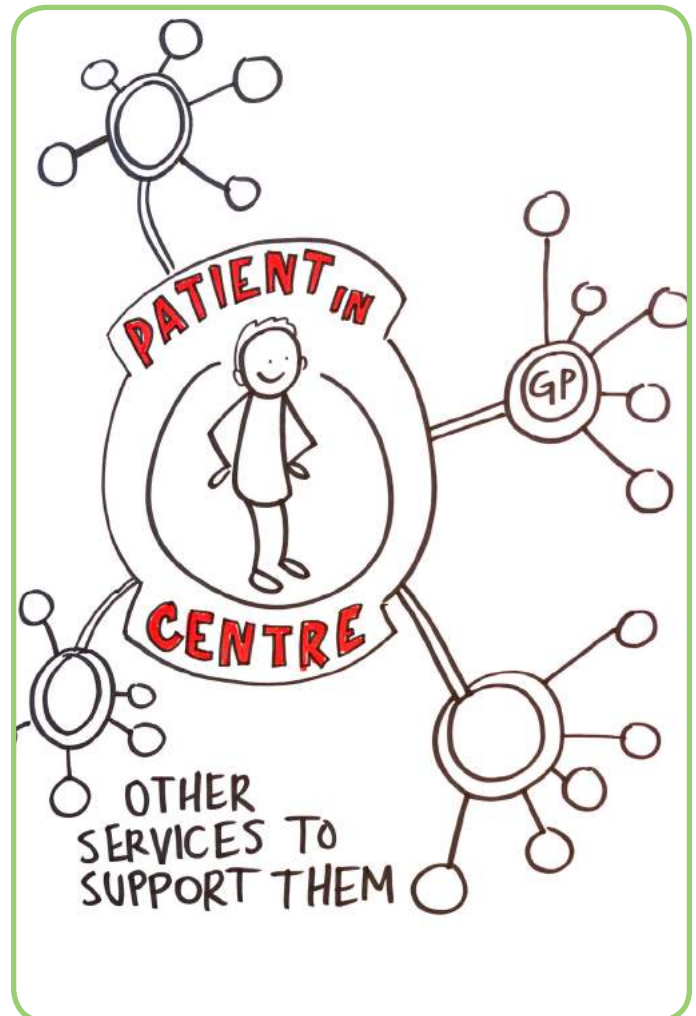
This study took place over two days, one afternoon and a full day on Friday 14 October. The practice manager gave a guided tour of the practice from the point of view of patients visiting and also from a staff point of view as a place of work. Positives and negatives were highlighted around the design of the building, the patient experience, interactions / touchpoints (analogue and digital), accessibility and wayfinding. To summarise, the practice interior was very modern, white, bright and had a clinical feel. There was clear signage upstairs in the waiting room, however there were issues around wayfinding from the entrances, and to the exits. Patients did not need to interact with anything or anyone except the reception staff and the only piece of digital technology was the TV screen, centrally controlled, that mainly displayed news features.



Waiting room observations: The waiting room was a 'waiting' room. Most patients sat quietly doing nothing - occasionally they might look at their phone or have a sip of coffee or water. The room had a big whiteboard at the front with hand written notices about the practice, all the seating faced this board. Patients would glance at the whiteboard but didn't appear to spend time reading the whole notice. To the right was the digital screen that patients would glance at but there was nothing that sustained people's attention - the screen was busy with video, text, colours and multiple stories. The rest of the wall space was peppered with posters, approximately 60, but no one interacted with them during the ethnographic time period. Magazines were occasionally picked up from the coffee tables - one patient searched through them all to find something of interest. The magazines were varied (for example, golf, TV, sport) - some had been in the practice for a while and were out of date. Some patients knew each other and would chat whilst waiting. There were no electronic signs to inform patients how long they might need to wait.

Reception staff would chat to patients upon arrival and would occasionally strike up a conversation if the desk was quiet. They don't have self check-in services at this practice. The GPs and nurses would walk into the waiting room to collect their patients. The practice manager thought that collecting the patient from the waiting room gave a more personal service, the GP would start the conversation whilst walking ('Hello, how are you?') and it also enabled the staff to stretch their legs.

Informal Interviews: Throughout the day, informal interviews were conducted with 7 staff members. Topics included the use of digital technologies for personal use, the use of digital technologies for professional use, modes of communication between staff and patients, favourite aspects of technologies, frustrations around technologies and in an ideal world 'what would your practice look like in 2021'. These discussions resulted in ideas to improve communication and patient experience - staff members gave feedback on these ideas throughout the day and would pop by to add other comments and suggestions.



Key Learning from the West Dunbartonshire Medical Practice

- Waiting rooms have a captive audience - this time and space could be better utilised for education and information
- Information provided to patients needs to be relevant and in a format that suits them as an individual
- The practice staff are keen to better promote healthy living and self-management.

Practice two: Renfrewshire - 28th of October 2016

This Medical Centre was an older building with a more dated interior compared to the previously described medical practice - the high back seating had been built-in and furnished in a dark red material giving the environment a closed in feeling. The waiting room was carpeted, doors made of dark wood, and photographs of China on the walls - the space felt dark and dated but welcoming and not clinical.

From the initial guided tour with the Manager it was apparent that this practice had more digital technologies to offer patients, than the other practices involved in the ethnography. Patients had the option of using a digital check in screen or speaking with the reception staff and there were three flyers on each chair:

- EMIS - online appointment booking / repeat prescriptions
- 'Not every appointment needs to be with a GP'
- Sign up to text reminders.

The leaflets were positioned on every chair, encouraging patients to pick them up before sitting down. It was apparent that some patients were taking the leaflets home as the reception staff would need to replenish them throughout the day. During the ethnographic study, very few patients read the leaflets in the waiting room.

Waiting room observations: Most patients used the digital check-in screen effortlessly upon arrival and patients in their 70s and 80s were having a go, for what appeared to be the first time, and succeeding in their efforts. The reception staff were promoting their other digital services throughout the day - they were really keen to get patients to sign up as they could see the benefits for both the patient and the practice. The local radio was playing on low volume but didn't provide any health information (possibly the opposite - they were advertising sausage rolls at ScotMid). There was little else in the way of digital technology in this area but patients would often use their mobile phones to pass the time.



As patients entered the practice there were a plethora of posters that most patients walked straight past - their priority was to check in. The posters were then out of sight when people were in the waiting room but staff had mounted the most relevant ones on a flip chart in the doorway through to the consultation rooms.

Patients would glance at the flip chart as they passed but no-one stopped to read it during the time of ethnography. The receptionists also made their own notices with more temporary information - both hand-written and printed - and these were mounted on the wall behind their desk for patients to see at check in. These notices were A4 in size and hard to read from parts of the waiting room - patients with visual impairments would particularly struggle to read them.

Informal Interviews: Throughout the day, informal interviews were conducted with four staff members and a group conversation, with people dropping in and out, was held during lunchtime. The topics covered were the same as the other practices in order to make a comparison.

Key Learning from the Renfrewshire Medical Centre

- The interiors of practices like this, have restricted space where digital technologies and information posters and flyers could be situated
- The practice wanted to communicate relevant messages to their patients about the practice and had to do so by making their own signs and leaflets with limited resources adding to accessibility issues
- As with the previous practice, the waiting area had significant potential to be a place to educate and inform people, building new ways to communicate.

Practice three: Moray - 18th of January 2017

Located in Moray, Scotland, the practice building was big, housing a pharmacy team, community midwives, community nurses, health visitors and a phlebotomist. They also had a rural surgery close by. The staff were welcoming and ready to embrace discussions about digital technologies and how we might develop ideas for the future. We chose to visit this particular practice to compare against the two Glasgow practices and for validation of the ideas that had been co-designed throughout the project so far.

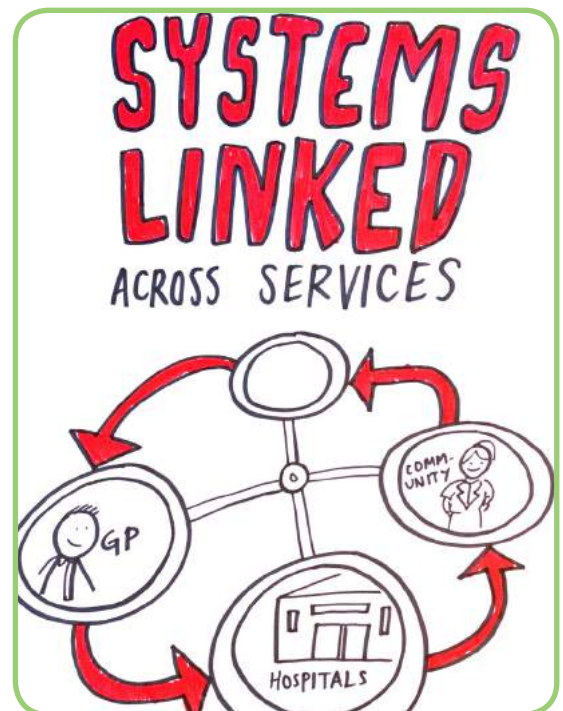
Waiting room observations: When entering the building, patients were directed to the reception desk to check in. To the left were two digital check in screens with signs saying 'out of order'. They had had them for about 10 years but they had not worked for two years due to the practice switching providers. The waiting rooms were welcoming and relaxed with a radio in the background and screens displaying 'Patient Direct'. Patients were sitting chatting or quietly using their phones. Occasionally a patient would pick up a magazine to flick through it.

As with the other two practices, the walls were covered with posters referring to many different health topics.

The practice manager said that there was no time to organise these into categories and they have to add new posters to the walls where there is a space. One sign relating to digital channels was evident - 'We're on Facebook' with a QR code to link to their Facebook page however none of the patients appeared to look at this during the ethnography period. The practice use their Facebook page to promote events at the practice and also pay for ads if they want to target a larger group of patients (for flu vaccines for example). This social media tool was led by a GP who is particularly interested in technology and social media - he often asked his son, who works in communications for advice.

The practice did not have many other digital services. Practice staff stated that the Health Board managed access to services such as Vision Online which was due to be installed in the near future. They send out text reminders through Patient Pal and found this an extremely beneficial and easy service to use, for example sending out group texts about flu vaccinations.

Informal Interviews: Between 10 and 12 staff members dropped by for informal interviews throughout the morning. We discussed digital technologies and what the practice could look like in 2021. At the end of each interview, the three shortlisted ideas were shared for feedback with an overwhelmingly positive response from all types of practice staff. These findings have been fed into the report.



Key Learning from Moray Health Centre

- The practice struggles with barriers to accessing digital technologies and therefore effective use
- The staff in practices like this have a clear appetite to become more digital and are learning the skills themselves to get their social media presence off the ground, there is no means to measure the effectiveness of this more widely
- Staff welcomed the ideas that have been co-designed throughout OurGP and were looking forward to seeing the prototypes to give more feedback.

Key themes and observations across all three practices:

It was apparent that the waiting areas of all three practices have the potential to be used as an educational zone and the patient's waiting time could be used more productively. The current means of displaying health information in the form of posters, leaflets and scrolling TV screens isn't very effective - patients are having to go to a lot of effort to find the relevant information for them. Most practice staff across the three locations were confident in using smartphones and tablets for personal use but used more dated technology for work purposes. On occasions, staff would use their personal devices if it made their job more effective. It was common for staff to talk about the need for technologies to enable patients to self-manage conditions in their own home and technologies to enable better signposting to services.

Key differences:

Each practice currently provides different digital services to their patients - some which work well for them, some that don't. Each practice has very different physical spaces which can affect the patient's interaction with information and communication with the staff. Every staff member had a different level of confidence with digital technologies - but most understood technology better than they thought they did.

'In 2021, in an ideal world, we would like....' (common responses from practice staff):

In Scope	Out of Scope
Urgent appointments to stay face-to-face but the ability to use technology for less urgent communications	Digital tools for practice staff to share thoughts / ideas / interesting things / tips within the practice and potentially local cluster
Relevant and personalised information and advice provided to patients, in a format that suits the patient, meeting accessibility needs	The GP practice to be recognised as a health centre with everyone in one place (Physiotherapists, Health Visitors, Pharmacy) promoting healthy living and wellness
GP practice promoting healthy living and self-management in patient's own home	The potential to have a 'health point' in the reception area for information
A reduction in inappropriate and wasted appointments	Better communication modes between GPs, community nurses and hospitals
Better signposting for patients	Governance issues re staff use of their own devices
Improved use of the environment in a way that increases opportunities for interaction	Staff training needs

All practices noted the opportunity to better use the waiting and other areas of the practice to effectively convey educational and other informative information. This was validated in the wide range of ideas from citizens and staff at the workshops who generated numerous innovative ideas for making this aspect of contact a more effective use of time. This warrants future co-design activities to explore the ideas further.

IDEAS LOG - THE LONGLIST

The outputs from the various activities set out in this report generated a longlist of ideas (94). The ideas were themed in two ways. Initially the mHabitat categorised them by where (venue) the idea was generated and by which group (citizen or staff) and also if it met the criteria laid out in the original vision. This was further subdivided by the Alliance team into categories that might indicate if it was out of scope/could be progressed within existing programmes of work under way in Scotland, or planned for the near future.

This themed long list was then reviewed by the steering group and a short list generated for further co-design work. These four coalesced ideas were rapidly prototyped by mHabitat into paper prototypes for the roadshow events.

It is useful to note that a large number of the ideas generated were subsequently passed to colleagues involved in NHS Inform, the patient portal project, and other projects to avoid duplication and support wide sharing of the views/ideas across the Scottish digital development programmes. The full log is included at the end of this report in Appendix 6.

The four ideas taken out to the roadshows were:

1. About me a personal profile tool
2. Advice and information tool
3. Digital image triage tool
4. Online educational seminars.

The visual aids for each are included below:

1. About me - Personal profile tool

What do people want?

- As a patient that moves GPs regularly, I want something to explain to staff I haven't met, so that they can understand my situation more clearly.
- As a practice manager, I want an easy system for new patients so that we can do the whole process more efficiently.
- As a patient, I want the GP to know my problems before I see him, so that I don't need to explain.
- As a patient with social anxiety, I want to be able to communicate with my GP via text / written words rather than talking out loud, so that I can communicate in a way that suits me.

The Idea: A one-page profile 'about me' to help GPs get to know me

Written by patient and displayed in a visual, user friendly way (that fits on a computer screen) - enabling GP practice staff to quickly understand the patient and their needs and goals, without having to scroll through records. The profile will be built up of icons and infographics, that can be interpreted at a glance and clicked on for more information.

Ally's young mum, 26, with asthma. She has a busy life, working part-time and looking after her two children. She's recently moved to the area and needs a different GP away from where she's at the moment. She sometimes finds that she spends her GP appointments explaining her needs and situation, and would like a quick and simple way to communicate with the practice.

Outcomes of the idea:

- Ally's young mum, 26, with asthma. She has a busy life, working part-time and looking after her two children. She's recently moved to the area and needs a different GP away from where she's at the moment. She sometimes finds that she spends her GP appointments explaining her needs and situation, and would like a quick and simple way to communicate with the practice.
- She takes a photograph of herself, medical notes and prescriptions that she's brought to the surgery. She describes the key symptoms she has - that she would like any doctor to know.
- She is able to build up a profile which is her medical - and supports her and what she's most of. She uses photos and icons to describe her symptoms, and she is able to add any other notes.
- With GP support on notes from other practices the GP can share what the patient's record and notes if the patient's GP practice has moved.
- Notes appear alongside and next to her picture and her 'about me' - so that a general view of her case is clear.
- GP's can see the patient's notes and notes if the patient's GP practice has moved.
- The notes refer to the practice in the government's database and about, just what.

2. OurGP Advice and Information

What do people want?

- As an elderly patient that has trouble remembering what my GP tells me, I want information given to me in a way that I understand, so that I can remember tomorrow.
- As a patient with a new diagnosis, I want good quality information delivered to me in small chunks in ways that I can understand and digest so that I can learn more about it overtime and ask my GP sensible questions.
- As a patient, I want to know how to improve my health, holistically, so that I stay well for longer.
- As a patient with a new diagnosis, I want to get trusted information in interactive ways that helps me to understand, recommended by my GP, as soon as I can.

The Idea: OurGP Advice and Information

A personalised secure app, prescribed by the GP following a new diagnosis or significant change in medication, for people with long term conditions. For example, the app will enable patients to record information during GP consultations so that they can digest it after the appointment. It can also give them access to relevant/trusted information and advice around their conditions at intervals after the diagnosis - enabling patients to digest bite-size information at a time when they feel ready.

Shona (aged 60) has a (chronic) cancer diagnosis a year ago and is finding life very stressful and confusing. She just found out she may have kidney problems too. She finds consultations with her GP can be rushed and doesn't really feeling comfortable and a bit lost. She would like to have easy to access information from a simple overview of things discussed and instructions from her GP, so that she can digest it once she's returned home. She is also getting information from a variety of sources and would like, with some help to go, that she can trust, for information and advice on her diagnosis and medication.

Outcomes of the idea:

- Digital information consultation
- Easy communication
- The GP has some notes that Shona is able to read and she is able to add any other notes.
- The GP has some notes that Shona is able to read and she is able to add any other notes.
- Shona uses the app to record her symptoms and notes if the patient's GP practice has moved.
- Shona uses the app to record her symptoms and notes if the patient's GP practice has moved.
- Shona uses the app to record her symptoms and notes if the patient's GP practice has moved.
- Shona uses the app to record her symptoms and notes if the patient's GP practice has moved.
- Shona uses the app to record her symptoms and notes if the patient's GP practice has moved.

3. OurGP Digital Image Triage



What do people want?

- As a person who sometimes wastes an appointment for something trivial, I want to be able to get simple things fixed virtually, so that people who need appointments can have them.
- As a person who may not know if their symptoms are serious enough to see a Doctor, I want to be able to contact the practice so that I am confident going to the GP.
- As a patient that's unsure about my symptoms, I want to be directed to the right person so that I can be treated efficiently.
- As a patient, I want something to help me identify what skin conditions I should worry about, and what I shouldn't worry about. For example, non urgent rashes and moles. So that I know when it might be best to visit a Doctor.

OurGP Digital Image Triage

Digital tool that allows patient to photograph their minor injuries / non-acute skin conditions and securely send to clinical staff for advice. Conditions could include, for example, rashes, skin redness (pressure sore), minor injuries eg. sprained ankles and infected cuts. Patients wanting feedback enter their mobile phone number and receive a text notification and useful information (pharmacy details).



Lucy, 29, has just moved into a rented flat and works in the corner shop. She leaves her smartphone and keys at all the time. She's in pain and doesn't have a very healthy lifestyle. She has a patch on her arm that is red, sore and itchy - it's starting to crack.



Lucy has just registered with her friend's GP and was made aware by the practice staff of the digital services that they offer.

Lucy is at home a few days later and her friend asks why she's scratching her arm. She shows her arm to her friend who suggests the OurGP Digital Triage 'Triage' app.

Lucy takes a photo of her arm and submits it through the app. She's asked a couple of questions through a questionnaire and presses #SEND#

She receives a text telling her when to expect a response, advice if it gets more serious and a link to the online booking system.

As hours later - Lucy receives a text advising her to make an appointment with the practice nurse and a link to the online booking system.

4. OurGP Educational Seminars



What do people want?

- As a clinician I want to provide a group intervention for all my patients struggling with behaviour change and especially mental health issues so that they get the help they need to succeed.
- As a patient, I want to learn more about different health topics by talking with a nurse online. I would like to learn about a new topic each week, so that I am able to care for myself more.
- As a GP, I want my patients who need to change their lifestyles to have more ways of accessing public health messaging in fun and interactive ways, so that they don't become ill.
- As a patient, I want to see and hear relevant information to me when I'm at the GP practice, and have it presented in a way that is relevant to me. So that I don't have to find the information.

OurGP Educational Seminars

Package of online education seminars linked to an app with rewards for positive changes. Educational seminars are run digitally by the practice nurse or GP on different topics each week. These group seminars can be live and prerecorded so that patients can access them, wherever they are. The practice releases rewards to patients as they complete modules or achieve certain goals.



Betty is 54 - She is a care for her mother in law with vascular dementia and her daughter. She doesn't look after her health as much as she'd like and would benefit from learning more about healthy living, the effects of stress and Type 2 Diabetes. It's hard for her to get to the sessions at the GP but is often at home on her computer.



Betty had visited the practice nurse last week about her cholesterol. The practice nurse suggested that she might like to join the OurGP Educational Seminars which she can join from home (she downloads the app).

Betty receives an email invite with instructions, the agenda and her log on details and some interesting links to look at on the internet (research etc).

During time 'Cholesterol', Betty logs on and chooses to be visible to the group via her webcam. The seminar is interactive and informative - Betty is able to ask questions and set goals as a group.

Betty receives points for engaging in the conversation - The more sessions she attends and goals that she reaches, the more points she receives. Betty chooses to use her points to be used toward lunch at a local healthy food cafe.

Betty goes on to collaborate with the practice staff to support others in the group to reach their goals and help get support for new rewards partners.

Following the roadshows, outlined below, the list was further reduced to focus on prototyping three ideas listed at the end of the next section.

A set of principles were developed:

Our GP - Principles

Designing GP Digital Services, Together

mhabitat



Our data needs to be secure



Consistency - each service provides the same thing



Systems are joined up



The patient is in the centre



People first, tech second



Keep it simple



Everyone is able to access information



Tools are verified and kitemarked



Technology doesn't replace human contact

ROADSHOW EVENTS

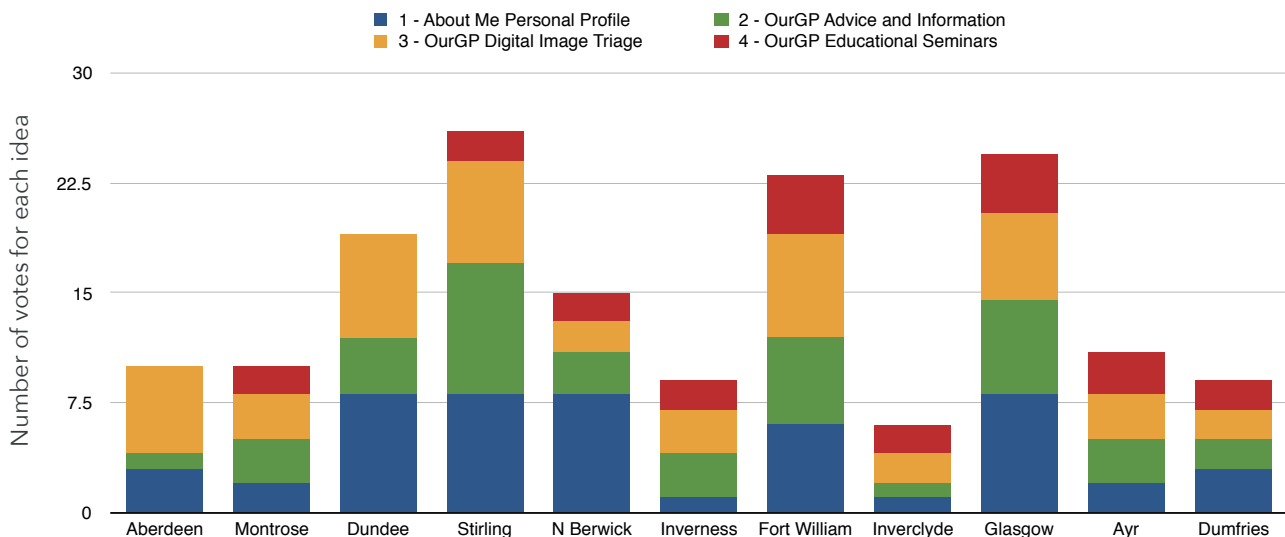
The visual aids above were used to engage the public and any practice staff who dropped in to the venue.

Roadshow events were held in:

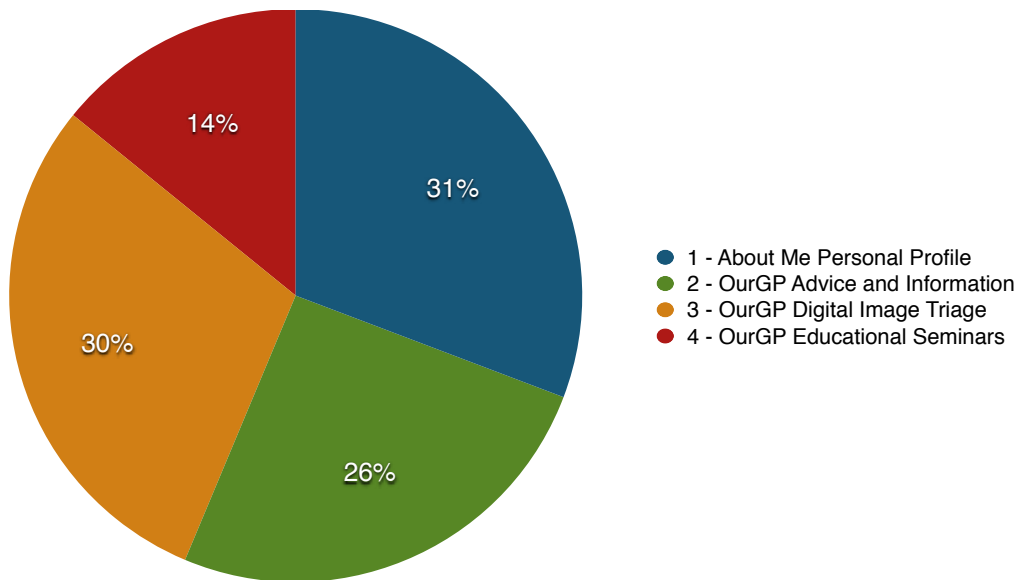
- Aberdeen
 - Montrose
 - Dundee
 - Stirling
 - North Berwick
 - Inverclyde
- Inverness
 - Fort William
 - Glasgow
 - Ayr
 - Dumfries.

The events were held in areas of public footfall, each lasting 2-3 hours and employing a range of fun voting strategies to engage the public and gather feedback. Only one person who attended the workshops attended the roadshow despite emails to all attendees inviting them to join the events. Staff from practices attended, having been recruited by the Alliance via clinical networks and some social media communications.

A total of 108 people attended the roadshow events, with some staying for several hours and reviewing the ideas in depth and others staying for short periods and giving initial opinions on feasibility, functional formats and usability followed by voting for their favourite idea. Summary data is presented below.



Number of overall votes for each idea



Idea boards were produced for the four ideas and provided in paper format for visitors to the roadshows to edit. Feedback was also captured from discussions with members of the public, using post it notes which were analysed with the other feedback at the end of the roadshows.



Two stakeholder events were attended by the Alliance on behalf of the project partners and the idea boards were used with those groups to elicit wider professional and citizen representative views. This feedback was woven into the next iteration of the idea prototypes.

Feedback from the roadshows is themed in the tables below followed by the final decisions made by the Steering Group.

Idea 1 'About Me' profile - prototype name: me&myGP

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
Good for saving time in patients appointment	Can it account for different languages	How will it be processed by the GP	Great opportunity for GP to find out more about people registered with them	
Provides patient's own perspective	Translating into different languages	GP training to increase awareness of the need to use it	Customisable icons and info	Function
Redresses the balance in doctor patient relationship	Can't afford to call the practice - it would be good if they knew this	Will it help diagnosis or not? Eg mental health	Helps info gathering from patients, important to the practice	Implementation
Good for people who are homeless and move a lot	Thumb print of the patient's picture - brilliant idea	Use for Dentists too	Add something about use of smart devices and confidence	Function
Takes into account my needs when I see the doctor	Plain English	This could be an extra layer	Working patterns/routine	Function
Two way conversation	Integrate to the EPR - should know our names	Too basic or admin heavy?	Click on icons for further info - can it hover?	Function

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
Good for people who don't have a good relationship with their GP	Reminder to update	Use encryption digital pens to capture for those without the digital skills or a device - staff support this	Use to update current registration system	Implementation & benefit
Gives GP opportunity to review before the appointment	Connect with hospital systems and others in your care	Will it affect assessments positively	Unify the registration system across GPs (clusters)	Implementation & benefit
Good as you don't know which GP you will get to see	Link to holistic assessment [and SPA]	Highlight the need for more social content to those who have not completed it	Life changes eg in accessibility needs, smoking status	Implementation & benefit
Good for 24 hour services to access	Customise for a specific group	This could get lost by practices	Great if it could be cross referenced across systems!	Benefit
Good for families	Choose what you share, with who and when	Must not be seen as an add on	Effectiveness depends on link to EPR	Function & implementation
If you don't like speaking it would help	Older people set help button? Pharmacy link	Hope it doesn't negatively impact on GP patient relationship	Will it hinder in consultation?	Implementation
Get any old doctor these days - it would be helpful	Ones for the GP reception staff and Nurses	GP could look up conditions beforehand	Can be used to stimulate conversation	Benefit
Quite a good idea	List - what I am here for?	Not for those with about a LTC - education would be needed re its wider use	Needs date last updated	Function

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
Would be good to use the data from these	Link to KIS (key info summary)	How to implement nationwide	Avoid duplication of information	Implementation
Good for those of no fixed address and students	Need structure to help people identify the problems	GPs don't use it or it gets no response from GP - it's a concern	Who is going to manage/ host the digital profiles? The GP practices will not have resource to act as technical support or data controllers. Needs to be external.	Implementation
Wider than health - social care	Time preferences for contact		Nice to have but not a big ticket item	
Quite handy - would be great!	Attach an existing profile, eg in care homes		Useful as you might be less likely to wait to see your usual doctor & would be more relaxed seeing another practice doctor - they would know more about you	Implementation & benefit
Love the idea - potentially lifesaving	Food and diet		Start off on a better basis with a new doctor and might not have to repeat your 'story'	Implementation & benefit
Like this! (2)	Security??		What info GP already hold so would not need to duplicate?	Implementation

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
	Simple process and words		Share with relatives and others caring to support eg people with dementia	Implementation
	Need a version can see if different languages		Patient in control of what they share	Implementation & function
	Minor health issues		Link to med record so GP can see it	Function
	Link to Dentist? Or share with them?		Procedure encouraging GPs to read it just before they see you at your appointment - needs a flag at their end	Implementation & function
	Help you need?		Ability to tailor the info - e.g. you only need to fill out or share (or 'turn off') some bits of information not have to complete the whole profile	Function
			Didn't like the bit which asked people how they were 'feeling today'	Function

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
			Simple and quick and easy for staff to understand	Function
			Use my GP website to do more than order repeat prescriptions	Implementation
			A digital review of the consultation could be a key element	Cross ref with pocketGP
			Could link it with popular clubs such as slimming world - almost prescribing a diet/lifestyle change	Cross ref with pocketGP
			Improve health care experience - would not need to always see the same doctor. Make life easier for staff trying to arrange appointments	Implementation & benefit
			Hereditary risks, add unusual incidents, e.g. emergency traumas, private physio (admissions will be on record)	Function & benefit

Idea 2 'Advice and Information' - prototype name: pocketGP

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed Element
Good for older people's carers	Ask questions - dialogue	Scary for GP	Combine it with personal profile tool	Function
Good for those living alone	Can it link to kids accounts?	GPs filter info	Teach back integrated into app	Function
Good for new diagnosis	Journal function?	Make GPs vulnerable	GPs should take a lead on sending information	Implementation
Good for GP reflecting	No amendments allowed?	I like paper	Access to video clips of correct ways of taking meds	Function
Good for older people	Add MOT for older people	Want to be listened to	Part of a digital care plan (currently given on paper)	Function & implementation
Good for older people	Include family, carers	Can we manage this with patients?	Needs to be timely	Implementation
Good to do it with someone else	Share with carers	Duty of care??	4 elements: how to; website; audio clip; management plan on a dashboard for patient	Function
Good for older people with younger people to support	Share with carers	Make it clear it is not replacing face to face	Information management	Function
Good for patients	Overview - a good record	Who decides what info?	Offline accessibility	Function

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed Element
Slows things down - good - getting info later	Don't overload it	Don't want it to be recorded	Role/ responsibilities GPs (staff)	Implementation
Easy to add to EMIS	Combine with phone, skype, email - options	Doing it already with paper (need an easy transition)	EPR integration?	Function & implementation
Favourite one - great!	No adverts		Two way tool	Function & implementation
Good for sharing with the family	Image quality?		Quick, simple and easy to prescribe as it cannot add to GP workload	Implementation
Good for memory problems	Stop if it was abused (security?)		Key information drawn from other data banks	Function
Brilliant idea for memory problems	Needs to be a person (make it more personal)		Trackback for record audio of GP consultation (for audit purposes?)	Function
Good for those confident with tech	Reformat content from NHS choices		Sign post to other learning tools	Function
Reminders are good	Security		Prompts	Function
Reminder of what GP said	Personalise it		GP to initiate - send app link - people can add info and personalise - shared with GP in advance of consultations	Implementation

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed Element
I forget so this would help!	Content specific to me		Output in accessible formats for people with disabilities	Function
	Managing my content so not over whelmed		A sensitive discussion eg someone with a life-threatening diagnosis	Implementation
	Security		Device memory issues	Function
	Wide range of accessible formats		Strong support for this idea	
	While you wait transfer (of info)		Sensory impairments addressed	Function
	Balance tech - option to print			
	Not clinical language			
	Simple language			
	(Accessible) spoken version			
	Accessible			
	Don't overwhelm with info at once			
	Like phone consultation			
	Merge 2 and 3			
	Merge with 1			

This idea was reviewed against No Delays which uses digital postcards to email video information and web links to patients after a consultation with a specialist to reduce outpatient appointments.

Variation with No delays: <https://www.nodelays.co.uk/about>

Differences:

- Not a prescribed video package using video on demand service
- PocketGP links to patient goals and holistic personal aims, i.e. personal not entirely tailored (presentation of info is not a choice with No Delays)
- Not an emailed postcard with embedded content
- Open to all citizens, led by them
- Not to prepare a person for a Consultant (specialist)session/reduce appointments
- Not an alternative to outpatient attendance
- Patient driven, not 'push' messaging/education
- Not pathway focused for specific diagnostic groups
- Not managed by the clinician alone via a clinical system
- Not linked to other Patient Held Record
- Instant info transfer/access/recording
- Not utilising a menu of pre-existing presentations and recordings with a personal message attached by condition specific clinical team
- Two way process/conversation, more complex than No Delays
- Focus is high accessibility, also online/offline use and access for pocketGP
- More focus on memory support - familiar person could record info.

Variation with No delays: <https://www.nodelays.co.uk/about>

Similarities:

- Shared with family
- Accessing post consultation info
- Links to local resources; some interactive elements (quizzes to check patients' knowledge)
- Clinically influenced
- Could link to No Delays for those with multiple complex conditions
- Could support more use of Living it up
- Linked to A Better Plan utilising Health Vault
- Opportunity to increase self-efficacy in wider patient group.

Idea 3 Digital Image Triage - prototype name: photoGP

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
Saves time and resources	Video rather than pictures?	Would work for clusters	Key principles wanted:	
Better use of time	Checklist of symptoms before image	Could be national	1. Regulated/ safety	Function
Free GP time	How long have you had it	National service	2. Only introduce new products if it's going to be a help	Implementation
Save time	Auto schedule follow up?	Resource implications?	3. Better value for money - essential to justifying the end product	Implementation
Unsure but I don't want to waste GP time	Clarity re symptoms its to be used for	Wary of it	4. Integrated into primary health care services	Implementation
Quicker than an appointment	Time lapse comparisons	What about a 3rd person doing it?	5. Navigation - simpler choices	Function
Save time	Want to see the patient face to face	Trust essential	Other:	
Like it personalised	Minimum picture quality requirements?	Older people use it?	Video as well as picture	Function
The immediacy is good	Quality issues?	Nurses use it not just GP	Consider all data requirements and supporting processes	Function
Good for young people	Signal?	Need a GP to run it?	Consider scale-clusters not just practices	Implementation

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed element
Good for people with mobility problems	Dr Avatar?	Specialist Digital GPs?	It would save time	Benefit
Obvious benefits	More functions/ save options?	How do we reassure GPs?	Allow faster answers to minor ailments and reduce worry	Benefit
Good for kids	Skype option?	Prescribe by the GP	Can help navigate my options	Function
Benefit those in rural areas	Security issues too great?	'Triage' word is a problem	Only if it has a real, measurable benefit	Benefit
Carer could help with it	Security?	48 hours is too long to wait	If given at a fair price	Implementation
Good for the housebound	Pharmacy link		It would have to be locally integrated and pathway driven	Implementation
Give peace of mind	Pharmacy link			
Peace of mind	Image quality			
Saves embarrassment	Secure info			
	Link to pharmacy Safe 'enough'?			
	Fractures?			

Idea 4 Educational Seminars

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed Element
Good for lots of people	Needs easy access	Supporting carers to get time away to do this	Needs to be an inclusive system with tools already familiar	Implementation & function
Good for continuity of care	No checking up or questioning sections	Reviews	Record GP for later	Function
Saves appointments	Points are patronising	Specific to LTC so not for me	Condition specific resources or specialist?	Function
Saves googling!	Rewards - what?	Done this sort of thing, its not for me	Gamification element - accountability issue?	Implementation
Reassurance of your peer group	Patients vote on the session topics	Prescribed service	Rewards system equitable?	Implementation
Good for a quick solution using others help	Open badges (2 mentions)	This should be prescribed	System identify peoples change process and adapt services to meet	Implementation
Helps build trust between people	Link own GP video?	GP should prescribe this	Seminars take too much time	Implementation
Good for carers - better health	What is the impact of not getting any rewards	No way Mum would use it	Easy authentication	Function
Good for sharing common docs (reducing leaflets)	Goal setting	GP uses Google - seems to work for me	Suitable for different levels of comfort re online	Implementation & function
	Integrate the library services	CPD points for professionals	Interoperable	Function

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed Element
	Provide a mobile buddy service	Not sure - a bit patronising	Pictures as option not film - unease being filmed	Implementation & function
	Different languages	Fits with other similar work	Sustainability of use	Implementation & function
	No ridiculous security systems - make it trustworthy but easy	More expense - we have Google	Start with small groups	Implementation
	Trusted content	Face to face groups better?	Challenge to meet the disengaged	Implementation
	Recordings	Run by experts not GP	Workforce training implications	Implementation
	Embed in existing networks	Could be stressful	Soft launch in practices introducing via a tablet device	Implementation
	Who provides the resources?	Deliver 2 and 4 together (2 mentions)	Emails from GP	Implementation & function
	Suitable for older users	Merge with 2	Worries it will reduce the face to face time with GP	Implementation
	Cooking classes	Combine with 2	Online Diabetes clinics	
	Make it personalised			
	Healthy food for people			

Benefits realisation	Function/ideas	Implementation considerations/ issues	Stakeholder feedback	Themed Element
	General questions (FAQ) would be good			
	Fun and interesting content			
	Support from specialists would be good			
	Chair based exercises			
	Self help support groups to move on to			
	Face to face first then online			
	Shouldn't pay people to be healthier			

Post Roadshow feedback: mHabitat recommendations

A brief paper was prepared for the Steering group from collated feedback from all the roadshow attendees with a view to supporting decision making for the next iterations of the prototypes. The text of this paper is outlined below:

Recommendation 1: Develop an amalgamation of the OurGP personal profile idea (About Me) and OurGP advice and information idea

Discussions with the public and feedback from the stakeholder workshops have led to the idea of combining these two prototypes.

User information entered into the personal profile helps to form the basis for the type of information a patient may receive through the advice and information element. Additionally, the combined concept works from a health professional perspective allowing them to factor in additional patient provided information to the information prescription issued.

Roadshow feedback for both these products was mainly positive.

The concept of providing additional information to a general practice was well received. For example a patient might want to share personal goals and important family information. People could see the value to those with accessibility requirements, those with complex conditions and thought that provision of such information could particularly prove to be reassuring if they were seeing a specific GP for the first time.

Patients indicated that providing personal information would only be useful if it were accessed and used (when relevant) by general practice staff.

Roadshow attendees were largely positive about the advice and information idea. Specifically they thought the audio recording function would prove beneficial and many reflected on having forgotten what has been said to them during a consultation. It was also identified that this would be useful if it could be used by carers or family members on behalf of older patients or patients that struggle to manage their health.

The prospect of receiving information from a reputable source was popular (many cited the example of using Google to find information and being unsure about the validity of the content returned). It was suggested that bite-size pieces of information, written in plain English, delivered in a timely fashion based on an individual's personal preference would be essential to encourage use.

Note: such information could also help health professionals undertaking holistic assessments of patients.

Proposed functionality for the patient:

- Facility to record lifestyle information (for example, smoking)
- Facility to record accessibility requirements (for example, interpreter requirements)
- Facility to record unrelated healthcare treatments (for example, private physiotherapy treatment)
- Facility to record audio or text based summary from GP or nurse
- Facility to log summaries in a 'history' calendar
- Facility to receive information packages from GP or nurse
- Facility to pull content based on user lifestyle data (for example, quit smoking help)
- Facility to submit questions.

Benefits for patient:



Proposed functionality for health professionals:

- Push information (or links to information to patient)
- Ability to access more detail about patients' needs by clicking through the profile
- Understand 'at a glance' a patient's accessibility requirements and lifestyle choices before meeting them (for example, through a set of universal icons¹).

Benefits for health professionals:



¹ It is proposed that as part of this idea a set of icons that could be understood by both health professionals and the public be developed. These could potentially be used for a wide range of uses as part of the OurGP brand.

Recommendation 2: Further develop the concept of an OurGP digital image triage idea

We would recommend looking at developing it as a standalone product. This product could be used as a supplementary service to complement existing phone triage services or form a triage service in itself.

Feedback on this idea has been very positive. Specifically, people identified the value of gaining reassurance on what to do about non-urgent rashes and minor injuries without having to visit a practice. This function was deemed as being particularly useful to parents, full time workers, those with limited mobility, those with compromised immune systems and carers responsible for other individuals.

Feedback indicates that the facility to provide additional information with the image is essential for users to feel that this process is robust and that the health professional assessing their requirements has enough information to make an appropriate decision.

At the roadshow, patients thought that this has the potential to have a significant impact on attended appointments. In order to reduce instances of misuse this product would need to link to an official system - a process which could be undertaken and initiated by and within a GP practice.

Proposed functionality for patient:

- Facility to take an image
- Facility to stitch images together, enabling changes over time to be noted
- Facility to upload and share images
- Facility to provide additional information related to the image
- Facility to receive a message
- Facility to direct the user to an existing appointment making system if required.

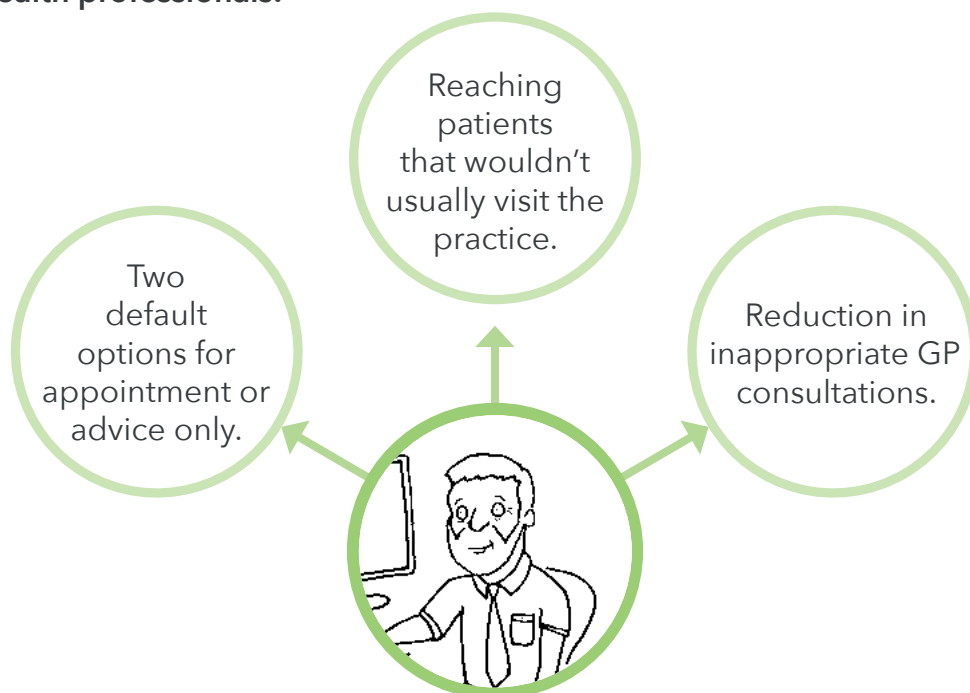
Proposed functionality for health professionals:

- Facility to review submitted image
- Facility to send message to the user.

Benefits for patient:



Benefits for health professionals:



Recommendation 3: Further investigation into the feasibility of the OurGP educational seminars product

We would recommend further investigating the feasibility of how this product could be implemented at a local level and who would be responsible for management of such a platform.

Many online platforms exist that could support the deployment of this concept. The innovative aspect of this idea would be the hyper local nature of the service provided, the interactions service users could have with other service users and health professionals, and the provision of such a platform as part of a prescribed service in a healthcare context.

Dynamic multimedia content would need to be created based on existing guidance and healthcare related information and healthcare professionals would need to be engaged and trained to deliver and manage what would effectively be online courses.

Due to mixed feedback on the reward component of this idea the team would recommend inclusion of the behaviour change wheel (UCL) to target people who would benefit most from the educational approach.

Although less popular than the other concepts, there was little in the way of negative feedback on this idea. It seemed most popular with members of the public who work or have worked in a healthcare (or related) context. It was also suggested that such a concept may help support existing health promotion work being undertaken in Dumfries and Galloway.

SUBSEQUENT ACTIONS IN PROTOTYPE DEVELOPMENT

Final decision making for the choice of online prototypes

Following further deliberations by the Steering group members in Scotland on receipt of the above recommendations, a short list was agreed.

Based on the feedback received from members of the Steering group, the following were developed in preparation for the public user research (online):

- Progress Idea 1, Idea 2, and Idea 3 to the online iteration stages. These ideas would be kept separately at this stage. The online iteration will allow people to suggest if ideas 1 & 2 should be amalgamated.
- Idea 4 not to be taken forward to the online iteration stage. However, this should be passed on to colleagues in NHS inform/24 who can possibly take this forward.

Key points also flagged by Steering Group members for the mHabitat team to action:

- Further work would be required to manage clinician concerns about being recorded. Given this was popular among members of the public this should still be progressed to the online iterations by mHabitat.
- Clinical Pathways may need redesign to accommodate new ideas therefore a better understanding of this needs to be outlined. mHabitat to outline further detail on the clinical pathway - how it fits into clinical staff day-to-day activities.

Trademarking OurGP

It was decided to explore the option of trademarking the logo for the project to demonstrate the provenance of the products that might be generated from the Scottish Government funded work, generated from the work of citizens and staff working in practices. This has been undertaken by the mHabitat team and is currently in progress to its final stage when it will be confirmed by the IPO.

Public user research of the second iterations of the three prototypes

The second iteration of the three prototypes is a series of clickable prototypes that can be downloaded onto a mobile smartphone and viewed like a mobile app.

Plans have been generated to share the clickable wireframes and draft implementation processes with the public and staff for further refinement and generation of outline specifications which can be subject to rigorous scrutiny at the final show and tell event in March 2017. This public user research, led by the Alliance on behalf of the project partners, involves reviewing the wireframes with visual aids and storyboards, with supplementary documents for staff, via the Alliance website for a limited period.

Aims of the user research:

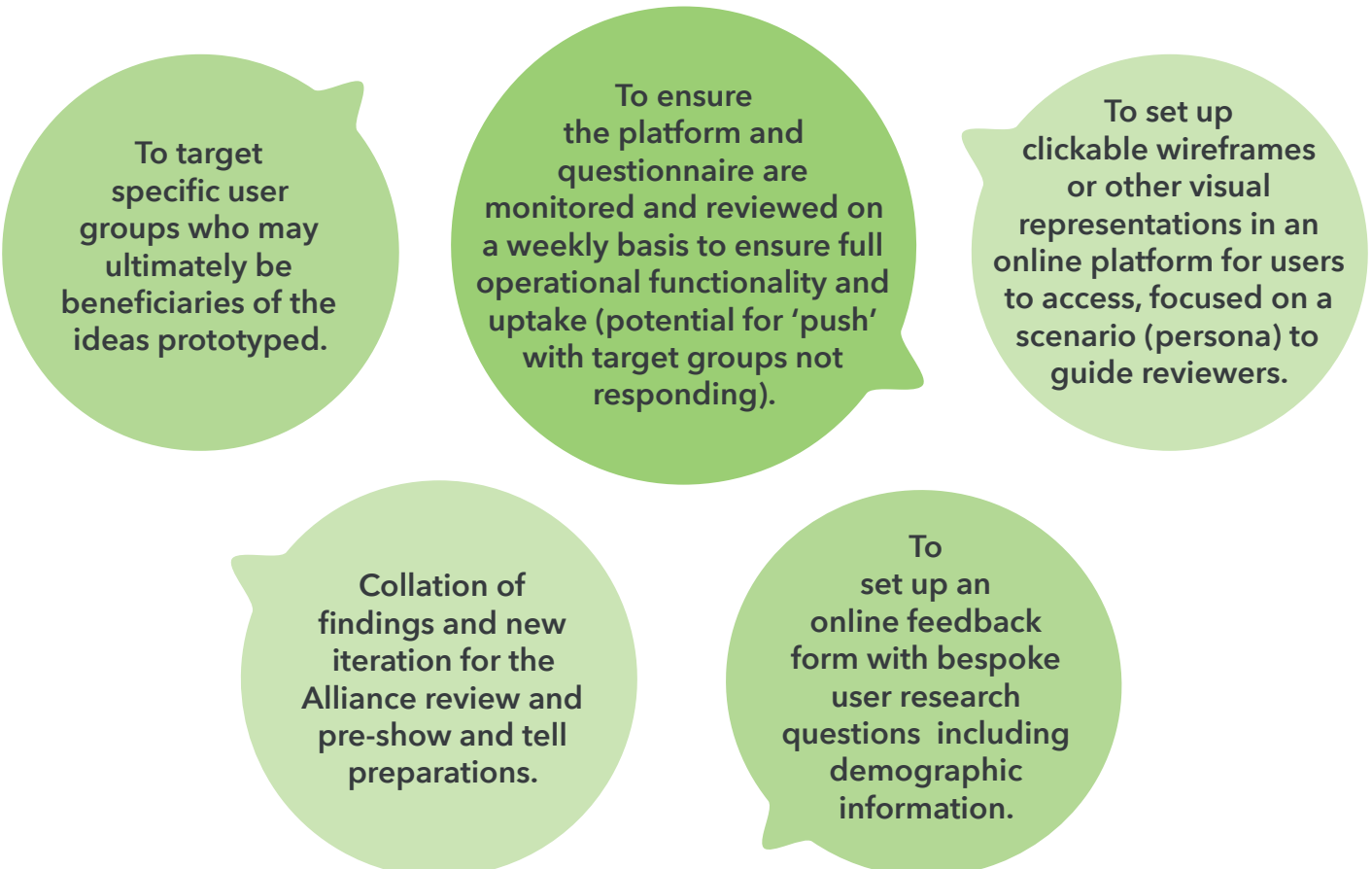
- To provide wider user research opportunities for those most likely to use and benefit from the prototyped ideas
- To specifically target people outside of the average user in order to address issues of inclusion and unintended consequences.
- To target key user groups for testing and feedback

Output required for next stage prototyping

Online, collated feedback on each idea for the next iteration of prototyping.

The next refinement requires feedback from user research regarding the acceptability of the ideas and usability of the current functions, desired new/altered functions and ideas for future content, brand/design or engagement activities which might be required. Technical requirements will need to be developed for further discussion at the show and tell, prior to generation of a final specification.

Methods



PUBLIC USER RESEARCH - ADDITIONAL DOCUMENTS

Draft clinical safety hazard log

Taken from the roadshow feedback, this represents an initial step to address concerns which might in some way impact patient safety. This does not seek to address information governance issues as GP practices and NHS services already have processes in place to address and which OurGP tool ideas would be subject to as a matter of usual practice.

Draft outline process flow diagram and implementation considerations

Developed through learning from the workshops and roadshow feedback, the process sought to describe a potential route for practices to implement the tools and flag potential areas for consideration during the process.

Visual aids for staff and citizens

The prototypes were accompanied by a slide pack of storyboards using a persona from a potential user group for each tool. This aimed to provide an easy to follow example of how the tool might work in practice. This was partially animated for the digital image tool.

The mHabitat team provided these tools, draft website text to contextualise the prototypes and support the Alliance in the work to set up a fully functioning test site on their website and extensive support with questionnaire generation, technical requirements for the website and approach for user tests.

Click to access the video play through of each prototype:

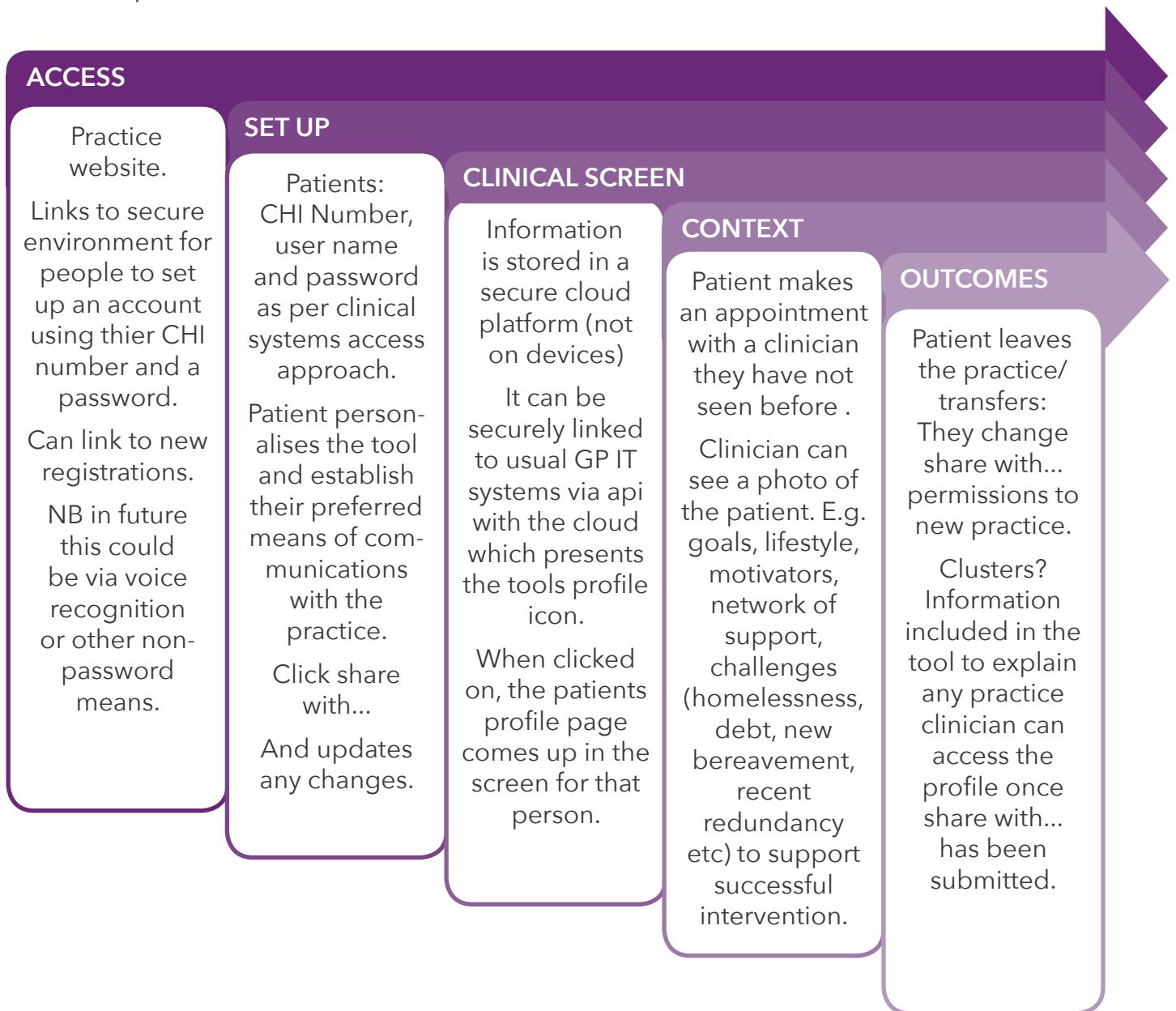


Documents attached for each prototype idea

Idea 1 'About Me' profile - prototype name: me&myGP

For the draft clinical safety hazard log please see Appendix 7.

Proposed clinical process: Focused on feedback from co-design events (workshops and roadshows)

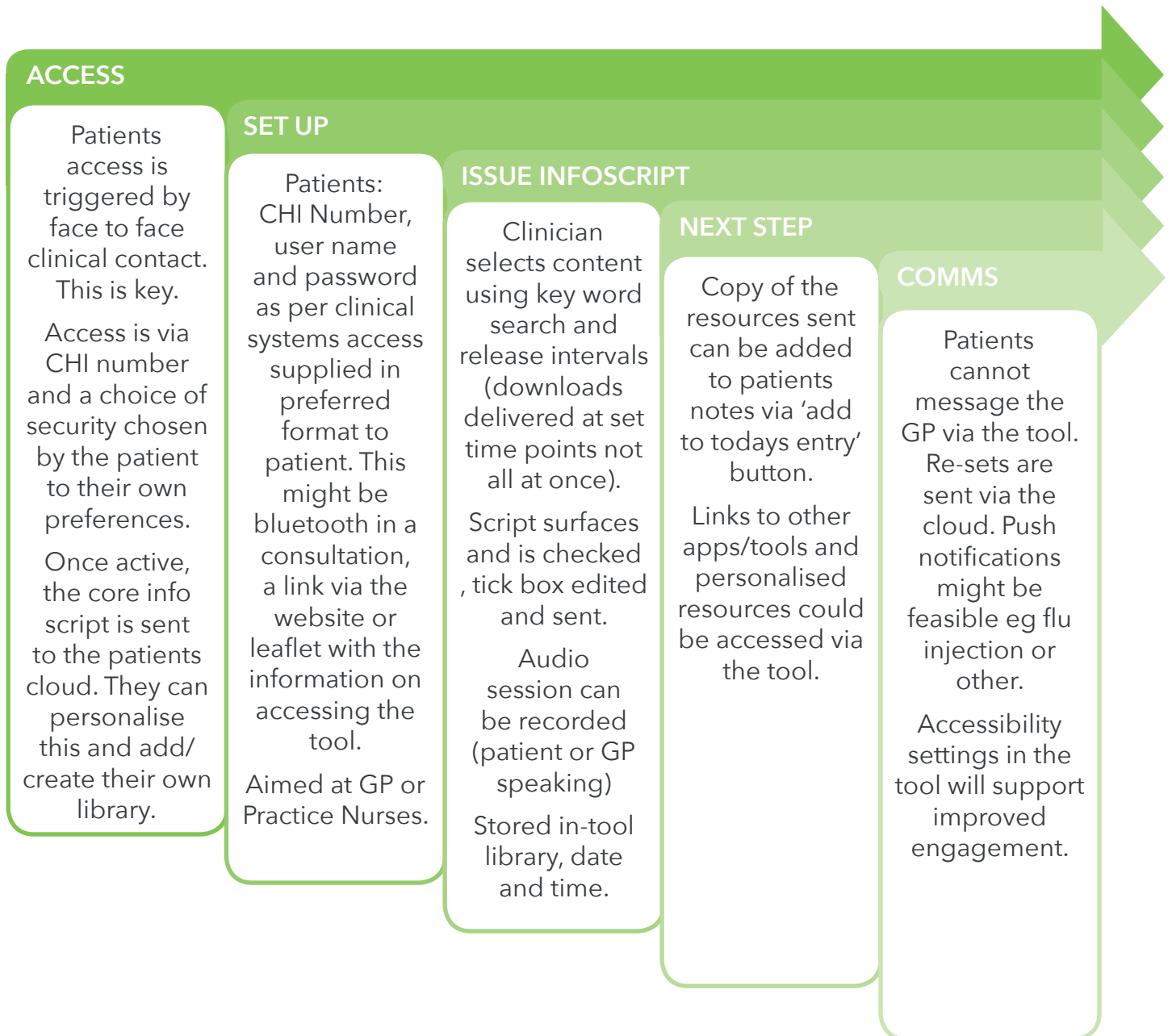


Considerations:	Comments:
Privacy, security & data	<ul style="list-style-type: none"> ■ Images/information not stored on a device ■ Secure cloud used to maintain confidentiality and data security ■ Access in practice via computer in confidential space ■ Community Health Index (CHI) linked to support correct patient ID ■ Usual rules apply to storage of clinical data ■ Permissions clearly state this is for the practice and may be visible to those providing care ■ Patients can be asked if they would like to share access with other clinical teams supporting them, eg district nurses ■ Access to researchers might be a consideration with usual protocols/permissions in place.
Implementation	<ul style="list-style-type: none"> ■ Patient concerns that GPs will not use it can be addressed by cluster briefings, patient groups ■ Phased approach could be used to target people who move regularly and are tech savvy ■ The tool could support a more personalised approach for people who find talking to their GP difficult ■ Could support improvements in care both in patient experience and also in effective interactions face to face.
Cost	<ul style="list-style-type: none"> ■ At this early stage, cost has not been explored however it would be feasible for the cloud costs to be covered as part of existing IT services. ■ This tool has very little requirement for admin time ■ Resource would be needed as part of the practice web presence to maintain the link/info page ■ There would be no cost to the patient, in line with Scottish policy.

Idea 2 'Advice and Information' - prototype name: pocketGP

For the draft clinical safety hazard log please see Appendix 7.

Proposed clinical process: Focused on feedback from co-design events (workshops and roadshows)

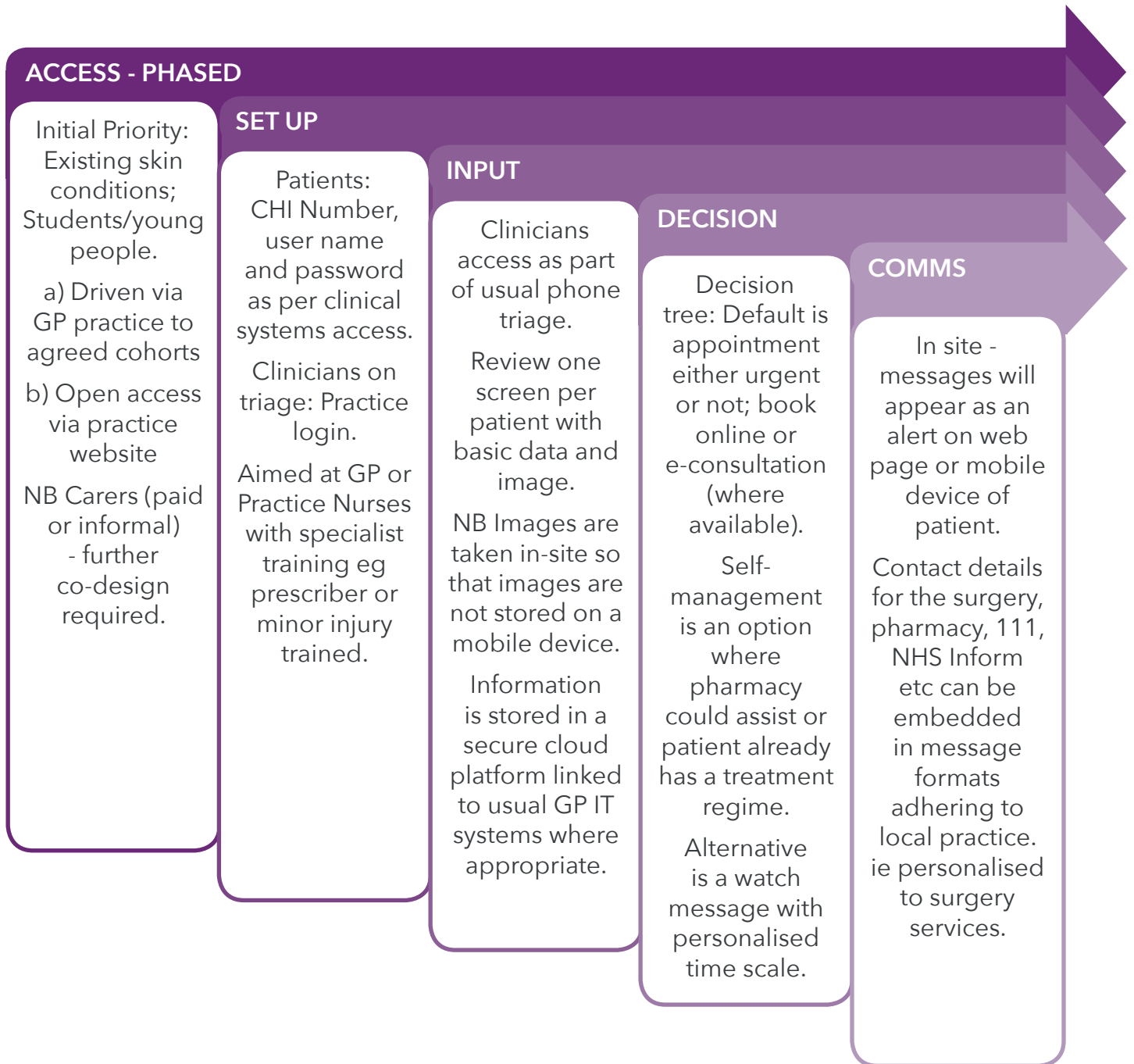


Considerations:	Comments:
Privacy, security & data	<ul style="list-style-type: none"> ■ Information not stored on a device ■ Secure cloud used to maintain confidentiality and data security ■ Access in practice via computer in confidential space during an appointment ■ Clinician to 'prescribe' in an appointment/call ■ CHI linked to support correct patient ID ■ Usual rules apply to storage of clinical data ■ Option to move the submitted info into the clinical record - immediately ■ No data would be shared or forwarded to other clinicians without patient permissions ■ Access to researchers might be a consideration with usual protocols/permissions in place.
Implementation	<ul style="list-style-type: none"> ■ Phased approach could be used to target people with LTC or complex needs or cohorts who are digitally enabled and perhaps have less awareness of the correct management their condition ■ This provides an opportunity to empower patients who may struggle to take in and recall the detailed advice they may need when and how they choose, irrespective of diagnosis ■ Nurse Practitioners/specialist nurses and GPs could use the system ■ Easy to use key word listing and selecting information pulled from trusted sources can make this quick to do in a consultation.
Cost	<ul style="list-style-type: none"> ■ At this early stage, cost has not been explored however it would be feasible for the cloud costs to be covered as part of existing IT services ■ Use of existing tools and information data bases reduces the likely cost of this tool ■ There would be no cost to the patient, in line with Scottish policy.

Idea 3 Digital Image Triage - prototype name: photoGP

For the draft clinical safety hazard log please see Appendix 7.

Proposed clinical process: Focused on feedback from co-design events (workshops and roadshows)



Considerations:	Comments:
Privacy, security & data	<ul style="list-style-type: none"> ■ Images not stored on a device ■ Secure cloud used to maintain confidentiality and data security ■ Access in practice via computer in confidential space ■ Trained clinician to review with default decision being make an appointment ■ CHI linked to support correct patient ID ■ Usual rules apply to storage of clinical data ■ Option to move the submitted data and image into the clinical record - immediately or at a later date ■ No data would be shared or forwarded to other clinicians without patient permissions ■ Access to researchers might be a consideration with usual protocols/permissions in place.
Medico legal	<ul style="list-style-type: none"> ■ Usual conditions for triage (currently largely phone) apply to GP insurances ■ Disclaimer on the site will inform users of need to contact urgent care services for concerns such as Meningitis, Sepsis and symptoms such as fever, feeling unwell with a condition or suspicion of a fracture. Patients will be encouraged to use 111 ■ Practices can use the site in ways that are appropriate to their needs/staffing/location or cluster.
Implementation	<ul style="list-style-type: none"> ■ Phased approach could be used to target people with existing skin conditions (third most common reason to consult a GP) or cohorts who are digitally enabled and perhaps have less awareness of the correct management of minor ailments/injuries such as younger people ■ It is estimated that a clinician could review an image and basic data in a very short timeframe, especially if they already know the patient ■ Decisions making is very focused on a few outcomes, ie does the patient need an appointment or not, if unsure, the default is to ask them to make an appointment ■ Combinations of responses could be used eg make an appointment and visit pharmacist or use existing care plan for management ■ Staffing would be within current triage routine practice with minimal time required to review screens ■ Nurse practitioners/specialist nurses and GPs could use the system.

Considerations:	Comments:
Cost	<ul style="list-style-type: none"> ■ At this early stage, cost has not been explored however it would be feasible for the cloud costs to be covered as part of existing IT services. No text messages would be needed as messages would be send in-site ■ There would be no cost to the patient, in line with Scottish policy.

NEXT STEPS

Following a period of two weeks public user research, led by the Alliance, the feedback from the online questionnaire and Textocracy system will be reviewed by the Alliance and pre Show and Tell minor amendments made to the prototypes and hazard logs. This will form the final sprint in the agile process.

Following a final sense check at the event, final iterations of the prototypes will be agreed and closed off for transfer to the Alliance/ Scottish Government before the end of April. Any technical specifications, documentation, logo and branding guidelines, trade mark documents and other prototype materials will be included. No further iterations will be made in order to ensure technical information prepared is accurate.

The phase three report will synthesise and summarise the project's outputs/findings and a summary of the Show and Tell event, the prototypes and accompanying documents.



Conclusion

This report summarises the outputs from phase two of the OurGP project. The insights gained from this discovery phase have informed the three prototypes that have been developed.

The clinician's hypothesis outlined in phase one would therefore appear to have been supported by feedback from staff and citizens involved. The citizen hypothesis regarding access to timely information was also supported by the insights gleaned from this phase two activity.

The findings from the surveys and ethnography have provided evidence of the pressure on clinician's time and the poor use of GP practice space and waiting times. The latter were universally flagged as a wasted opportunity to engage patients with the aid of digital technologies to improve wellbeing.

The ethnographic work in the three GP practices provided insight into the day-to-day context into which the prototypes might be implemented. Using the skills and knowledge of GP clinical and practice teams alongside citizen lived experiences, the mHabitat team have triangulated the learning to ensure voices are heard from as many quarters as feasible within the project scope. Over 600 citizens have been directly involved in the OurGP project so far.

A number of insights gained through phase two activities are out of scope for OurGP but may add value to existing programmes of work led by the Scottish Government. These insights have been shared with other work programmes so that they can be taken into account and acted upon where appropriate.

Citizens and staff struggled initially to focus on in-scope areas due to the lack of implementation at scale of the planned technology tools such as the patient portal and online GP services. There was anecdotally a large variation in practices' use of technology (especially that which was out of scope) from no online services and only a basic website, to practices fully involved in the Scottish Government's programme, using tools such as e-Consult, Google analytics for practice website use and SMS appointment cancellation systems. Some existing platforms such as Living it Up were not in use by the majority of workshop and roadshow participants.

The four ideas selected from the 94 generated during workshops have been refined during the roadshows and developed into clickable wireframes for wider public feedback on three preferred ideas. Many attendees at the activities were enthusiastic about the possibility of more collaborative workshops to build these digitally focused discussions with tangible outputs.

The final stage of the project is now being planned as the team prepare for the show and tell event and final iterations of the prototypes with associated supportive documentation. The final outcome of the trademarking should also be known shortly.

APPENDICES

APPENDIX 1 - CAR PARK OF OUT OF SCOPE IDEAS

The below tables contains a summary of car park points from OurGP workshops for sharing with existing workstream leads and partners.

Car park - out of scope ideas and comments captured during the workshop
As an elderly lady, visiting the Leuchie House retreat, I want to be confident that I will have speedy supportive treatment by other GP practice, so that I can enjoy my break and not have to cut it short by a visit to hospital
Where is the patient? A participation forum in the Highlands?
Education for public about health nationally
The algorithms on NHS 24 website need to be changed as medical conditions one more complex than that and does not take people's individual needs into account
Needs tailored care services
System Linked records should not need to be re-recorded
As a patient, I want to have a good relationship with my practice, so that I am confident that they will ensure I have the treatment specific for me
Can't we submit a condition to a panel?
Sort out 111 service Skype calls to 111??
Can we include Community Watch?
Phone/Ipad online services like banking Ipad: TW, online, Skype, photos need to be included
As a patient with a rare condition, I want my GP to support me in accessing health care elsewhere i.e. out of area referral, so that I can get the best care
Need a choice of GP when booking an appointment
Factory line process is needed
As a working person, I want flexible appointments times including early morning, evening and weekends, so that I don't have to tell work I am visiting the doctor
Mobile phone I can phone and text and set reminders about appointments
Digital passport (health)
GP2GP - reviewing Docman, summarising and retyping...not saving any time and risks losing key info we don't realise is important
As a health professional, I want respect for my own knowledge opinion, so that others can benefit

Car park - out of scope ideas and comments captured during the workshop

As a 95 years old, I want respect for my quality of life and not assumptions and preconception, so that I can live my life to the full as long as I can

As a young person with primary progressive MS, I want to be able to live my life to the full not fobbed off with 'it is your MS', so that I can self manage my condition

As a patient with MS, I want my GP + health professionals to stop treating my illness as psychological, so that I can access proper treatment and ancillary services

As a 95 years old with mobility and sensory impairment, I want to see my GP at home or AHP, so that I don't have the stress and hassle of getting to the surgery

As a carer I want my GP to look after me, not just accept that my caring role is pulling me down and I have my own needs so that I can carry on caring

Healthy info like: Microwave:

1) quick heat

2) easy clean

Forman grill

1) easy to use

2) eat reduce

3) tenderised steak.

Textocracy - out of scope responses

Five comments have been submitted via Textocracy between October 2016 and January 2017. The messages came from five unique numbers from people making suggestions during the workshops in October. Four comments were out of scope and can be found in the table below.

Comment	Date/Time Submitted
Hi sending an automated text message to remind patients of day/ time they are seeing Dr. may cut wasted appointments? Most people including the elderly have a mobile phone these days	18/10/2016 11:21
Looking forward to visiting my GP in 2021...and that isn't just when the receptionist said his next available appointment is	19/10/2016 16:15
Manage all my daughters medical history, appointments online	20/10/2016 16:07
Book appointments online. View all my medical records. Arrange repeat prescriptions online. Arrange preventive health chats through Skype, etc. Stop taking paper prescriptions to pharmacy. Better time management systems (sorry we're running 6 minutes late) and get that by text or email - so don't need to wait 30-40 minutes in surgery waiting room.	20/10/2016 16:08

APPENDIX 2 - WORKSHOP EVALUATION FRAMEWORK AND FEEDBACK

Evaluation framework

OurGP Project mHabitat Evaluation Framework

Aim:

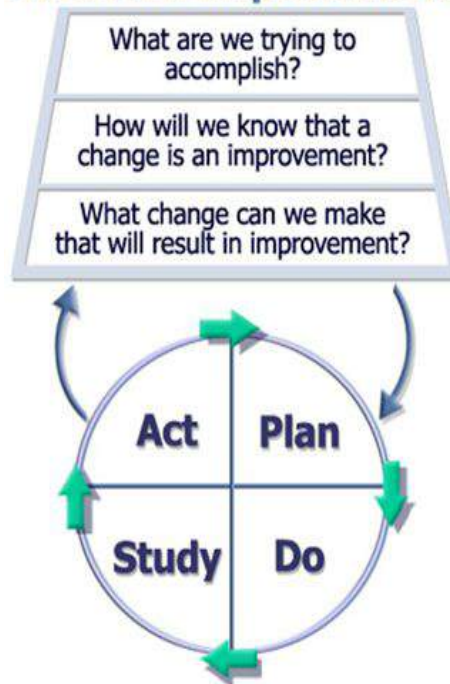
To utilise a cycle of learning approach to project activities delivered during the project.

To capture learning regarding user experience and effective project management for the life of the project.

Model:

Deeming's model of improvement commonly used in health and business services. While this is broadly used for service improvement in systems of care, the team like to use tools easily relatable to clinical and public involvement. The model underpins mHabitat commitment to constant improvement in user experience and efficient project delivery. The model also works well in an agile environment as it can be embedded as a rapid improvement cycle run in parallel.

Model for Improvement



Developed by Associates in Process Improvement

Tools:

- Project management - Digital Project Manager will collate anticipated activities and deliverables planned during the project against actual outputs in terms of budget, timescales and other key contracted aspects of the project. Final project meeting in March 17 - proposed to carry out a group reflective SWOT to identify a summary of learning for the final report
- Events - effective delivery of the workshops and roadshow events will be evaluated as follows:
 - Post it journey
 - Net promoter score (see appendix) used to capture attendee experience and score boarded
 - Qualitative question responses analysed thematically
 - User blogs with visuals (photos of activities not people unless consented) - reflective on being involved/part of the events
 - Social media captures, if appropriate (to be agreed at each event)
 - Team debrief and action planning for immediate implementation by the mHabitat and recommendations to the Alliance.
 - Summary of key learning and improvements to be shared in phase 2 and 3 reports.

NB any project risks or issues occurring during phase 2 or 3 will be captured under project management and fed either immediately to the Alliance or at the monthly meeting.

Post it journey - example of visual to be used

How did we do?

Please attach a post it note with your verdict on the sections you would like to give us feedback on.

Hearing about the event	Timings /day	Booking onto the event	Info before the event	Finding the event/access	Welcome	Venue	Refreshments	Activities on the day	Anything else?

Net Promoter Score Style Evaluation:

How was your experience of the event today?

0 1 2 3 4 5 6 7 8 9 10

Very poor

pretty good

excellent

What could we have done better?

Workshop outputs by venue

A. Glasgow

Outputs - Feedback

Venue:	Adelphi Centre, Glasgow	Trades Hall of Glasgow, Glasgow
Date:	12th October 2016	13th October 2016
Time:	4pm - 8pm	10am - 7.30pm
Score:	Comments:	
8		
8		
10	Nothing, quite informative experience	
8	The event was very good. I think it could have been better in one room rather than split into two rooms.	
9	Maybe for me someone who doesn't have long term condition there was difficulty in my making any kind of significant contribution. Maybe better screening of attendees.	
8	More info upfront to help prepare participants. Better food - v.poor. More time. Seats were cripplingly bad. More toilets.	
10	An agenda (loose). Stickier post its (joke). A little prior knowledge about issues to be raised.	
Score:	Comments:	
8		
8	Venue poor - limited toilets. Presentation and organisation good. Enjoyed it.	
10	Refreshments - a biscuit on arrival would have been welcome. Lunchtime early and diabetics need to have a mid-morning snack. An agenda would have given a guide for the day.	
9	It was a fun session. Maybe hope for the future.	
10	Softer chairs for my sore back.	

10	Nothing
8	Really enjoyed the discussions and the illustrations. Provide a better lunch it was not great. Issue a map with venue location in advance.
9	A digital workshop with paper workflow would have been better on a screen.
8	A little more than a sandwich at lunch. Other than that an interesting event.
8	The coffee.
8	
9	Very good. Well organised. Would have liked an agenda.
10	Morning coffee.
9	Well led workshop.
10	Don't think it could have been better.
9	Very well organised, could have been better signposted.
10	Trainers very knowledgeable and explained everything at a level that I could understand.
10	Nothing, except more outreach. Visiting outlying area would be beneficial.
9	
7	Could have been clearer about catering. It is hard to imagine something not yet invented but enjoyed it.
7	Better location, Gorbals area not the best to be walking through.
10	
Score:	Comments:
9	Better location - city centre would be easier access for all. Very professional workshop!
8	The exercises were a little vague - there could have been a little more structure without 'leading' participation.
10	Great seminar / well worth attending.
10	Nothing - was very good, loved it! Need more of this kind of thing in the future.
10	More control of individuals talking too much.

10	Would have liked a bit more substantial food for the time of day the event was held. Really enjoyed the session though.
5	More info (detailed) about what this workshop physically entailed beforehand. More variety of methods of expression (some are perhaps anxious to speak up but do have much to input).
Average score: 8.9	

Frustrations with current service provision:**Comments:**

Very small- small print; not being up to date

Too busy

Links that don't work

Signing up for newsletters

Security of data passed onto third parties

No search bar on a website or does not work

Too much self promotion instead of information

More accessible for all

Too much detail; Fancy but without being intuitive; Basic information not always obvious;
Too long to load

Self-promotion / Letters in one post

Website: mobile friendly; Sharing information; Surgery opening times

Contact details difficult to find

Access to GP surgery is too complicates

Keep it simple by putting basics on screen - such as telephone numbers

Buffering and Delays Connecting error...

Wonky connection; Too much information (wordy)
More graphic images; Social media?
Too complicated navigation

Slow loading - end up in wrong website
Printer not responding; difficult to print from i-pad
Too dependent on digital mobiles
Facebook

Techno phobia - A lot to learn
Who can access my info? (fraud fear)

Website too busy
Inappropriate signposting
Endless searching to find what you are looking for

Speed; Navigation; System crashing; Fixes

Error messages
Filling the same information over and over - tick or untick the box

Comments:
Assumption that I will understand technical words when I need to go on help To use specific websites/app
Lack of knowledge and time to explore Time and effort
Phone systems 'Press 1' you have different options
Manual for new starters - which programmes are for you
System not fully integrated Human intervention
Some apps baffle me! Also it depends which device I use - e.g. difference between ipad/ windows ECDL helped me learn the jargon
Select a default and remember how you use Website automatically not always home page
What about those who are not digital? Will it all be the same? How will it be regulated
Overwhelmed! (Too many sites of the same)
Online prescription ordering - it does not tell you if it hasn't processed it (e.g. ordered 2 days too early) It is one way communication resulting in fruitless visit to the chemist
Error message: contact (for what?)
Dangers of moving away from face-to-face
Programme Synchronising
Access challenges...(too much info needed)
Easier doorway/hallway (to sites)
Unable to connect to wifi; Pop up adverts; Page sign in
Incompatibility of services Adverts on specific sites that can't be blocked Page sizing which causes things like PDF to disappear Assumed prior knowledge of 'language'
Takes too long to use digital - easier to phone
Text message = easy to use! Email = easy; Slow website; Printer; Pin numbers

B. Inverness

Outputs - Feedback

Venue:	Spectrum Centre - Inverness
Date:	19.10.2016
Time:	12:00 - 18:00
Score:	Comments:
8	
9	Not much
8	I think more time could have been spent on discussions. A bit too much explanation which cut into discussion time
10	At times I didn't feel creative enough, difficult to imagine the perfect future when today is digitally deficient, in my day-to - day work life
10	Perhaps a list of digital fantasy ' solutions' we could vote on ha!
10	Earlier notice of the workshop day. As a practice nurse I only managed to attend due to being on holiday. The day was great mix of interaction, creativity and interesting thoughts and ideas for the future
10	Nothing, very well organised. Thank you.
10	I think you covered everything very well. Thanks.
Score:	Comments:
8	Perhaps better use of limited time such as improved direction/facilitation of activities, discussion forum for specific issues
8	Nothing really, enjoyed today, relaxed afternoon.
6	Switch pairing to avoid less effective pairings Mix citizens and professionals especially to discuss process map and stream lining However great ideas/input from professionals
Average score: 8.9	

Frustrations with current service provision:



Comments:
Out of date systems
Lack of consistency
Historic IT systems not connected
Triggers and alerts
IT systems based on historic ways of working and not patient based
No alerts for patients on long term meds not seen for 5 years!
You have had your 10 mins'
Non share for appointments
Keeping track of patient drug usage stops.
Travelling a long way to pick up meds - I want to choose a location near me.
Not being able to understand the doctor
Explorer Edge - doesn't 'click' for me
Just updated to Windows 7!!!
Relying on GP alone for a diagnosis in this internet age is too limited.

C. Skye

Outputs - Feedback

Venue:	Aros, Skye
Date:	20th October 2016
Time:	12:00 - 20:00
Score:	Comments:
8	
10	Very informative about future of technology in healthcare
9	More public at the event. GP presence.
8	Perhaps give examples of other ideas brought up at previous days
10	Very welcoming - easy to engage with the team - interesting. Nice to get space and time to think!
Average score: 9	

Frustrations with current service provision:



Comments:
Power cuts
Generational divide
Rural area cannot buy cheap pain killers in advance. Hence, prescribe!
Pay same for poorer service (providers)
Investment in care infrastructure (equity)
No broadband
No mobile data
Phone coverage
Connectivity
People not doing their exercises

D. Stirling

Outputs - Feedback

Venue:	Smith Art Gallery and Museum - Stirling
Date:	25.10.2016
Time:	12:30 - 18:30
Score:	Comments:
10	Nothing I can think of
9	
7	
7	A few microphones would have helped
8	
8	Sent in an email ahead of time describing the activities so we can research and be most productive
9	Excellent afternoon - shame we had to leave early
10	Thought everything was fine
10	Very well organised + facilitated.
9	
9	(I like this evaluation - it's nice and simple!) - Possibly at earlier time during the day, event was really interesting and accommodating
Score:	Comments:
6	More current, realistic, relevant health IT needs development would have been better
8	
8	Maybe simplification but covered an awful lot.
9	Invited maybe a scientist (researcher) to tell realism of own suggestions...
9	Audio system required
10	Start the workshop earlier for example 9 - 3 or 10 - 4 Send a rough review about GP before the workshop to know exactly what should be suggested better by us
7	More concrete, realistic info. It was very long!
Average score: 8.5	

Frustrations with current service provision:

Comments:
How rude some reception staff can be!
Everything different, learn about computer, the next is different!
Can't work tech/too complicated
Receptionists acting as doctors
Bad practice/ Ignorance/ Fear
Cluttered GP rooms
Lack of deafblind awareness. Impact upon their: Communication; Mobility; Access to information
Wrong type of interpreter
No interpreters
A number of older people, deafblind included not trusting of technology
Requires me to sign up: phone number personal details
Servers are down!!!
Joining up systems
Require updates App store & Google maps
Don't know how to use it
Wasting my time - Procrastinating; Communicating with some people who never understand you. Find my way around the internet
Jealousy between doctors and specialist nurses and other medical staff. More teamwork at times
Can't work computer. They are very impersonal especially when it comes to health matters.
Different staff and departments use different IT systems 'not joined up'.
Lots of things are already possible - they just need done!
Joined up systems that prevent double work for clinicians
Not everyone has computer or even internet. Sometimes does not work. Can't get signal.

Comments:

Lost of human touch

Adverts

No wi-Fi; Running out of battery

Unavailable, Slow, Malfunctions --> costs to repair

Adverts

GP to GP transfer of notes

Reliable speedy hardware

Expectation - technology will serve everything?

Not everyone can access technology - consider dual sensory loss?

No personal to talk to (human contact, enquiries)

E. Ayr

Outputs - Feedback

Venue:	The Fullarton Practice, Ayr
Date:	26th October 2016
Time:	10am - 4pm
Score:	Comments:
9	Nil
5	Probably not quite what I thought was going to happen - however fairly useful
Score:	Comment:
8	No much, well thought out and delivered
8	
10	Most helpful, good insight
10	Less time on the 'current' NHS
9	
10	Nothing
10	I felt GP input - they just said no to every idea.
10	I don't see you need to do much more.
8	
9	Nothing springs to mind
7	Better structure
10	Well run - easy pace but accomplished so much!
8	Hard to get ideal sides but found when working at table I had difficulty hearing content. Staff making presentations were excellent and clear but some background noise.
8	Practical applications so that group decisions of future improvements could be discussed.
10	Nothing
10	Nothing!
Average score: 8.3	

Frustrations with current service provision:



Comments:

Illicit substance- support and Non illicit - ie alcohol - no support

Only 9 - 5 services

Poor communication

Cookies/adverts

System that identifies problems with medications (contraindications)

Wasted appointments

Inequality of practice groups

Time consuming, filling forms with personal information

Stupid boundary issues

Inconsistent service

Government intervention before service in plan: ie flu letters before vaccines arrive

F Edinburgh

Outputs - Feedback

Venue:	Stills - Edinburgh
Date:	27/10/2016
Time:	13:30 - 19:30
Score:	Comments:
9	n/a
7	More info on what to expect at the workshop
8	Needed to finish on time but the presentations were really good so I felt they needed more time
10	More interaction between groups e.g. between young people + professional about possible services.
8	Nothing
9	More crossover between the GPs and other people
8	More interaction between the professional and public people
6	
10	More sharing time! Really great though
10	More sharing time! Would loved to have more check-ins with other groups and feedback! But easy to get carried away brainstorming...Thanks!!
Score:	Comments:
9	Was not sure what to expect and was pleasantly surprised. Enjoyed the session. Perhaps more comfy chairs?!
8	More information beforehand
7	
7	More info prior to workshop to allow us to come with ideas/suggestions
10	Better venue: too noisy. Great organising + great staff!
Average score: 8.4	

Frustrations with current service provision:



Comments:

- My symptoms aren't serious enough for an appointment :(
- Mental health conditions being treated less seriously than they are! Especially anxiety and depression
- Are you on drugs?
- Sometimes even if you have a rare condition or interesting life...you don't want to be a professional development opportunity - just get basic care
- It's starting the conversation that is hard
- GPs rolling their eyes at citizens wanting treatment plans
- GPs assuming pronouns.
- Lack at communication with GPs - even when discussing improving things
- On every single mental health option on NHS24, it says 'self care'. So basically, never ever see a doctor about mental health???!

Generic issues raised by practice staff during the workshops

The following were raised by staff during the workshops and collated via post it notes.

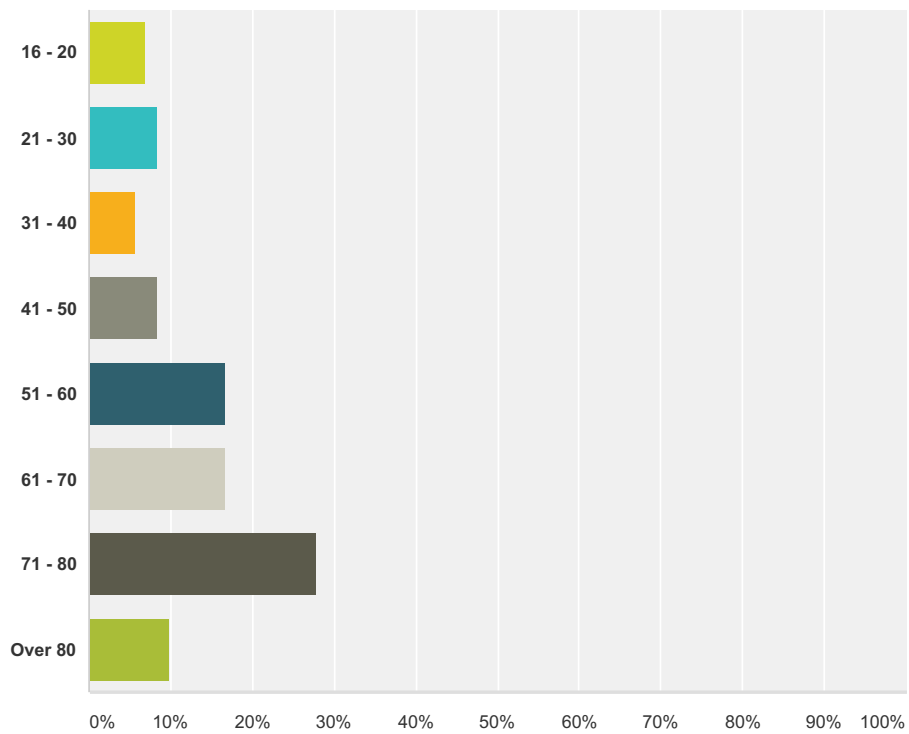
- Feeling the Health Boards do not consult them as users of the GP IT system
- Feeling the gap between the ambition regarding e-health and implementation in practice
- Staff felt remote from the e-health solutions which were out of scope for OurGP
- Nurses feeling 'ground down' and entirely task focused rather than practising their nursing skills and implementing holistic care. Digital solutions were felt to be likely to add more work
- Staff were largely unaware of the possibilities of digital solutions
- Staff were amazed by the potential efficiency changes to pathways of care if they are implemented fully. The benefit most prized was more time with patients they care for and improving quality of interventions and care coordination for those most at risk
- Staff wanted solutions to support behaviour change as they felt patients did not act on the information and advice they gave them
- Wide variation in digital use between practices in the same areas was a surprise to a lot of the staff who wanted closer communication with colleagues to share good practice
- Only a few citizens and no staff at any of the workshops had heard of platforms such as Living it Up or GoodHQ. No one was using the sites.
- People were unaware of the concept of patient portals or the potential they offered to connect their data to their record
- Several teams wanted to discuss mobile working issues and solutions which they felt would be a significant improvement to patient experience and outcomes as well as efficiencies. Some community staff had been issued with mobile devices that didn't work and were not connected to their systems so they were not being used. There was a high level of frustration about this
- In the north there was a feeling that integration was lagging behind the rest of Scotland but also that it was less clear what the model would be due to the distances involved. Staff felt digital e-health solutions would be a help if they linked systems together.

APPENDIX 3 - CITIZEN SURVEY RESPONSES

OurGP Public Survey 2016

Q1 How old are you:

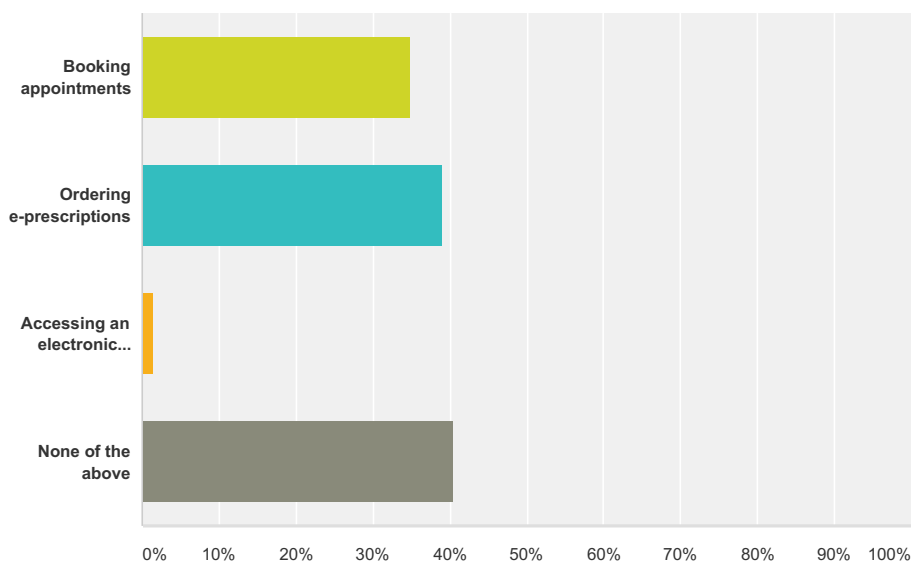
Answered: 72 Skipped: 1



Answer Choices	Responses
16 - 20	6.94% 5
21 - 30	8.33% 6
31 - 40	5.56% 4
41 - 50	8.33% 6
51 - 60	16.67% 12
61 - 70	16.67% 12
71 - 80	27.78% 20
Over 80	9.72% 7
Total	72

Q2 How do you currently interact with your GP's digital services: websites and apps (tick all that apply):

Answered: 69 Skipped: 4

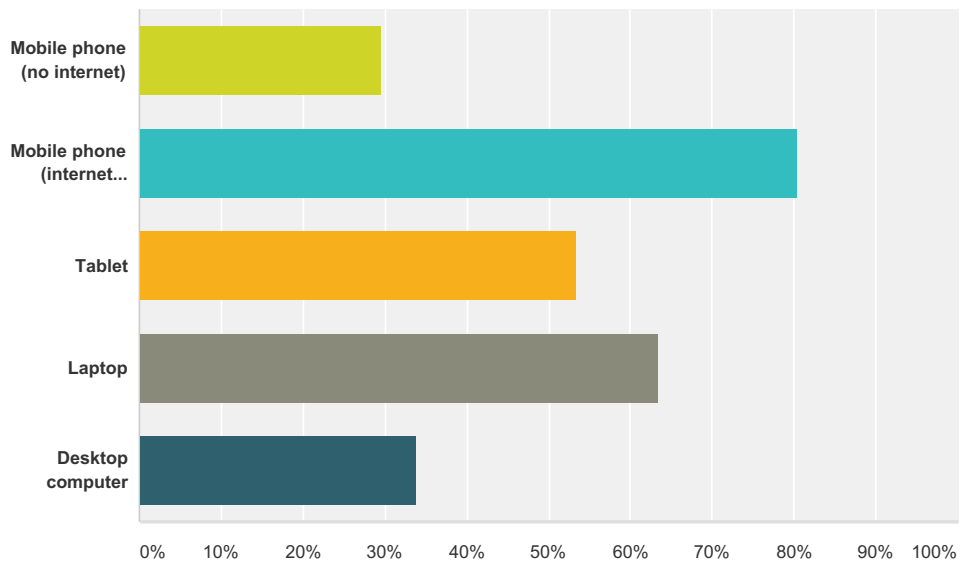


Answer Choices	Responses
Booking appointments	34.78% 24
Ordering e-prescriptions	39.13% 27
Accessing an electronic patient record	1.45% 1
None of the above	40.58% 28
Total Respondents: 69	

#	Other (please specify)	Date
1	Call surgery	11/3/2016 3:04 PM
2	All by phone	11/3/2016 3:00 PM
3	use the phone or attend	11/3/2016 2:48 PM
4	Dr SimePractice Healthcare Centre - don't know if our doctor has digital services	11/3/2016 2:45 PM
5	Email medical concerns	11/2/2016 11:39 AM
6	Phone	11/2/2016 10:22 AM
7	digital check in at surgery	11/2/2016 10:19 AM
8	None are available	11/2/2016 10:15 AM
9	PHONE	11/2/2016 10:04 AM
10	CALL	11/2/2016 9:56 AM
11	CHECKING IN FOR APPOINTMENTS	11/2/2016 9:34 AM
12	My wife gets texts of appointments for me.	11/1/2016 1:52 PM
13	Digital log on at surgery	10/25/2016 3:15 PM

Q3 Which of the following do you use? (tick as many boxes as apply):

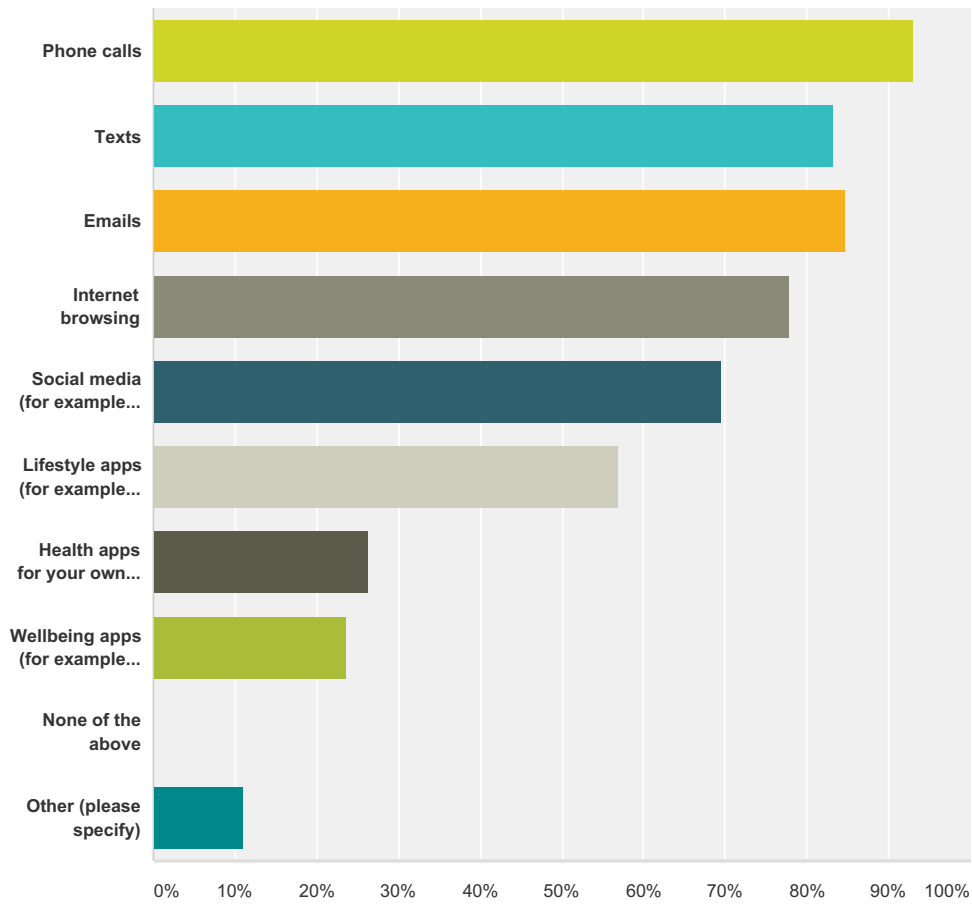
Answered: 71 Skipped: 2



Answer Choices	Responses	
Mobile phone (no internet)	29.58%	21
Mobile phone (internet enabled)	80.28%	57
Tablet	53.52%	38
Laptop	63.38%	45
Desktop computer	33.80%	24
Total Respondents: 71		

Q4 What do you use your primary personal device for? (tick as many boxes as apply):

Answered: 72 Skipped: 1



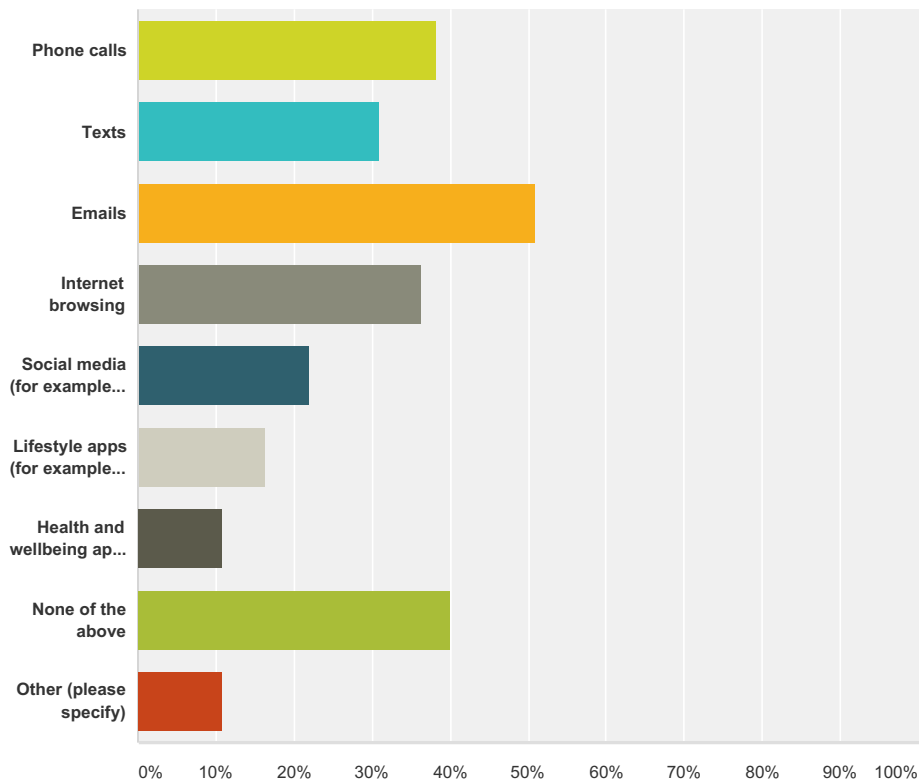
Answer Choices	Responses
Phone calls	93.06% 67
Texts	83.33% 60
Emails	84.72% 61
Internet browsing	77.78% 56
Social media (for example Twitter, Whatsapp and Facebook)	69.44% 50
Lifestyle apps (for example, banking, weather, transport)	56.94% 41
Health apps for your own use (for example, self-monitoring health conditions)	26.39% 19
Wellbeing apps (for example, exercise apps)	23.61% 17
None of the above	0.00% 0

Total Respondents: 72

#	Other (please specify)	Date
1	fitbit, epilepsy info	11/3/2016 2:59 PM
2	Camera, Video, Calculator, MemoPad, Music, Radio, GPS/MAPS	11/2/2016 11:55 AM
3	Travel	11/2/2016 11:52 AM
4	Shopping apps	11/2/2016 11:43 AM
5	Video / periscope	11/2/2016 11:39 AM
6	shopping	11/2/2016 10:12 AM
7	I have no devices	11/1/2016 1:52 PM
8	Taking photos	10/25/2016 3:03 PM

Q5 If you have a digital device for work, how do you use it? (tick as many boxes as apply):

Answered: 55 Skipped: 18



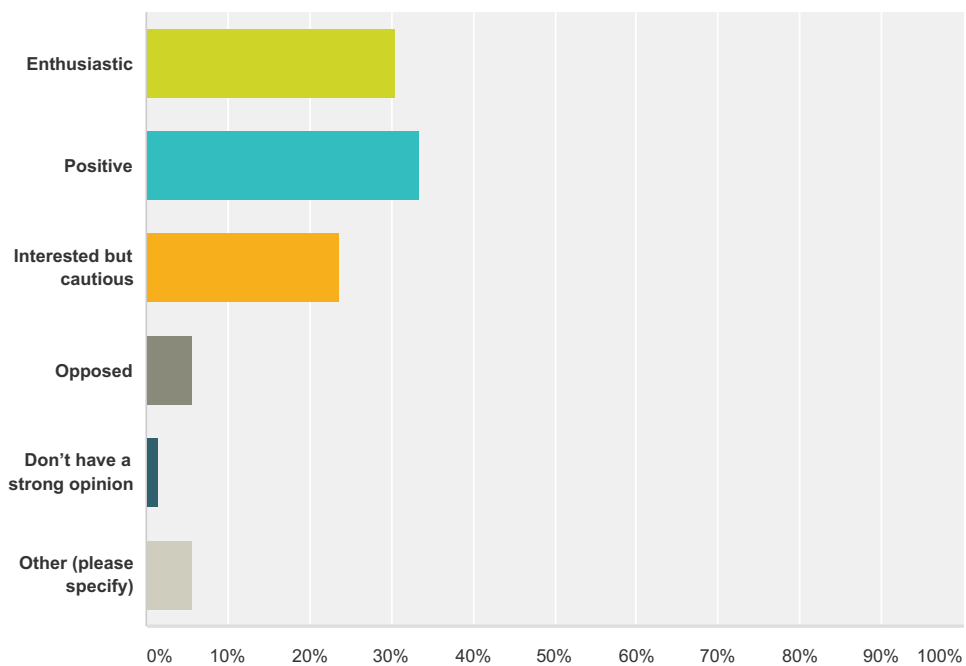
Answer Choices	Responses
Phone calls	38.18% 21
Texts	30.91% 17
Emails	50.91% 28
Internet browsing	36.36% 20
Social media (for example Twitter, Whatsapp and Facebook)	21.82% 12
Lifestyle apps (for example, banking, weather, transport)	16.36% 9
Health and wellbeing apps for your own use (for example, self-monitoring health conditions)	10.91% 6
None of the above	40.00% 22
Other (please specify)	10.91% 6
Total Respondents: 55	

#	Other (please specify)	Date
---	------------------------	------

1	N/A dont work	11/2/2016 11:55 AM
2	powerpoint etc	11/2/2016 10:12 AM
3	WORD, EXCEL, ACCOUNTANCY PACKAGE	11/2/2016 9:40 AM
4	I'm retired	11/1/2016 1:52 PM
5	RETIRED	11/1/2016 10:29 AM
6	Retired	10/25/2016 3:15 PM

Q6 How would you describe your feelings towards the use of digital technology (mobile/tablet devices; online and offline) in the NHS and GP services?

Answered: 72 Skipped: 1

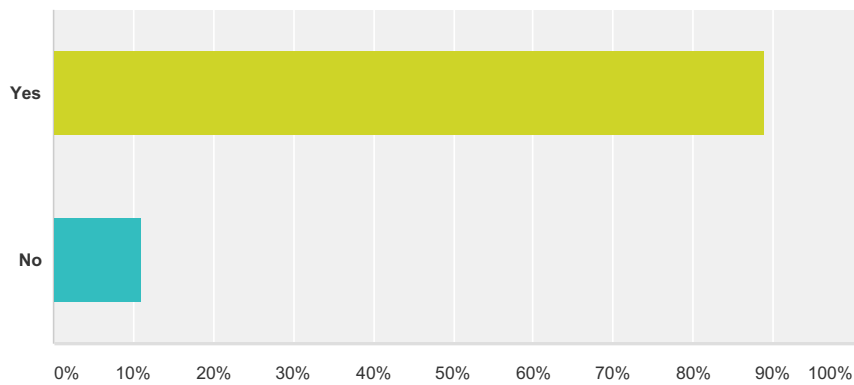


Answer Choices	Responses
Enthusiastic	30.56% 22
Positive	33.33% 24
Interested but cautious	23.61% 17
Opposed	5.56% 4
Don't have a strong opinion	1.39% 1
Other (please specify)	5.56% 4
Total	72

#	Other (please specify)	Date
1	Practice not big enough to cover area population	11/3/2016 3:19 PM
2	Prefer home phone use	11/3/2016 3:04 PM
3	Disagree to use of digital technology for NHS and GP	11/2/2016 10:20 AM
4	Need to be convinced of confidentiality	10/25/2016 3:01 PM

Q7 Overall, do you support greater emphasis on use of digital technologies in the NHS?

Answered: 72 Skipped: 1



Answer Choices	Responses
Yes	88.89% 64
No	11.11% 8
Total	72

#	Could you briefly say why?	Date
1	Yes for the rural areas	11/3/2016 3:19 PM
2	More efficient with time!	11/3/2016 3:17 PM
3	getting appointments easier	11/3/2016 3:16 PM
4	reach more young people	11/3/2016 3:14 PM
5	It makes it easier and more efficient	11/3/2016 3:13 PM
6	easier, faster and timely effective	11/3/2016 3:11 PM
7	Reduces encumberances and buracracy	11/3/2016 3:10 PM
8	Something new for me	11/3/2016 3:08 PM
9	Not well enough used to them	11/3/2016 3:04 PM
10	So I can get in touch quicker if I have to	11/3/2016 3:03 PM
11	To cut down on missed appointments	11/3/2016 3:00 PM
12	Yes, but technology isn't understood by all. It helps with a transition between practitioners having info great! but it users need to understand it too!	11/3/2016 2:59 PM
13	So long as digital technologies are used as an enabler to improve efficiency its effect will be beneficial	11/3/2016 2:51 PM
14	only if people were away knowledgable	11/3/2016 2:48 PM
15	The younger generation use this technology now so it makes sense to use a medium that they're comfortable and familiar with.	11/2/2016 11:55 AM
16	Ease of process	11/2/2016 11:52 AM
17	Would probably increase efficiency and accessibility for young people	11/2/2016 11:48 AM

18	Would be more practical and easier admin	11/2/2016 11:46 AM
19	There are a number of improvements that could be made with technology	11/2/2016 11:45 AM
20	My GP which I have recently joined doesn't use digital bookings which means I have to phone which is hard for me and may be difficult for other people too.	11/2/2016 11:43 AM
21	It will make accessing health service easier	11/2/2016 11:41 AM
22	Would save money and time of patient. Not to be used exclusively however.	11/2/2016 11:39 AM
23	To promote better services. Would like to learn more - on a waiting list to learn.	11/2/2016 10:22 AM
24	Older people don't know how to use modern technology and don't have the internet	11/2/2016 10:20 AM
25	We can't 'un-invent' technology. The need to use its assets to enhance the services provided by NHS to be able to streamline services to where needed.	11/2/2016 10:19 AM
26	It's time for our NHS to join the modern age!	11/2/2016 10:15 AM
27	Computers are the way of the future	11/2/2016 10:14 AM
28	Don't like computers	11/2/2016 10:12 AM
29	Don't know enough about it yet	11/2/2016 10:12 AM
30	more efficient use of time	11/2/2016 10:10 AM
31	HAS TO BE AN IMPROVEMENT ON PRESENT SERVICE	11/2/2016 10:04 AM
32	THATS THE WAY OF THE WORLD TODAY	11/2/2016 10:03 AM
33	IMPROVED ACCES = BETTER OUTCOMES/BETTER HEALTH	11/2/2016 10:00 AM
34	YOUNGER PEOPLE COULD USE THIS SERVICE AND MAKE IT THE NORM	11/2/2016 9:59 AM
35	SPEED THINGS UP AND ALLEVIATE MANPOWER	11/2/2016 9:55 AM
36	IN THIS DAY AND AGE MORE PEOPLE ARE USING DIGITAL TECHNOLOGY	11/2/2016 9:52 AM
37	HOSPITALS ONLY NOT GP'S	11/2/2016 9:48 AM
38	ONLY IN HOSPITALS NOT IN GP SURGERY	11/2/2016 9:45 AM
39	BETTER ACCESS TO SERVICES, HEALTH RECORDS, SELF MANAGEMENT	11/2/2016 9:38 AM
40	I AGREE AND DISAGREE WITH THIS QUESTION - I ANSWER YES FOR ROUTINE HEALTH MATTERS (PRESCRIPTIONS, APPOINTMENTS) AND 'NO' FOR HEALTH RELATED MATTERS. DIGITAL SERVICES ARE VERY BINARY, HEALTH RELATED SERVICES ARE NOT.	11/2/2016 9:37 AM
41	FASTER, MORE EFFICIENT, IF THERES A MISTAKE ITS 'YOURS'	11/2/2016 9:34 AM
42	AS an elderly person I have no interest in digital technology	11/1/2016 1:52 PM
43	BECAUSE IT IS THE WAY FORWARD (BEING AWARE OF PEOPLE WHO DO NOT USE THE WEB)	11/1/2016 10:45 AM
44	MORE AND MORE PEOPLE USE TECHNOLOGY	11/1/2016 10:43 AM
45	CONCERNED ABOUT PRIVACY	11/1/2016 10:41 AM
46	NOT EVERYONE HAS A COMPUTER OR INTERNET PHONE OR CAN USE THEM	11/1/2016 10:40 AM
47	WOULD HAVE OWN RECORD, COULD RESOURCE DELAY IN CONTRACTING RECEPTIONS	11/1/2016 10:39 AM
48	THE WAY FORWARD	11/1/2016 10:37 AM
49	ITS THE 21ST CENTURY 0 ALL OTHER PARTS OF MY LIFE HAVE MOVED DIGITALLY (IE BEAUTY/SHOPPING) WHY NOT HEALTH?	11/1/2016 10:35 AM
50	MAKE LIFE EASIER	11/1/2016 10:29 AM
51	More self-reliant, avoidance of situations that increase anxiety etc	10/25/2016 3:10 PM
52	For convinience and speed	10/25/2016 3:03 PM
53	More efficient use of GP's available time	10/25/2016 3:01 PM
54	Increase in sharing / updating of info - patient and practice skills	10/25/2016 3:00 PM

Q8 In your opinion, what are the top three problems that need to be addressed in GP services in the future? (excluding appointments, prescriptions and medical records)

Answered: 67 Skipped: 6

Answer Choices	Responses	
1.	100.00%	67
2.	94.03%	63
3.	74.63%	50

#	1.	Date
1	Waiting in a cue on the phone	11/3/2016 3:19 PM
2	Appointments	11/3/2016 3:17 PM
3	full time GP's	11/3/2016 3:16 PM
4	availability	11/3/2016 3:14 PM
5	Appointment booking	11/3/2016 3:13 PM
6	Better access to your record anywhere, anytime	11/3/2016 3:11 PM
7	Road accessibility	11/3/2016 3:10 PM
8	Parking	11/3/2016 3:04 PM
9	Cutting back on medication and giving cheaper alternatives	11/3/2016 3:03 PM
10	Being able to get an appointment	11/3/2016 2:59 PM
11	Wholesome diagnosis - getting to underlying issues	11/3/2016 2:51 PM
12	Time doctors not enough	11/3/2016 2:48 PM
13	Length of time with doctor	11/3/2016 2:45 PM
14	Technology security	11/2/2016 11:55 AM
15	Customer service	11/2/2016 11:52 AM
16	Manpower	11/2/2016 11:51 AM
17	Time	11/2/2016 11:50 AM
18	People going to GP for wrong reasons	11/2/2016 11:48 AM
19	Waiting rooms for people who are old or very unwell	11/2/2016 11:46 AM
20	More GP's needed	11/2/2016 11:45 AM
21	Funding	11/2/2016 11:43 AM
22	Time management	11/2/2016 11:41 AM
23	Sharing patient data for research	11/2/2016 11:39 AM
24	More emphasis on diagnosis	11/2/2016 10:22 AM
25	Time you have to wait on getting an appointment	11/2/2016 10:20 AM
26	Speed up referrals	11/2/2016 10:19 AM
27	Education of public or next appropriate staff to see.	11/2/2016 10:15 AM

28	Waiting times	11/2/2016 10:14 AM
29	Privacy	11/2/2016 10:12 AM
30	Recruitment	11/2/2016 10:10 AM
31	APPROACH TO PUBLIC	11/2/2016 10:04 AM
32	AVAILABILITY OF GP'S	11/2/2016 10:03 AM
33	LACK OF ACCESS (TIMES/LOCATIONS ETC)	11/2/2016 10:00 AM
34	TESTS THAT YOU HAVE THEN WIAT FOR RESULTS	11/2/2016 9:59 AM
35	TIME SPENT IN DR'S WAITING ROOM	11/2/2016 9:57 AM
36	CLEAN	11/2/2016 9:56 AM
37	COMMUNICATION	11/2/2016 9:55 AM
38	LACK OF COMMUNICATION WITH HOSPITALS	11/2/2016 9:54 AM
39	MORE TIME WITH PATIENT	11/2/2016 9:52 AM
40	RECEPTIONISTS TO HAVE MORE SENSITIVITY TRAINING	11/2/2016 9:50 AM
41	MORE TIME WITH GP	11/2/2016 9:48 AM
42	PRIVACY	11/2/2016 9:45 AM
43	USE OF TECHNOLOGY FOR CLINICAL CONSULTANCY	11/2/2016 9:43 AM
44	TRANSPORT	11/2/2016 9:40 AM
45	APPOINTMENT LEADTIME	11/2/2016 9:38 AM
46	ACCESS	11/2/2016 9:37 AM
47	NON SHOW FOR APPOINTMENTS	11/2/2016 9:34 AM
48	RECEPTIONIST ARE OFTEN UNFRIENDLY	11/2/2016 9:32 AM
49	Patients not being listened to	11/1/2016 1:52 PM
50	GETTING APPOINTMENTS	11/1/2016 10:42 AM
51	PHONE SYSTEM	11/1/2016 10:41 AM
52	ATTITUDES OF STAFF	11/1/2016 10:40 AM
53	USER FRIENDLY INSTRUCTIONS	11/1/2016 10:39 AM
54	WAITING TIME	11/1/2016 10:37 AM
55	ACCESSING GP OR NURSE FOR QUESTIONS	11/1/2016 10:36 AM
56	FACE TO FACE NOT THE DEFAULT	11/1/2016 10:35 AM
57	COMMUNICATION OF SERVICES	11/1/2016 10:32 AM
58	E-MAIL	11/1/2016 10:30 AM
59	ORGANISATION	11/1/2016 10:29 AM
60	Websites updates	10/25/2016 3:15 PM
61	Time limit of appointments	10/25/2016 3:10 PM
62	Time keeping	10/25/2016 3:08 PM
63	Increased knowledge/understanding of long term conditions	10/25/2016 3:07 PM
64	Receptionists triaging	10/25/2016 3:05 PM
65	Referral waiting times	10/25/2016 3:03 PM
66	GP having sufficient time to discuss	10/25/2016 3:01 PM
67	Recording clinical detail	10/25/2016 3:00 PM
#	2.	Date

1	Not enough doctors	11/3/2016 3:19 PM
2	Communication	11/3/2016 3:17 PM
3	personal relationship with GP	11/3/2016 3:16 PM
4	act/do more (instead just take samples	11/3/2016 3:14 PM
5	Quicker prescription turnaround	11/3/2016 3:13 PM
6	Booking appointments online	11/3/2016 3:11 PM
7	Information	11/3/2016 3:10 PM
8	more time	11/3/2016 3:04 PM
9	I think people who still work should pay for prescriptions	11/3/2016 3:03 PM
10	Communication between GP and pharmacy	11/3/2016 2:59 PM
11	Synchronisation with specialists for referrals	11/3/2016 2:51 PM
12	places to attend	11/3/2016 2:48 PM
13	Communcation	11/2/2016 11:55 AM
14	Better processes	11/2/2016 11:52 AM
15	Patient demand	11/2/2016 11:51 AM
16	More funding	11/2/2016 11:50 AM
17	GPs feeling pressured to give prescriptions/antibiotics	11/2/2016 11:48 AM
18	People going for wrong reasons	11/2/2016 11:46 AM
19	Better phone/Skype (caution) services	11/2/2016 11:45 AM
20	Improvements of mental health care and knowledge from GP's	11/2/2016 11:43 AM
21	Understanding / sensitivity training	11/2/2016 11:41 AM
22	IT systems talking to each other	11/2/2016 11:39 AM
23	In depth tests	11/2/2016 10:22 AM
24	Public engagement - to get upcoming of service needs or details of practice.	11/2/2016 10:19 AM
25	Greater use of ANP's	11/2/2016 10:15 AM
26	Getting asked what you think is wrong	11/2/2016 10:14 AM
27	Waiting times	11/2/2016 10:12 AM
28	Costs	11/2/2016 10:10 AM
29	BETTER CONTACT WITH PATIENTS	11/2/2016 10:04 AM
30	NOT SEEING 'OWN' GP OR SAME GP	11/2/2016 10:03 AM
31	LACK OF PREVENTATIVE WORK	11/2/2016 10:00 AM
32	COMMUNICATION BETWEEN PATIENT/DOCTOR	11/2/2016 9:59 AM
33	COST OF DRUGS/ETC	11/2/2016 9:57 AM
34	SPECIFIC	11/2/2016 9:56 AM
35	SUPERVISION OF RECEPTIONIST	11/2/2016 9:54 AM
36	ACTUALLY MEETING YOUR OWN DOCTOR	11/2/2016 9:52 AM
37	REGULAR CHECKS O PATIENT WHO DONT ATTEND SURGERY OFTEN TO CHECK THEIR HEALTH	11/2/2016 9:50 AM
38	PRIVACY	11/2/2016 9:48 AM
39	LARGER PREMISES FOR GP'S	11/2/2016 9:45 AM
40	PATIENTS TRAVELLING CONSIDERABLE DISTANCE FOR ROUTINE MONITORING EG. BP, INR	11/2/2016 9:43 AM
41	AVOIDANCE OF WASTE EG. DNA'S	11/2/2016 9:38 AM

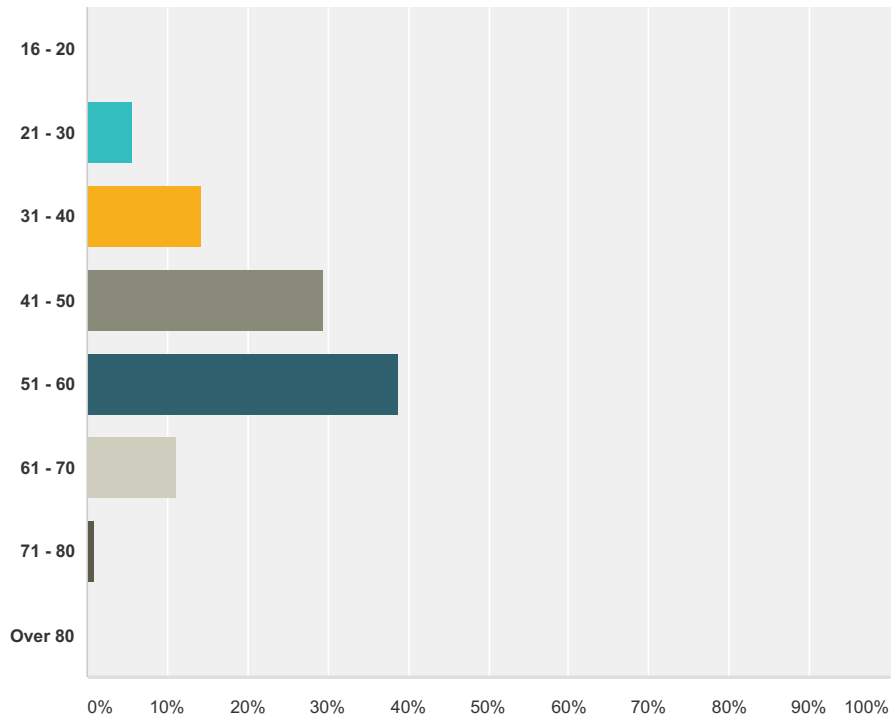
42	AVAILABILITY	11/2/2016 9:37 AM
43	LENGTH OF APPOINTMENT TIME	11/2/2016 9:34 AM
44	LATE NIGHT / WEEKEND OPENING	11/2/2016 9:32 AM
45	Apparent lack of interest in the patient	11/1/2016 1:52 PM
46	LATE AND EVENING APPOINTMENTS	11/1/2016 10:42 AM
47	RECEPTIONISTS	11/1/2016 10:41 AM
48	INFORMATION SHARING/GIVING	11/1/2016 10:40 AM
49	PROMPT RESPONSE	11/1/2016 10:39 AM
50	RECRUITMENT OF GP'S	11/1/2016 10:37 AM
51	TIME LIMITS IN APPTS	11/1/2016 10:36 AM
52	GP NOT DEFAULT - BETTER TRAIN RECEPTIONISTS TO TRIAGE BETTER	11/1/2016 10:35 AM
53	INFORMATION OF MEDICATION	11/1/2016 10:32 AM
54	THE THIRD SECTOR SERVICES	11/1/2016 10:30 AM
55	EQUITY OF PRACTICE	11/1/2016 10:29 AM
56	Blood test results via email text	10/25/2016 3:15 PM
57	Attentiveness of GP's	10/25/2016 3:10 PM
58	Not offering health checkups	10/25/2016 3:08 PM
59	Customer service	10/25/2016 3:07 PM
60	Appointment times (not long enough)	10/25/2016 3:05 PM
61	GP appointment waiting times	10/25/2016 3:03 PM
62	Accepting the patient as being central	10/25/2016 3:01 PM
63	Supporting clinical skills	10/25/2016 3:00 PM
#	3.	Date
1	Not enough time with doctors	11/3/2016 3:19 PM
2	Telephone call from Doctor	11/3/2016 3:17 PM
3	Diagnosis in older people	11/3/2016 3:16 PM
4	time waiting	11/3/2016 3:04 PM
5	I don't like doctor call backs when you cant get a prescription	11/3/2016 3:03 PM
6	(at times) attitudes of staff	11/3/2016 2:59 PM
7	Fundamental rapport/connection with the patient	11/3/2016 2:51 PM
8	doctors	11/3/2016 2:48 PM
9	More use of AHP	11/2/2016 11:52 AM
10	Resources - Referrals	11/2/2016 11:51 AM
11	More GPs	11/2/2016 11:50 AM
12	GP booking only on telephone (my experience, not sure if this is universal)	11/2/2016 11:48 AM
13	More funding needed	11/2/2016 11:45 AM
14	Appointment times are too short	11/2/2016 11:43 AM
15	Communication	11/2/2016 11:41 AM
16	Ageing patients with access issues (especially rural). In addition finance needs to be considered	11/2/2016 11:39 AM
17	Ascertain correct diagnosis	11/2/2016 10:22 AM
18	Home care back-up	11/2/2016 10:19 AM

19	Receptionist asking why you want an appointment	11/2/2016 10:14 AM
20	Access/distance to out of hours	11/2/2016 10:12 AM
21	Ageing population (disproportionate to time spent)	11/2/2016 10:10 AM
22	BETTER UPDATING OF RECORDS	11/2/2016 10:04 AM
23	WAITING TIMES	11/2/2016 10:03 AM
24	POOR IT USE AND SYSTEMS	11/2/2016 10:00 AM
25	COMMUNICATION INFORMATION	11/2/2016 9:57 AM
26	CONVINIENT	11/2/2016 9:56 AM
27	THE TIME GIVEN FOR CONSULTATIONS	11/2/2016 9:54 AM
28	LESS WAITING TIME	11/2/2016 9:48 AM
29	MORE FACILITIES (TOILETS)	11/2/2016 9:45 AM
30	TAKING TIME OFF TO SEE GP - APPOINTMENTS ONLY DURING WORKING HOURS. DISCOURAGED FROM USING LATE APPOINTMENTS	11/2/2016 9:43 AM
31	BETTER SELF MANAGEMENT SUPPORT	11/2/2016 9:38 AM
32	TIME	11/2/2016 9:37 AM
33	SHORTAGE OF GPS	11/2/2016 9:34 AM
34	MANY OLDER PEOPLE CANNOT DEAL WITH TECHNOLOGY	11/2/2016 9:32 AM
35	Proposed multi-functional receptionists	11/1/2016 1:52 PM
36	TIME WITH DOCTOR	11/1/2016 10:42 AM
37	GPS ATTITUDE	11/1/2016 10:41 AM
38	CLEAR UNDERSTANDING OF ACTION	11/1/2016 10:39 AM
39	BETTER COMMUNICATION WITH CONSULTANTS	11/1/2016 10:36 AM
40	MUCH MUCH BETTER LINK WITH OTHER PARTS OF SYSTEM - GPS DO NOT HOLD RECORD INSTEAD EMPOWER US WE ARE STILL TOO DEPENDANT	11/1/2016 10:35 AM
41	SUPPORT SERVICES AVAILABLE LOCALLY AND NATIONALLY	11/1/2016 10:32 AM
42	MORE RELEVANT LINKS	11/1/2016 10:30 AM
43	TEAMWORK	11/1/2016 10:29 AM
44	Security of digital information	10/25/2016 3:15 PM
45	Referrals	10/25/2016 3:10 PM
46	Availability of appointments	10/25/2016 3:07 PM
47	Lack of GP's	10/25/2016 3:05 PM
48	Opening times (as it is difficult to get time off work)	10/25/2016 3:03 PM
49	GP/hospital liaise more closely	10/25/2016 3:01 PM
50	Improving communication between services	10/25/2016 3:00 PM

APPENDIX 4 - STAFF SURVEY RESPONSES

Q1 How old are you:

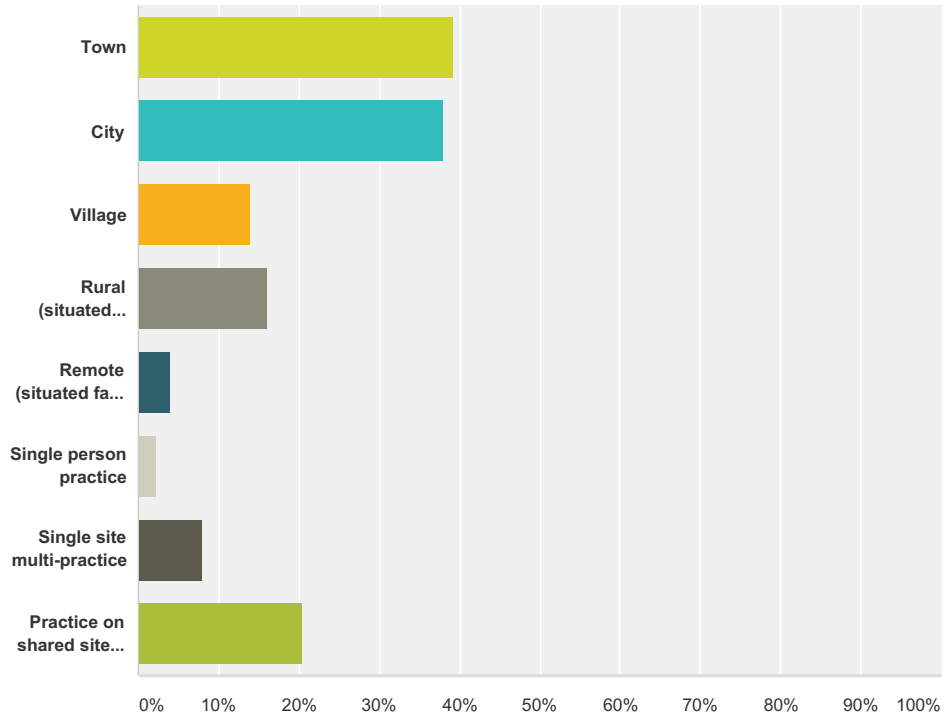
Answered: 252 Skipped: 2



Answer Choices	Responses	
16 - 20	0.00%	0
21 - 30	5.56%	14
31 - 40	14.29%	36
41 - 50	29.37%	74
51 - 60	38.89%	98
61 - 70	11.11%	28
71 - 80	0.79%	2
Over 80	0.00%	0
Total		252

Q2 Type of work base (tick all that apply):

Answered: 250 Skipped: 4



Answer Choices	Responses
Town	39.20% 98
City	38.00% 95
Village	14.00% 35
Rural (situated within the countryside)	16.00% 40
Remote (situated far from the main centres of population)	4.00% 10
Single person practice	2.40% 6
Single site multi-practice	8.00% 20
Practice on shared site e.g. large health centre with multiple practices	20.40% 51
Total Respondents: 250	

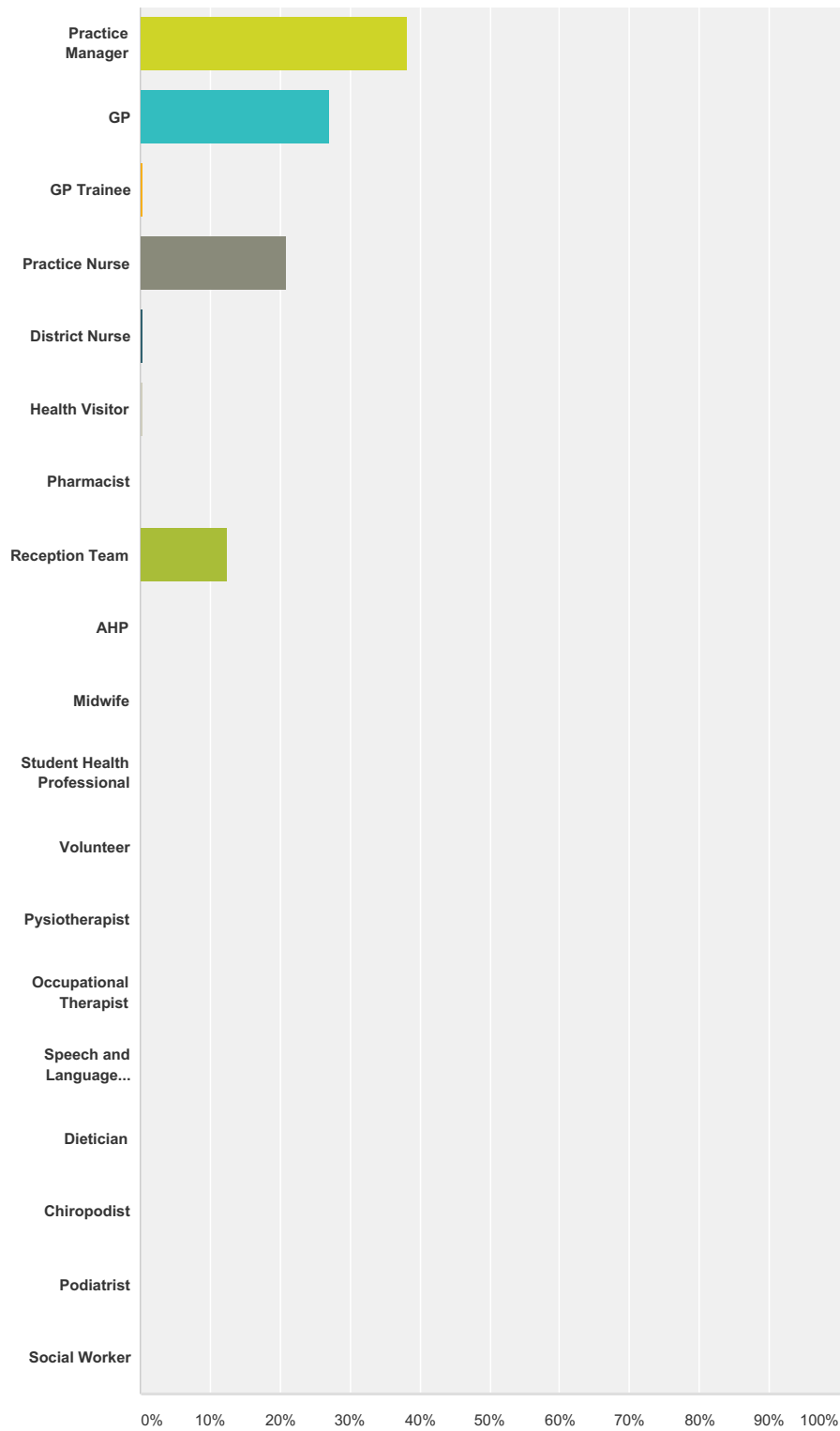
#	Other (please specify)	Date
1	Private building (2 practices)	11/3/2016 2:03 PM
2	Education	11/2/2016 11:21 AM
3	Several practices	11/2/2016 11:14 AM
4	Peripheral clinics	11/2/2016 10:59 AM
5	MAIN SITE PLUS BRANCH 10 MILES AWAY	11/1/2016 10:09 AM

OurGP Staff Survey 2016

6	Large GP practice	10/25/2016 2:54 PM
7	Single practice with branch surgery	10/14/2016 7:13 PM
8	Suburban	10/14/2016 11:54 AM
9	Island (with a bridge)	10/12/2016 3:42 PM
10	Single practice in Health Centre	10/12/2016 9:10 AM
11	site with satellite branch	10/11/2016 5:38 PM
12	University practice	10/11/2016 12:31 PM
13	Practice split site of two neighbouring villages	10/11/2016 10:54 AM
14	covering 2 sites	10/11/2016 9:24 AM
15	single site partnership	10/11/2016 9:14 AM
16	one Practice, two sites	10/10/2016 3:16 PM

Q3 Job role:

Answered: 225 Skipped: 29



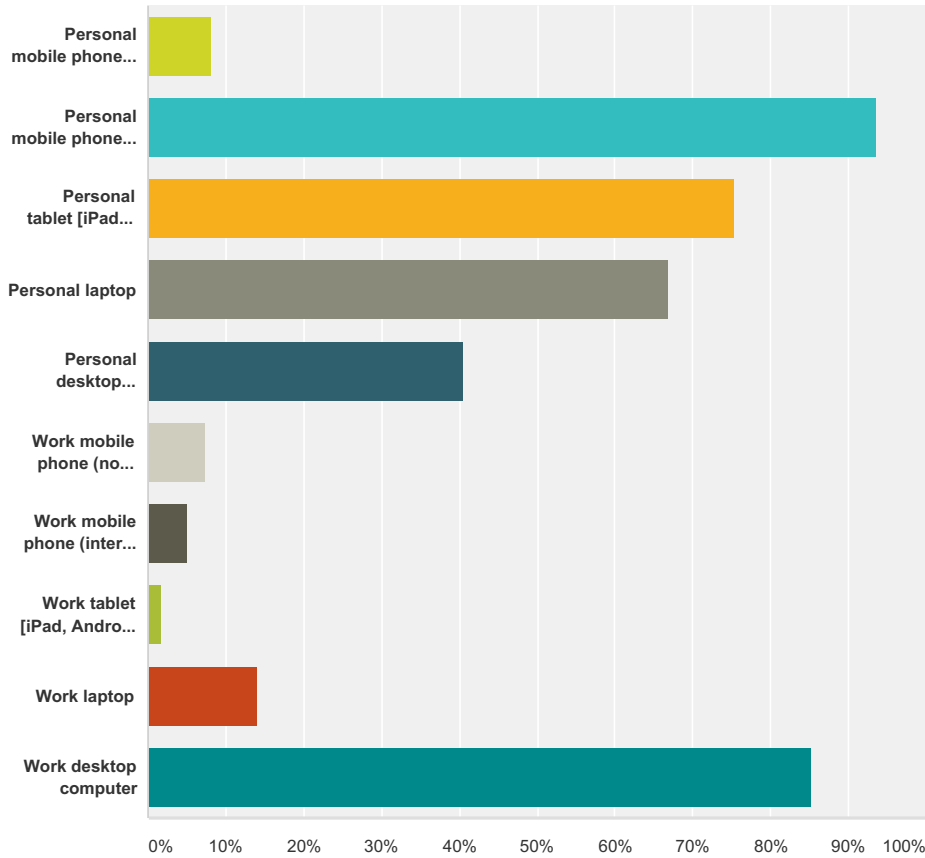
Answer Choices	Responses	
Practice Manager	38.22%	86
GP	27.11%	61
GP Trainee	0.44%	1
Practice Nurse	20.89%	47
District Nurse	0.44%	1
Health Visitor	0.44%	1
Pharmacist	0.00%	0
Reception Team	12.44%	28
AHP	0.00%	0
Midwife	0.00%	0
Student Health Professional	0.00%	0
Volunteer	0.00%	0
Pysiotherapist	0.00%	0
Occupational Therapist	0.00%	0
Speech and Language Therapist	0.00%	0
Dietician	0.00%	0
Chiropodist	0.00%	0
Podiatrist	0.00%	0
Social Worker	0.00%	0
Total		225

#	Other (please specify)	Date
1	Health officer for deafblind scotland	11/3/2016 2:17 PM
2	nurse practitioner	11/3/2016 2:13 PM
3	Nurse practitioner	11/2/2016 11:26 AM
4	Educator	11/2/2016 11:21 AM
5	Community staff nurse	11/2/2016 11:14 AM
6	IT NHS Highland	11/2/2016 11:07 AM
7	Deputy	11/2/2016 10:59 AM
8	Office Manager	11/2/2016 10:53 AM
9	community mental health nurse	10/24/2016 1:57 PM
10	Mental Health Nurse	10/21/2016 11:10 AM
11	IM&T Lead	10/19/2016 4:24 PM
12	Deputy Practice Manager	10/14/2016 3:55 PM
13	advanced nurse practitioner	10/12/2016 11:58 AM
14	Diabetes Specialist Nurse	10/12/2016 11:37 AM
15	Finance/Contracts manager	10/12/2016 10:29 AM

16	Nurse Practitioner	10/12/2016 10:25 AM
17	HCA	10/12/2016 9:06 AM
18	associate practitioner	10/11/2016 7:49 PM
19	Nurse Practitioner	10/11/2016 5:38 PM
20	Management Partner	10/11/2016 3:53 PM
21	Advanced Nurse Practitioner	10/11/2016 3:40 PM
22	Clinical Data Manager	10/11/2016 3:23 PM
23	Nurse Practitioner	10/11/2016 3:20 PM
24	IT	10/11/2016 2:57 PM
25	HCA	10/11/2016 1:55 PM
26	Secretary	10/11/2016 1:40 PM
27	Practice Nurse Educator	10/11/2016 1:07 PM
28	IT Manager	10/11/2016 11:56 AM
29	Health Care Assistant	10/11/2016 11:09 AM
30	IT Manager	10/11/2016 10:57 AM
31	IT Manager	10/11/2016 10:49 AM
32	Administrator	10/11/2016 9:29 AM
33	General Administrator	10/11/2016 9:14 AM
34	IT Manager within practice	10/10/2016 4:51 PM

Q4 Which of the following do you use (tick as many boxes as apply):

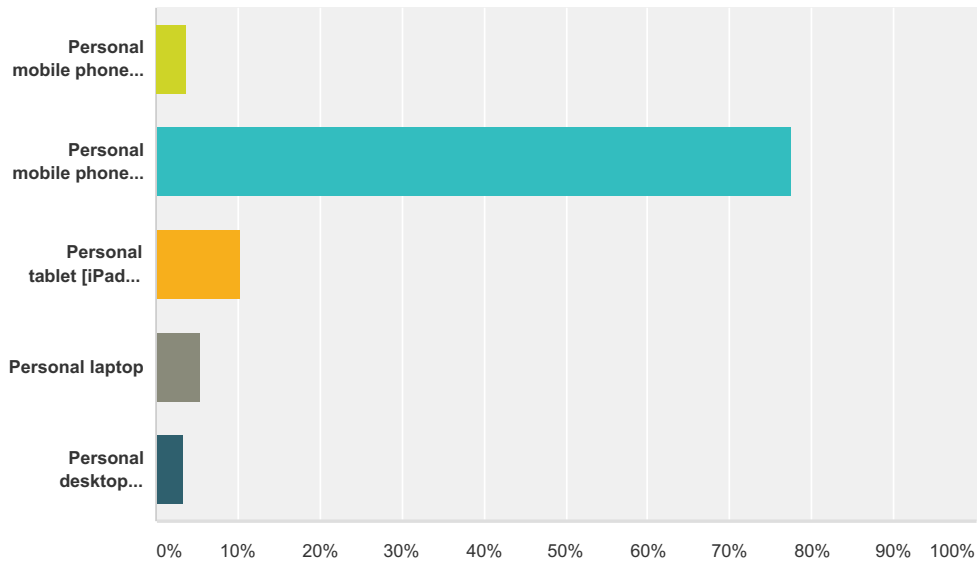
Answered: 244 Skipped: 10



Answer Choices	Responses
Personal mobile phone (no internet)	8.20% 20
Personal mobile phone (internet enabled) [iPhone, Android, Windows]	93.44% 228
Personal tablet [iPad, Android, Windows]	75.41% 184
Personal laptop	66.80% 163
Personal desktop computer	40.57% 99
Work mobile phone (no internet)	7.38% 18
Work mobile phone (internet enabled) [iPhone, Android, Windows]	4.92% 12
Work tablet [iPad, Android, Windows]	1.64% 4
Work laptop	13.93% 34
Work desktop computer	85.25% 208
Total Respondents: 244	

Q5 Which of the following would you say is your primary personal device (please choose the one you use the most):

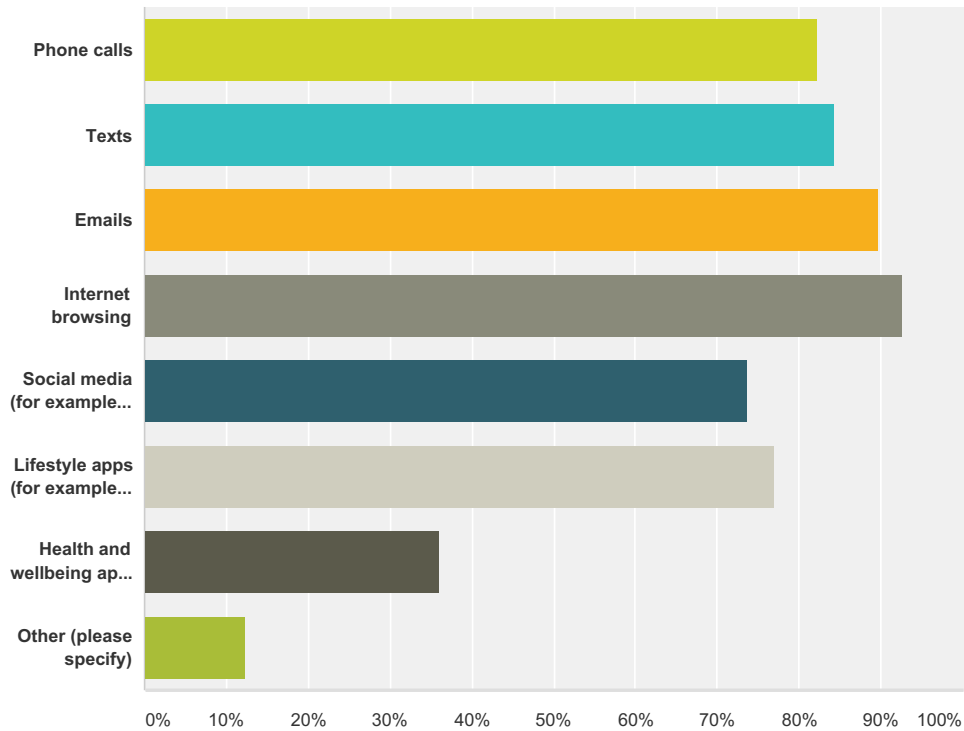
Answered: 243 Skipped: 11



Answer Choices	Responses
Personal mobile phone (no internet)	3.70% 9
Personal mobile phone (internet enabled) [iPhone, Android, Windows]	77.37% 188
Personal tablet [iPad, Android, Windows]	10.29% 25
Personal laptop	5.35% 13
Personal desktop computer	3.29% 8
Total	243

Q6 What do you use your primary personal device for? (tick as many boxes as apply):

Answered: 243 Skipped: 11



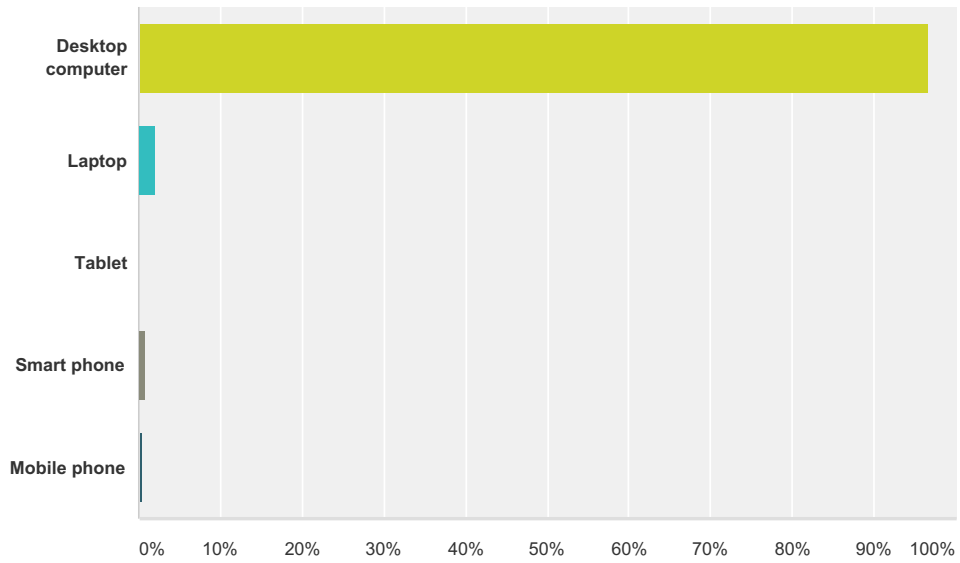
Answer Choices	Responses
Phone calls	82.30% 200
Texts	84.36% 205
Emails	89.71% 218
Internet browsing	92.59% 225
Social media (for example Twitter, Whatsapp and Facebook)	73.66% 179
Lifestyle apps (for example, banking, weather, transport)	76.95% 187
Health and wellbeing apps for your own use (for example, self-monitoring health conditions)	36.21% 88
Other (please specify)	12.35% 30
Total Respondents: 243	

#	Other (please specify)	Date
1	BMI calculator, alcohol units, midwife	11/3/2016 2:04 PM
2	Writing	11/2/2016 11:22 AM
3	Study, essay writing	11/2/2016 11:04 AM
4	Photos (main camera)	11/2/2016 11:00 AM

5	WORK EMAILS	11/1/2016 10:11 AM
6	Fitness apps	11/1/2016 10:04 AM
7	games	10/24/2016 11:19 AM
8	Work! - of which I do large amounts relating to the NHS in my own time	10/21/2016 7:30 PM
9	media streaming - e.g. YouTube, Spotify	10/21/2016 3:43 PM
10	Camera	10/18/2016 5:36 PM
11	music	10/18/2016 9:25 AM
12	K	10/17/2016 1:58 PM
13	Support at work - e-guidelines, BNF, photos of skin conditions, maps for home visits.	10/14/2016 7:16 PM
14	free games	10/14/2016 10:35 AM
15	prescription ordering	10/13/2016 10:33 PM
16	Games	10/13/2016 10:54 AM
17	Work related projects (desktop, audits, projects, appraisal)	10/12/2016 3:46 PM
18	health related apps for use in work - BNF, health board and NHS Scotland apps, NICE, Oxford Handbook of GP, MIMS, SIGN. Camera	10/12/2016 3:45 PM
19	Reading books	10/12/2016 12:26 PM
20	facetime, can accept phone calls , photos, photo library	10/12/2016 10:26 AM
21	shopping and travel	10/12/2016 6:03 AM
22	Children's apps for entertainment purposes	10/11/2016 9:14 PM
23	medical apps: textbooks, guidelines, medical calculators, dermatome maps	10/11/2016 6:40 PM
24	shopping	10/11/2016 1:48 PM
25	learning a language, dictionary	10/11/2016 1:22 PM
26	work apps	10/11/2016 1:21 PM
27	Calander, reminders, timer, alarms and calculator	10/11/2016 12:32 PM
28	diasend	10/11/2016 9:16 AM
29	games	10/10/2016 4:48 PM
30	Games	10/10/2016 1:56 PM

**Q7 What is your primary work device?
(please choose the one you use the most):**

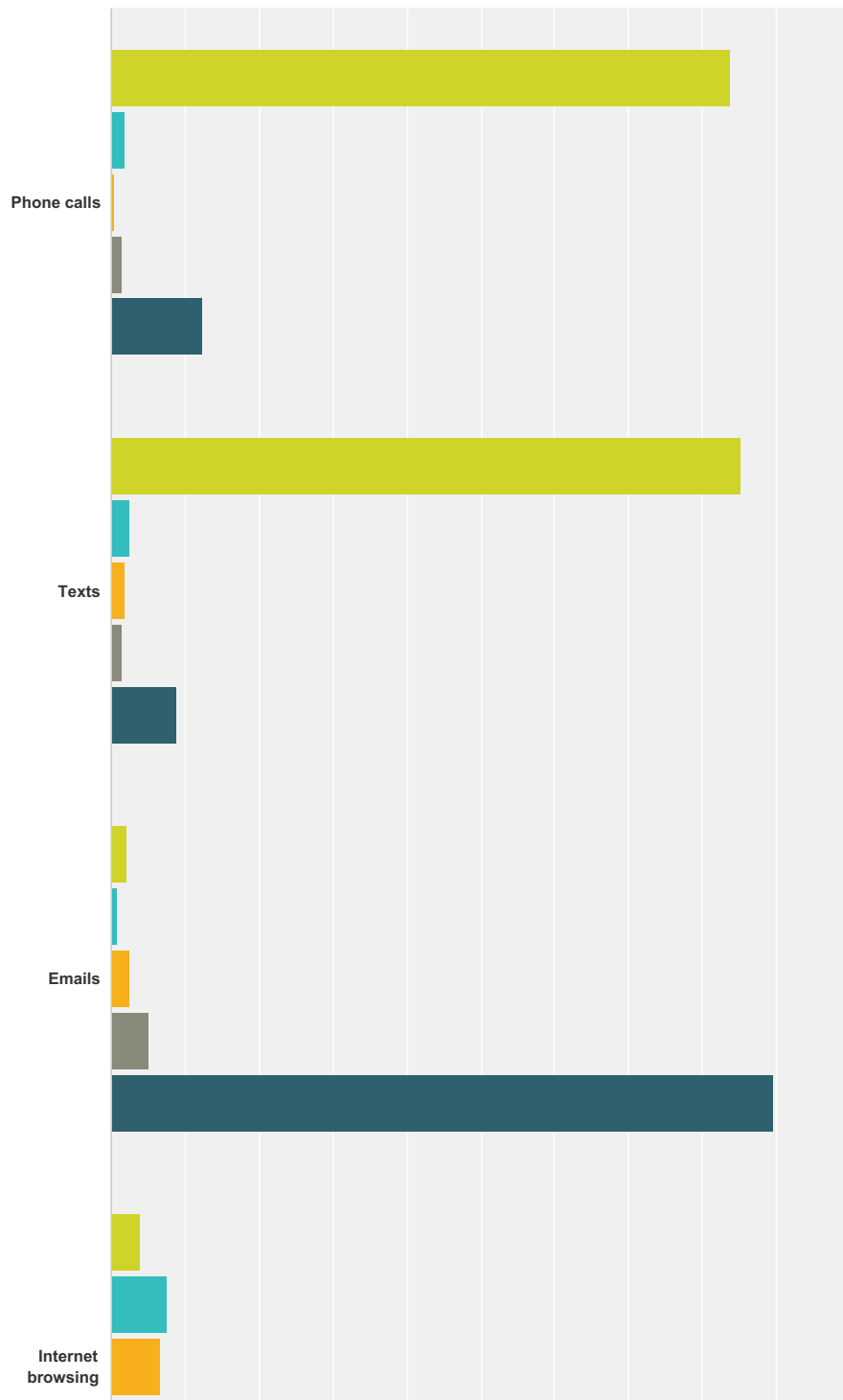
Answered: 244 Skipped: 10

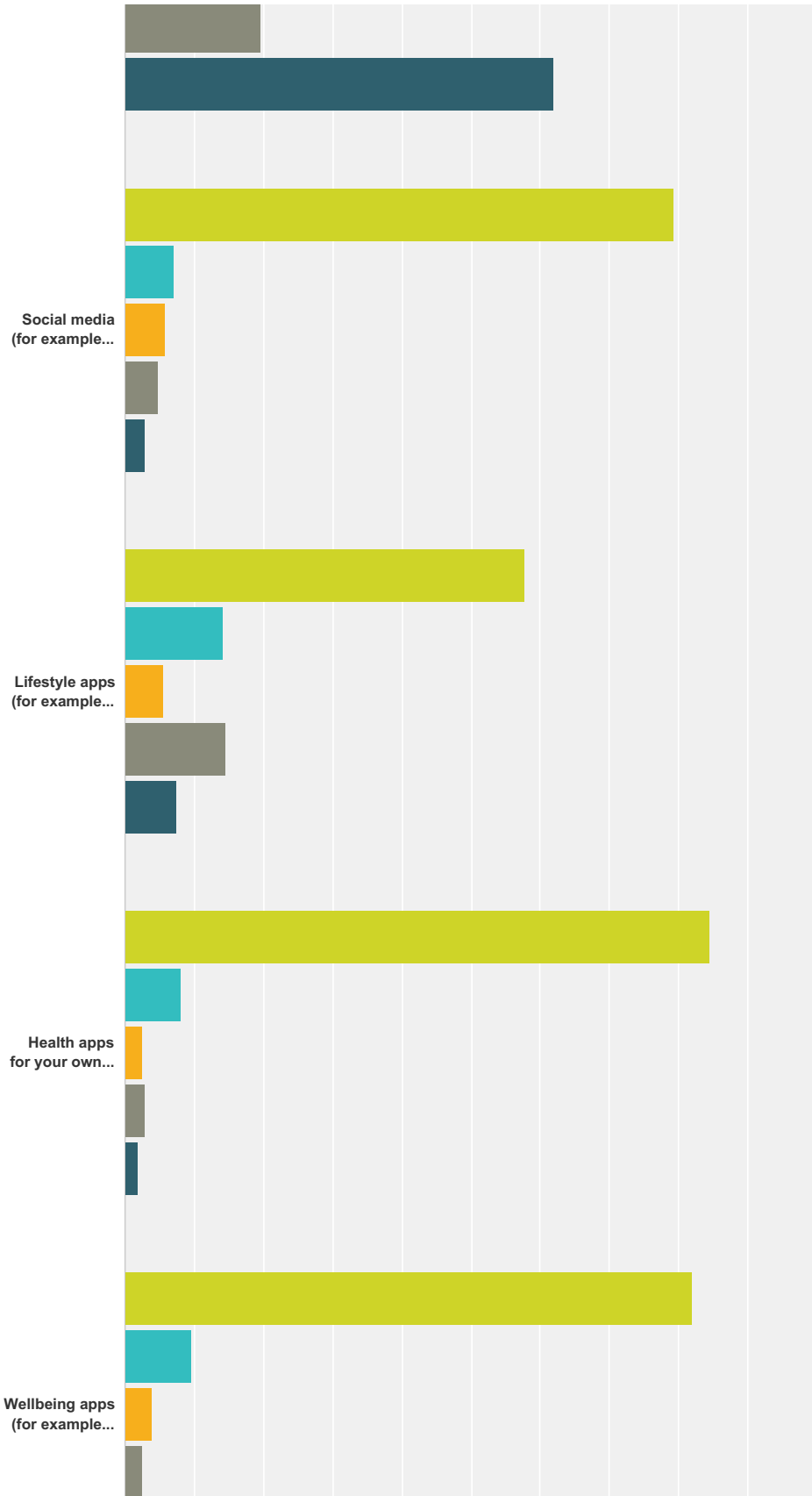


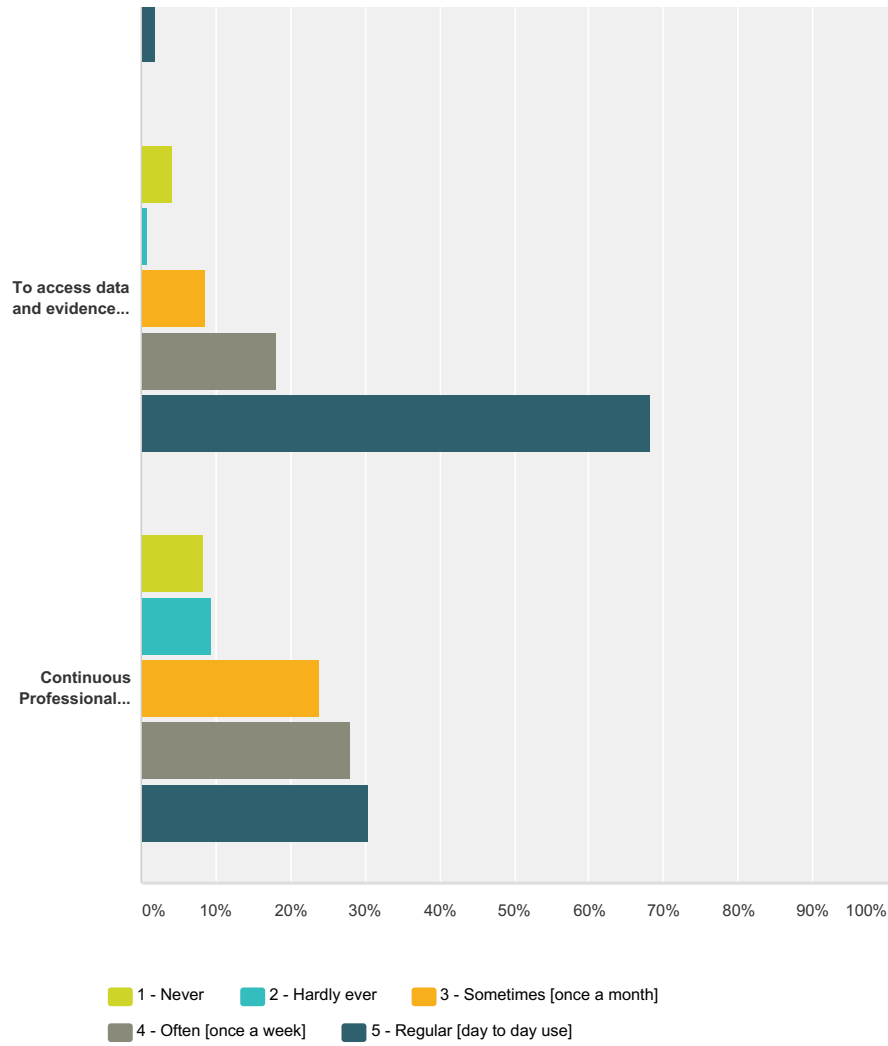
Answer Choices	Responses
Desktop computer	96.72% 236
Laptop	2.05% 5
Tablet	0.00% 0
Smart phone	0.82% 2
Mobile phone	0.41% 1
Total	244

Q8 What do you use your primary work device for? Rate each task in order of how frequently you use it:

Answered: 244 Skipped: 10







	1 - Never	2 - Hardly ever	3 - Sometimes [once a month]	4 - Often [once a week]	5 - Regular [day to day use]	Total
Phone calls	83.74% 170	1.97% 4	0.49% 1	1.48% 3	12.32% 25	203
Texts	85.22% 173	2.46% 5	1.97% 4	1.48% 3	8.87% 18	203
Emails	2.10% 5	0.84% 2	2.52% 6	5.04% 12	89.50% 213	238
Internet browsing	4.02% 9	7.59% 17	6.70% 15	19.64% 44	62.05% 139	224
Social media (for example Twitter and Facebook)	79.43% 166	7.18% 15	5.74% 12	4.78% 10	2.87% 6	209
Lifestyle apps (for example, banking, weather, transport)	57.82% 122	14.22% 30	5.69% 12	14.69% 31	7.58% 16	211
Health apps for your own use (for example, self-monitoring health conditions)	84.54% 175	8.21% 17	2.42% 5	2.90% 6	1.93% 4	207

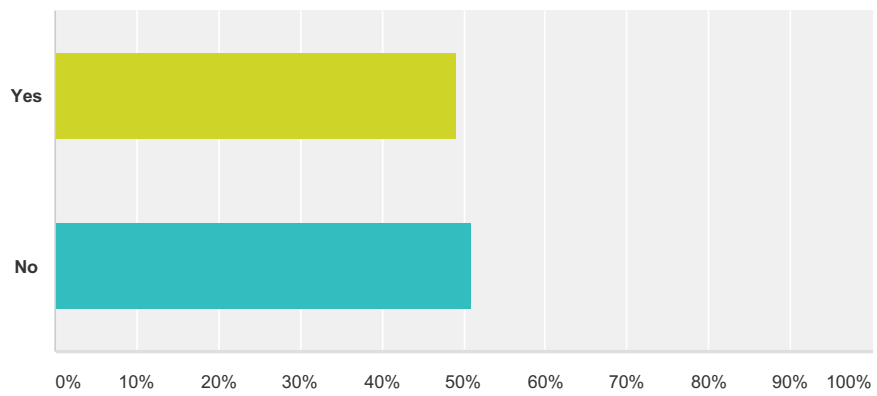
Wellbeing apps (for example, exercise apps)	82.13% 170	9.66% 20	3.86% 8	2.42% 5	1.93% 4	207
To access data and evidence to assist your practice	4.24% 10	0.85% 2	8.47% 20	18.22% 43	68.22% 161	236
Continuous Professional Development (CPD)	8.41% 19	9.29% 21	23.89% 54	27.88% 63	30.53% 69	226

#	Do you use your primary work device for any other tasks? Please comment:	Date
1	For work, work software (GP EMIS) Docmap	11/3/2016 2:04 PM
2	Music	11/2/2016 11:31 AM
3	For presentations	11/2/2016 11:22 AM
4	Recording patient information	11/2/2016 11:11 AM
5	Clinical systems	11/2/2016 11:07 AM
6	Patient details etc	11/2/2016 11:04 AM
7	Clinical software programs	11/2/2016 11:00 AM
8	Clinical software - Vision - Docman - RAT	11/2/2016 10:57 AM
9	clinical Doc mgt prog	11/2/2016 10:49 AM
10	Access to NHS systems - vision, Docman, SCCES, etc	11/2/2016 10:35 AM
11	LOADS - FINANCE MONITORING, REPORTS, STUDENT ASSESSMENT, ESSAYS, FILMS, VC/SKYPE MEETINGS/LEARNING	11/1/2016 10:24 AM
12	ACCOUNTS PAYE VAT ETC	11/1/2016 10:11 AM
13	All work related tasks - correspondence, spreadsheets, payroll, accounts, management of clinical systems	10/27/2016 2:15 PM
14	GP software, record keeping, SCCRS etc	10/25/2016 9:59 AM
15	to record patient data	10/25/2016 8:16 AM
16	Patient medical management software, please note access to social media etc blocked from primary work device	10/24/2016 4:55 PM
17	its not internet enabled	10/24/2016 1:59 PM
18	Patient notes and results Paperless practice	10/23/2016 1:42 PM
19	The vast majority of the time for clinical work - deal with many dozens of patients or pateint issues a day with substandard IT	10/21/2016 7:30 PM
20	To use Vision, Docman, and SCI Store	10/21/2016 10:44 AM
21	Statistic analysis, administration tables, ordering supplies	10/19/2016 4:04 PM
22	work	10/19/2016 1:37 PM
23	To work- software packages to manage work	10/18/2016 7:40 PM
24	Word documents	10/18/2016 5:36 PM
25	patient record keeping	10/12/2016 1:57 PM
26	Vision GP Record. Microsoft office/excel. Internet for sci gateway/sci store	10/12/2016 1:00 PM
27	To record developmental review results and immunisation data.	10/12/2016 12:26 PM
28	consultations	10/12/2016 11:59 AM
29	access payroll & accounting packages, spreadsheets word docs etc	10/12/2016 10:33 AM
30	spirometry software programme for my copd patients, docman and daybook messages within the practice,	10/12/2016 10:26 AM
31	work	10/12/2016 9:55 AM
32	Word processing/spreadsheets	10/12/2016 9:12 AM
33	Work!	10/12/2016 8:24 AM

34	Patient consultation,lab results,docman	10/11/2016 10:30 PM
35	No	10/11/2016 3:22 PM
36	Purchasing goods	10/11/2016 2:32 PM
37	work	10/11/2016 2:11 PM
38	clinical data	10/11/2016 1:48 PM
39	Writing documents.Sharing websites -rather than apps	10/11/2016 1:11 PM
40	Editing and authoring text	10/11/2016 1:10 PM
41	Typing letters and reports	10/11/2016 1:04 PM
42	Typing referrals and letters	10/11/2016 12:32 PM
43	Multiple non clinical tasks	10/11/2016 11:11 AM
44	Business management activities, clinical systems access	10/11/2016 11:03 AM
45	Usual array of practice based tasks ie Excel, Word, Publisher etc	10/11/2016 9:27 AM
46	No	10/11/2016 9:16 AM
47	main function clinical and document storage packages	10/11/2016 8:25 AM
48	No	10/11/2016 8:10 AM
49	i use my laptop for remote access of my work desktop	10/10/2016 10:32 PM
50	recording clinical work	10/10/2016 7:17 PM
51	Accessing our clinical systems	10/10/2016 5:40 PM
52	Writing reports, all patient contacts, searches & audit, prescribing, managing all patient results, logging into portal	10/10/2016 4:48 PM
53	Practice clinical systems, payroll, accounts	10/10/2016 4:44 PM
54	MJog - sending text messages	10/10/2016 3:59 PM
55	every day work - consultations with patients	10/10/2016 2:50 PM
56	Day to day tasks required for work, eg organising patient appointment systems	10/10/2016 1:56 PM

Q9 The next page features questions for healthcare practitioners only, are you a healthcare practitioner?

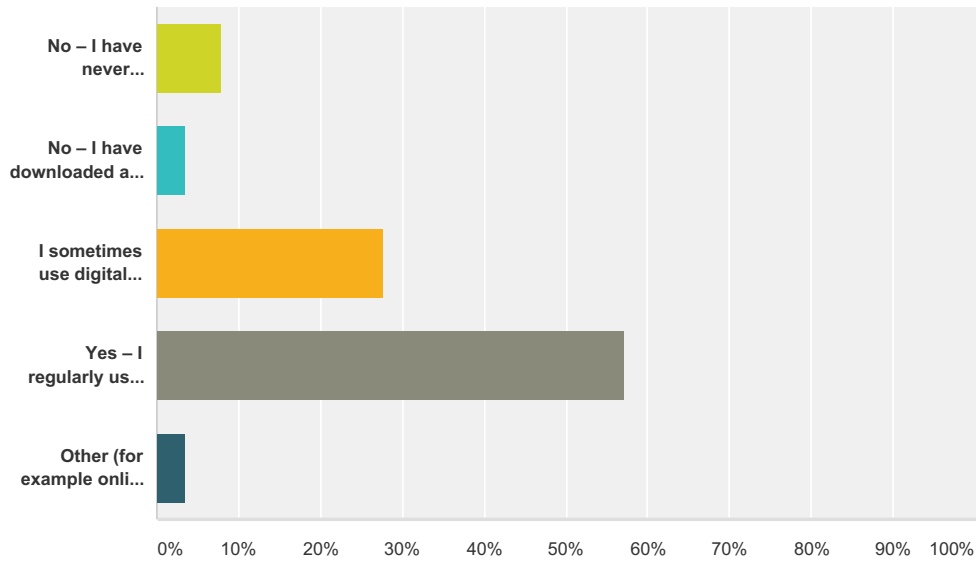
Answered: 243 Skipped: 11



Answer Choices	Responses
Yes	48.97% 119
No	51.03% 124
Total	243

Q10 Do you use digital tools (for example: websites and apps) as part of your day-to-day practice?

Answered: 112 Skipped: 142

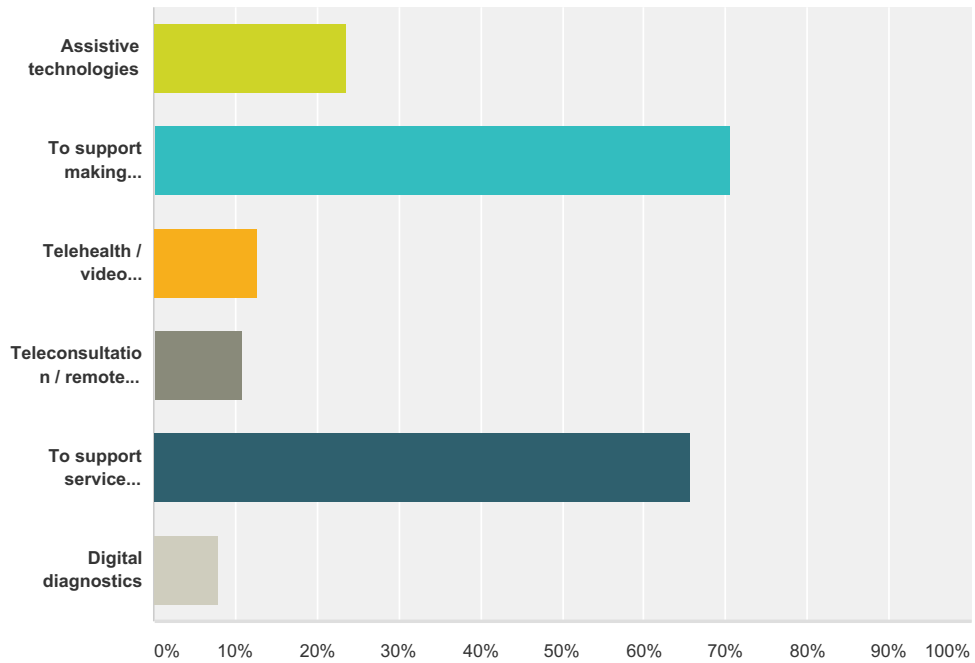


Answer Choices	Responses
No – I have never downloaded digital tools for healthcare practice	8.04% 9
No – I have downloaded and looked at some but have not used any	3.57% 4
I sometimes use digital tools in clinical practice (once a month – once a week)	27.68% 31
Yes – I regularly use (twice-weekly to daily) digital tools in clinical practice	57.14% 64
Other (for example online therapy services):	3.57% 4
Total	112

#	Other (for example online therapy services):	Date
1	For educational purposes - training	11/2/2016 11:24 AM
2	Desktop browser will not support many of the apps	10/25/2016 12:46 PM
3	Websites not apps.	10/21/2016 7:34 PM
4	We aren't allowed to download anything	10/11/2016 5:20 PM

Q11 How do you use digital technologies to support delivery of care? (tick as many boxes as apply):

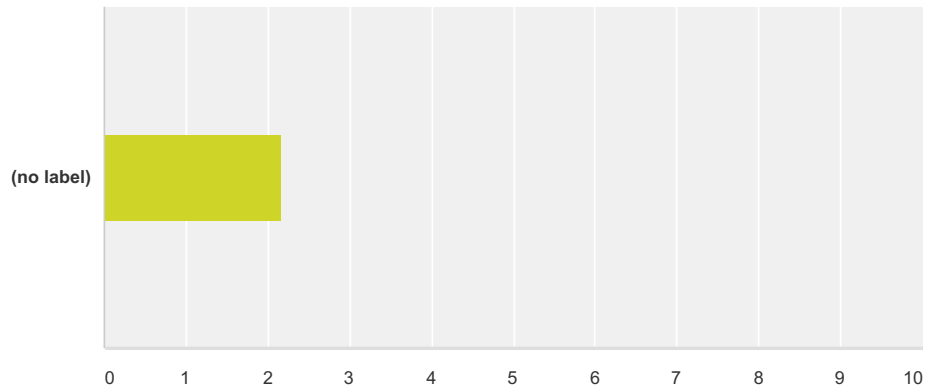
Answered: 102 Skipped: 152



Answer Choices	Responses
Assistive technologies	23.53% 24
To support making decisions in frontline practice	70.59% 72
Telehealth / video conferencing	12.75% 13
Teleconsultation / remote consultation	10.78% 11
To support service users/clients/patients to access and use health and social care resources	65.69% 67
Digital diagnostics	7.84% 8
Total Respondents: 102	

Q12 In the last six months, how often have patients/service users told you they are using apps to manage their condition?

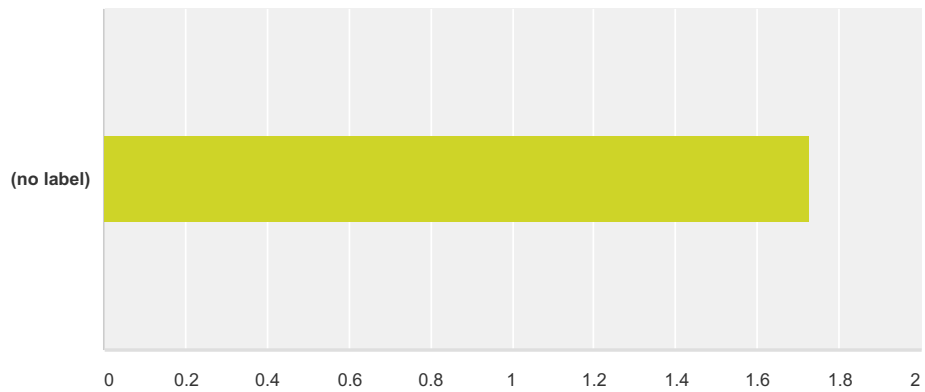
Answered: 112 Skipped: 142



	Never	Hardly ever	Sometimes [from once a month to once a week]	Often [twice-weekly to daily]	Total	Weighted Average
(no label)	19.64% 22	44.64% 50	33.93% 38	1.79% 2	112	2.18

Q13 In the last six months, how often have patients/service users asked you to recommend apps to manage their condition?

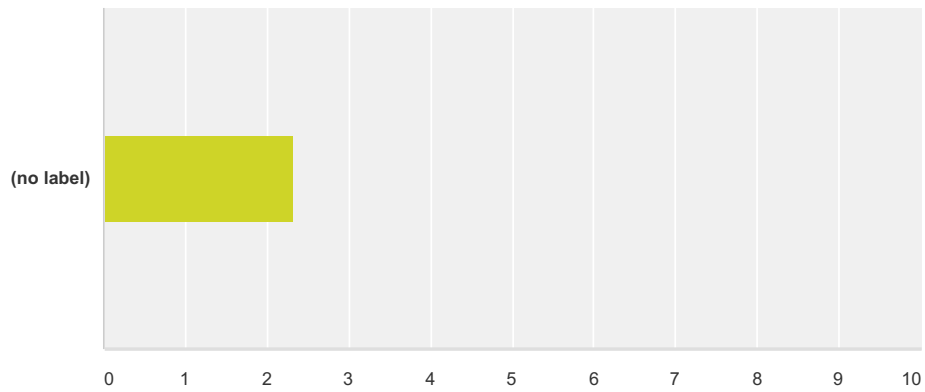
Answered: 112 Skipped: 142



	Never	Hardly ever	Sometimes [from once a month to once a week]	Often [twice-weekly to daily]	Total	Weighted Average
(no label)	43.75% 49	39.29% 44	16.96% 19	0.00% 0	112	1.73

Q14 In the last six months, how often have you recommended apps to patients/service users to manage their condition?

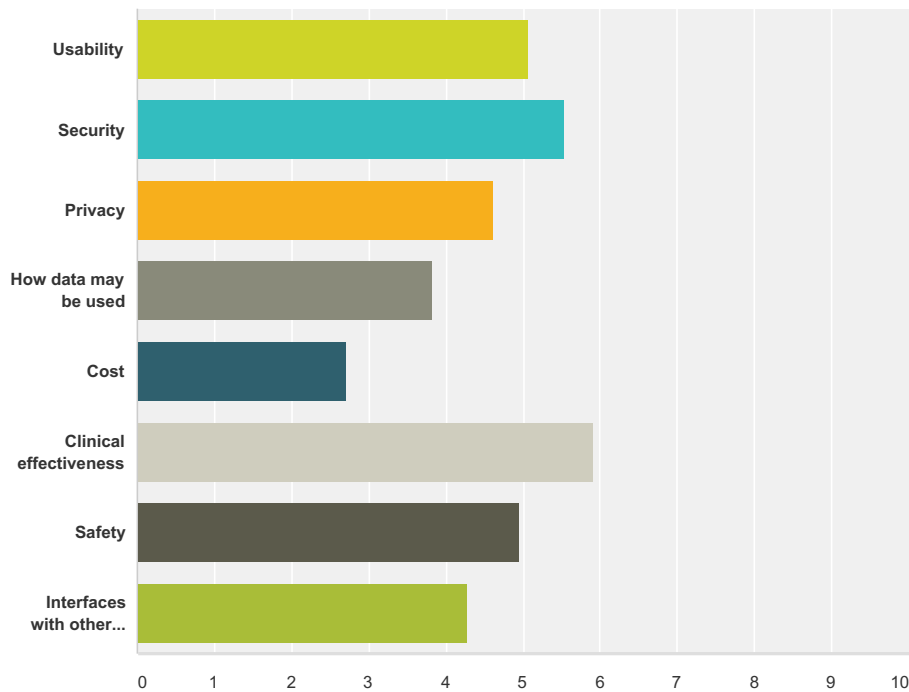
Answered: 111 Skipped: 143



	Never	Hardly ever	Sometimes [from once a month to once a week]	Often [twice-weekly to daily]	Total	Weighted Average
(no label)	23.42% 26	26.13% 29	46.85% 52	3.60% 4	111	2.31

Q15 What are you most concerned about when considering digital technologies for use in healthcare practice? (rank in order 1 = most concerned about, 8 = least concerned about):

Answered: 105 Skipped: 149



	1	2	3	4	5	6	7	8	Total	Score
Usability	14.13% 13	19.57% 18	13.04% 12	13.04% 12	11.96% 11	14.13% 13	8.70% 8	5.43% 5	92	5.07
Security	26.51% 22	13.25% 11	14.46% 12	13.25% 11	10.84% 9	13.25% 11	3.61% 3	4.82% 4	83	5.53
Privacy	8.54% 7	13.41% 11	9.76% 8	18.29% 15	19.51% 16	14.63% 12	12.20% 10	3.66% 3	82	4.62
How data may be used	4.88% 4	9.76% 8	8.54% 7	12.20% 10	18.29% 15	12.20% 10	19.51% 16	14.63% 12	82	3.83
Cost	4.35% 4	2.17% 2	6.52% 6	6.52% 6	9.78% 9	10.87% 10	18.48% 17	41.30% 38	92	2.72
Clinical effectiveness	29.07% 25	19.77% 17	12.79% 11	13.95% 12	8.14% 7	9.30% 8	5.81% 5	1.16% 1	86	5.91
Safety	10.84% 9	13.25% 11	25.30% 21	10.84% 9	14.46% 12	7.23% 6	12.05% 10	6.02% 5	83	4.95
Interfaces with other health systems (primary care, secondary care and social care)	14.29% 14	7.14% 7	12.24% 12	16.33% 16	8.16% 8	10.20% 10	12.24% 12	19.39% 19	98	4.27

Q16 Are there any other concerns you have when considering using digital technologies for use in healthcare practice? Please explain:

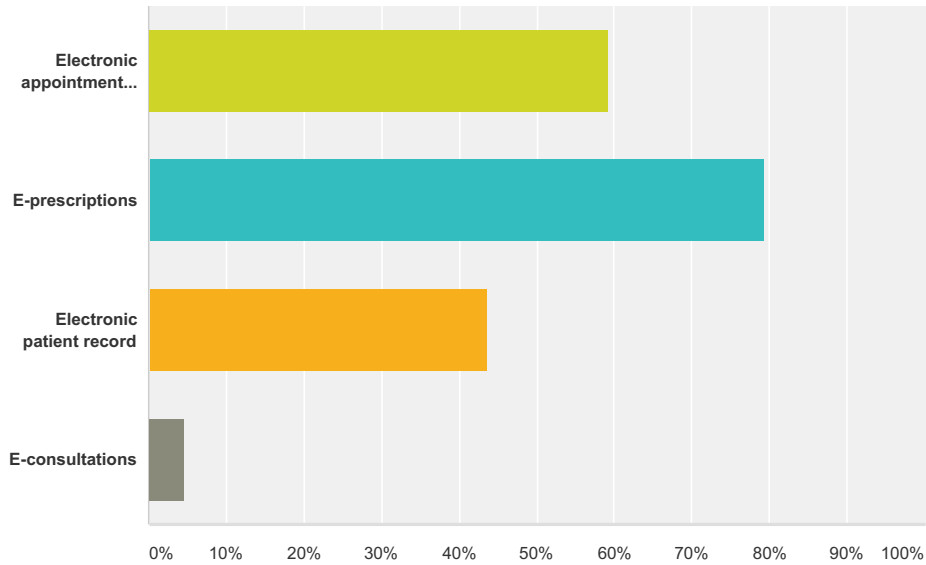
Answered: 34 Skipped: 220

#	Responses	Date
1	Ongoing cost and replacement of services	11/3/2016 2:15 PM
2	Cost vs benefit - time saving for healthcare professionals	11/3/2016 2:06 PM
3	Risk management. E.G. questionnaires on mental health need to signpost to emergency services with high scores	11/2/2016 11:33 AM
4	Trustworthiness. Sites should be evaluated and be able to show they have information thats to be trusted.	11/2/2016 11:24 AM
5	Accessibility to patient not everyone accesses the internet. Security by how clinically effectively	11/2/2016 11:20 AM
6	Inequity of provision	11/2/2016 11:16 AM
7	AVAILABILITY, ACCESS, TRAINING	11/1/2016 10:26 AM
8	Trust issues regarding the practice, can often affect good and meaningful communication.	10/26/2016 8:03 AM
9	We do increasing work in care homes and in patients homes and do not have basic IT to deal with this. Our clinical software is clunky - when we deal many patients daily, at great speed, these factors hugely hugely outweigh issues relating to apps etc. Very difficult to see how spending on these other things is justified when we struggle to provide safe clinical care at speed with our current systems.	10/21/2016 7:34 PM
10	I'm not sure what this question is referring to - resources for clinicians or for patients?	10/21/2016 3:47 PM
11	Inability to access 'wifi' in Nhs building with wifi locked down. Mobile data coverage in rural practice is poor.	10/18/2016 7:42 PM
12	no	10/17/2016 1:22 PM
13	"not another password"	10/14/2016 7:21 PM
14	May be used as marketing tools to encourage patients to seek treatments for spurious conditions promoted by pharmaceutical industry	10/12/2016 3:49 PM
15	The availability of computers for all staff. Many share desktops and individual laptops are still a million financial miles away !!	10/12/2016 12:30 PM
16	Workload burden	10/12/2016 11:31 AM
17	Reliability/accuracy of information	10/12/2016 10:30 AM
18	Reliability and relevance of information passed to patients. Eg is a service suggested available locally	10/11/2016 9:16 PM
19	Patient expectations exceeding what can be provided and the resultant workload for GPs	10/11/2016 7:58 PM
20	ability of patient access not all can afford I-pads etc so they may suffer from a second class service	10/11/2016 7:57 PM
21	I am concerned about recommending paid apps for patients due to costs.	10/11/2016 6:43 PM
22	If other people are choosing to use them I don't care about any of the above. Of course, that's one of the reasons I never recommend any of them, because I don't know about any of the key issues above.	10/11/2016 5:20 PM
23	they sometimes do not work or are not very intuitive	10/11/2016 1:23 PM
24	I recommend websites frequently rather than apps due to our NHS technology and familiarity with web based resources	10/11/2016 1:18 PM
25	Educational challenges - people require teaching in order to effectively use technology.	10/11/2016 1:12 PM
26	ideally evidence based non commercial unlikely to be hacked leaked etc	10/11/2016 10:45 AM
27	Recommending an App that may have , even a small , initial cost (nhs free) concerns with interactive technology thatched a default to " contact you GP ,"usually "ASAP". And additionally workload further directed towards us again	10/11/2016 9:02 AM

28	The patient often decides what is wrong with them and it turns out that is not the problem. e.g often they think they have a chest infection and it turns out to be their heart. They can be very poor historians and this is vital to diagnosis. My concern is the computer gives the wrong answer	10/11/2016 8:02 AM
29	Could it be a waste of time and money?	10/10/2016 11:20 PM
30	concerned about legal issues associated with digital technology and also risk of indemnity issues for doctors and health care professional	10/10/2016 10:37 PM
31	The quality of medical advice	10/10/2016 7:48 PM
32	Lack of wifi	10/10/2016 6:39 PM
33	no	10/10/2016 6:07 PM
34	we are devaluing the therapeutic effect of real human communication this was always the worry when computers came into the consultation and now we are moving to even more technology to replace human interation which of itself is its own therapy we are investing in completely the wrong world we need more people who real DO care about others we are throwing money at technology as a solution for the lack of capacity in the NHS - the technology always fails and is NEVER a replacement for a real human who does CARE and it does not save us time when you try to overextend its role I see more people whose lives have been often destroyed by technology like facebook than I see those who benefit this is the Wrong type of investment RCGP - Time to Care - more investemnt in people Not technology PLEASE	10/10/2016 2:58 PM

Q17 What digital services does you practice currently offer? (tick all that apply)

Answered: 174 Skipped: 80



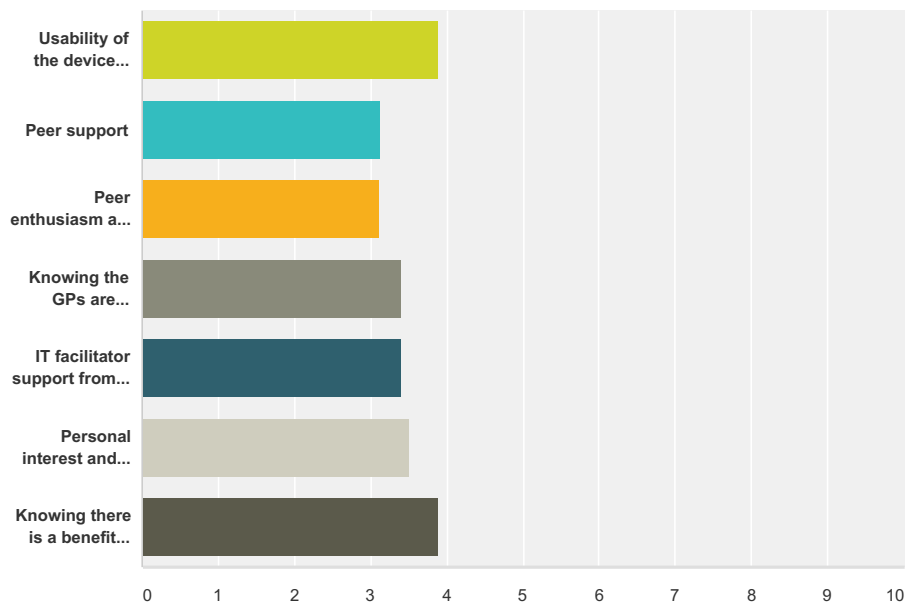
Answer Choices	Responses
Electronic appointment booking	59.20% 103
E-prescriptions	79.31% 138
Electronic patient record	43.68% 76
E-consultations	4.60% 8
Total Respondents: 174	

#	Other (please specify)	Date
1	check in via screen	11/3/2016 2:08 PM
2	Text reminders	11/2/2016 11:33 AM
3	Health board based not in GP practice	11/2/2016 11:09 AM
4	Clinical EPHR, Appt reminders, Auto-cancel facility	11/2/2016 11:02 AM
5	EPR - clinical access not patient access	11/2/2016 10:58 AM
6	Reminder texts	11/2/2016 10:53 AM
7	NIL	11/1/2016 10:14 AM
8	telephone consultations mobile appt reminders	10/25/2016 8:24 AM
9	None	10/23/2016 1:46 PM
10	We do NOT offer electronic appt booking as we serve a very deprived practice with poor access to IT in the most vulnerable and we are keen not to increase health inequities (which are already at a staggering level in Scotland) any further	10/21/2016 7:38 PM
11	prescriptions can be ordered via website	10/18/2016 9:32 AM

12	online prescriptin ordering, appointment text alerts	10/12/2016 3:53 PM
13	electronic patient record but paents do not have access to it	10/12/2016 1:08 PM
14	What do you mean, EPR? You know this is Scottish general practice? We all do? This and the next question make me think either this is a generic questionnaire or you really need to visit a practice somewhere.	10/11/2016 5:22 PM
15	None	10/11/2016 1:55 PM
16	website	10/11/2016 12:40 PM
17	starting in next few weeks	10/10/2016 10:40 PM
18	hghj	10/10/2016 4:54 PM

Q18 What factors have been most significant in you making use of digital technologies in your practice? (Rank in order of importance):

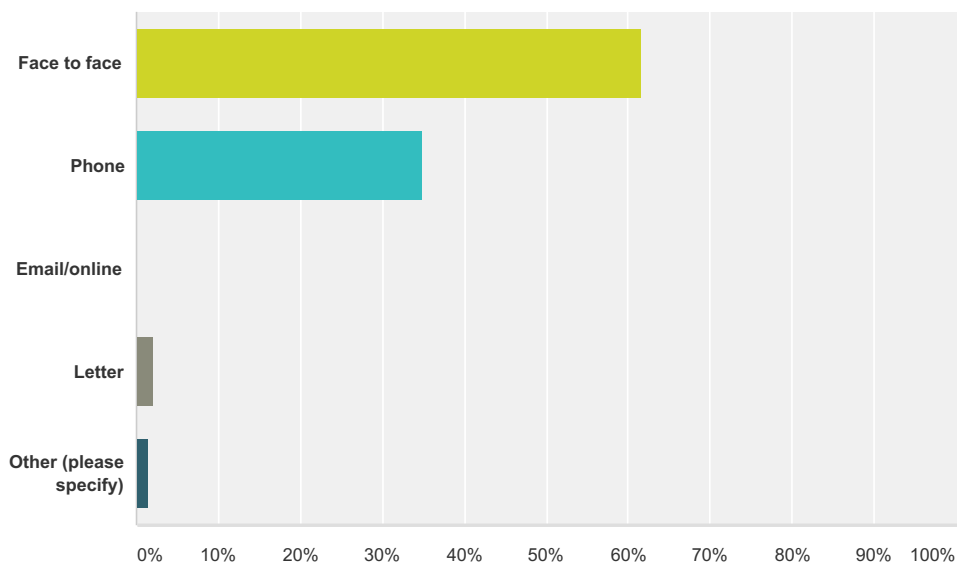
Answered: 189 Skipped: 65



	1 - Not important	2 - Slightly important	3 - Important	4 - Very important	5 - No opinion	Total	Weighted Average
Usability of the device and/or the software	0.53% 1	2.13% 4	13.30% 25	76.60% 144	7.45% 14	188	3.88
Peer support	7.07% 13	17.39% 32	39.67% 73	27.17% 50	8.70% 16	184	3.13
Peer enthusiasm and encouragement	10.33% 19	13.59% 25	38.59% 71	29.89% 55	7.61% 14	184	3.11
Knowing the GPs are committed and enthusiastic about digital	3.23% 6	9.68% 18	38.71% 72	39.25% 73	9.14% 17	186	3.41
IT facilitator support from the Health Board	8.11% 15	8.11% 15	23.78% 44	55.14% 102	4.86% 9	185	3.41
Personal interest and enthusiasm	1.60% 3	6.95% 13	35.83% 67	50.27% 94	5.35% 10	187	3.51
Knowing there is a benefit to patients	0.53% 1	0.53% 1	16.04% 30	76.47% 143	6.42% 12	187	3.88

Q19 When interacting with citizens/patients what is the primary communication method within your practice? (choose the most relevant answer)

Answered: 198 Skipped: 56

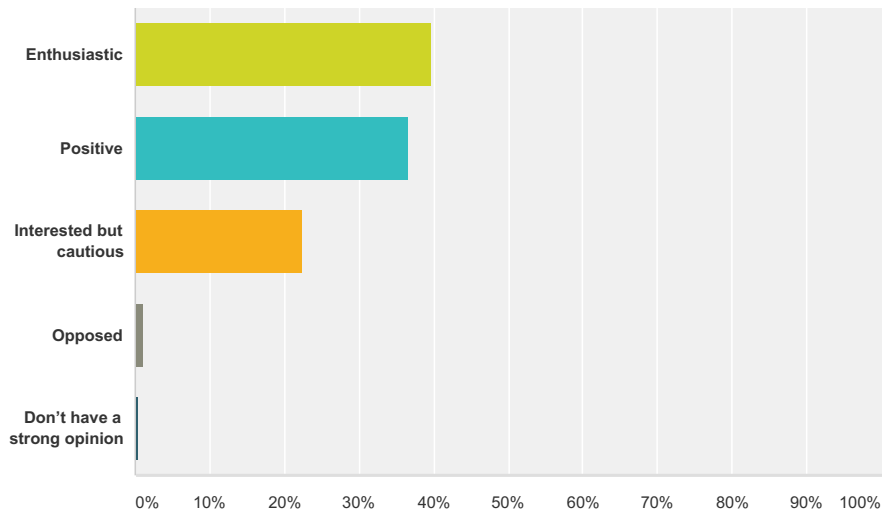


Answer Choices	Responses
Face to face	61.62% 122
Phone	34.85% 69
Email/online	0.00% 0
Letter	2.02% 4
Other (please specify)	1.52% 3
Total	198

#	Other (please specify)	Date
1	Need to consider communication with dual sensory people	11/3/2016 2:21 PM
2	We work with homeless people here, so it has to be practical, pragmatic and safe	10/21/2016 3:50 PM
3	it depends on what it for? daft question	10/12/2016 9:57 AM

Q20 How would you describe your feelings towards the use of digital technology in health and care?

Answered: 197 Skipped: 57



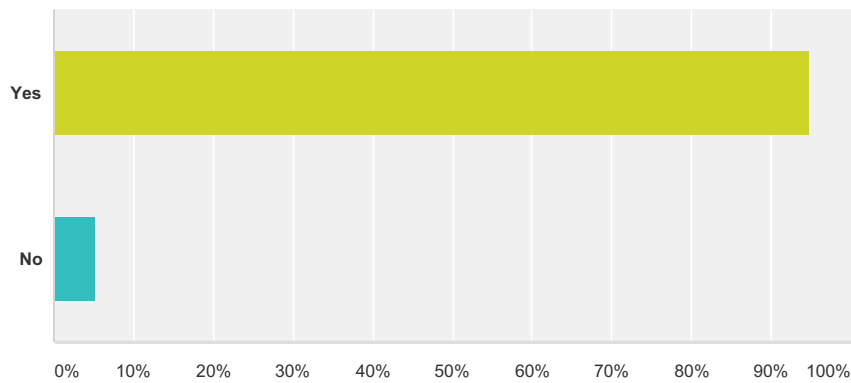
Answer Choices	Responses
Enthusiastic	39.59% 78
Positive	36.55% 72
Interested but cautious	22.34% 44
Opposed	1.02% 2
Don't have a strong opinion	0.51% 1
Total	197

#	Please comment	Date
1	see above comment for dual sensory accessibility	11/3/2016 2:21 PM
2	May speed up process of care	11/2/2016 11:17 AM
3	Concern of local infrastructure - poor connectivity, signal, broadband/internet access	11/2/2016 11:02 AM
4	It is already fragmented. Digital services must be fully able i.e. no human intervention	11/2/2016 10:37 AM
5	UNFORTUNATELY WE WOULD LOVE TO GET THE BASICS WORKING CORRECTLY WITHIN IT	11/1/2016 10:14 AM
6	Think along with face to face it can be a very useful thing	10/23/2016 1:46 PM
7	I think people mistakenly assume that if it's more convenient for them it's also so for the doctor. I don't find that with phone and video consultations, I find they take more time, not less.	10/14/2016 7:35 PM
8	It has to be the way ahead, but I'm also cautious, has to	10/13/2016 8:04 PM
9	enthusiastic if it works well and doesn't add to our workload - unlike for example emails - we are smowed under by them. Our clinical system - EMIS - could be much better. Our system overall is a bit slow	10/12/2016 3:53 PM
10	There are lots of systems that start off promising but end up being rubbish, so I'm cautious but generally positive	10/12/2016 12:25 PM

11	I am enthusiastic about the use of IT as can see many benefits. I am however also pessimistic due to my experience of NHS IT services generally being years behind mainstream IT (I am filling this out on Internet explorer 8). I think the investment required to bring NHS IT into the modern age will be huge and will simply not happen. A few e-services stuck on the backbone of an overly complex, highly regulated, system will just cause more harm than good. My suggestion would be if there is to be meaningful progress it has to be based on modern technology such as iPhone apps that lots of patients and most GP's use every day. I can do my banking on my iPhone so dont see why healthcare needs to be any more secure than that.	10/11/2016 6:55 PM
12	It will help us to communicate better	10/11/2016 2:43 PM
13	need to 'move with times' , convenience, time saving	10/11/2016 1:57 PM
14	It has a place - but now we are throwing more and more money at it as if its a Solution to the problem -it isnt - we need more LIVE Humans who DO care and will work hands on and face to face not hiding behind technology and meetings	10/10/2016 3:06 PM
15	Has its uses but aware of pitfalls and concerns over potential for breaches of confidential information	10/10/2016 2:01 PM

Q21 Overall, do you support greater emphasis on use of digital technologies in the NHS?

Answered: 195 Skipped: 59



Answer Choices	Responses
Yes	94.87% 185
No	5.13% 10
Total	195

#	Could you briefly say why?	Date
1	Providing accessibility is addressed then efficiently can lead to less stress	11/3/2016 2:21 PM
2	Because the current global method is through the digital age	11/2/2016 11:25 AM
3	I believe that technologies can help support patient care but the need for security is paramount.	11/2/2016 11:05 AM
4	Digital technology is the future	11/2/2016 10:58 AM
5	More available	11/2/2016 10:55 AM
6	DEF THE WAY FORWARD, MAKES USE PATIENTS MORE ACCESSIBLE	11/1/2016 10:22 AM
7	BETTER PATIENT ACCESS AND CARE	11/1/2016 10:18 AM
8	QUICKER MORE ACCESSIBLE	10/28/2016 11:28 AM
9	i prefer personal care with aid of some technologies	10/28/2016 10:20 AM
10	it may cut out number of face appointments and provide alternative to patients if they wish it	10/26/2016 11:35 AM
11	to move with the times.	10/25/2016 4:09 PM
12	Would like to introduce patient access - with patient being able to make appts order scripts online	10/25/2016 11:56 AM
13	anything to ease appointment availability	10/25/2016 8:24 AM
14	Save time and money for both clinicians and patients	10/23/2016 1:46 PM
15	It would help us hugely in our work if we had better clinical IT which was more readily shareable with our extended team. We have a terrible shortage of GPs now and some of the new patient developments may increase our workload.	10/21/2016 7:38 PM
16	Subject to security and privacy concerns, I feel digital technologies can add value to the patient experience if the patient chooses to use these.	10/19/2016 4:32 PM
17	not particularly but I think inevitable. Strongly opposed to any reduction in face to face contact.	10/17/2016 8:01 PM

18	nothing beats face to face	10/17/2016 5:31 PM
19	For more efficient use of tight resources, including GP time. Also convenience (accessibility) for patients.	10/17/2016 1:25 PM
20	So long as they actually integrate.	10/14/2016 7:35 PM
21	information at your fingertips	10/14/2016 6:58 PM
22	Anything that can make our lives less busy and stressful would be a bonus!	10/14/2016 4:12 PM
23	Important for future progress	10/14/2016 1:48 PM
24	time constraints for patients affecting ability to attend	10/14/2016 12:11 PM
25	greater efficiency, security, space saving	10/13/2016 10:36 PM
26	It's the 'modern' way to think and work, but it has to be a good system which is reliable and user friendly	10/13/2016 8:04 PM
27	Easier to find information about services and contact numbers for departments.	10/13/2016 5:59 PM
28	If they work well they can be highly useful workload	10/12/2016 3:53 PM
29	People use internet/apps for many things in day today life now - health is falling behind if we dont embrace this	10/12/2016 1:08 PM
30	Quicker and easier provided the software is good and can be shared across different disciplines.	10/12/2016 12:35 PM
31	to help understand and manage a particular health condition	10/12/2016 11:59 AM
32	Issues surrounding confidentiality	10/12/2016 9:54 AM
33	Easier and more convenient for patients	10/12/2016 9:15 AM
34	Technology is being used by so many people, we need to keep up with it.	10/12/2016 6:38 AM
35	May save time	10/11/2016 10:35 PM
36	Now widely available and accessible to patients. May help manage time and workload pressures	10/11/2016 9:22 PM
37	Only if it is proven to reduce GP workload and that it is manageable with current resources	10/11/2016 8:03 PM
38	Expense try getting basic patient care and communication right first	10/11/2016 8:01 PM
39	Yes but only if done properly. Root and branch change. The current system is very poor and adding to it will not help.	10/11/2016 6:55 PM
40	Obviously there are potential benefits.	10/11/2016 5:22 PM
41	time limited for face to face appts often problems/issues could be addressed using alternative technologies	10/11/2016 3:54 PM
42	have to "move with the times". More and more patients use IT as their primary source of communication.	10/11/2016 3:37 PM
43	The systems are not reliable enough or as advanced as they could be	10/11/2016 2:51 PM
44	We all lead busy lives and I think this will save time both for the patients and the practice	10/11/2016 2:43 PM
45	more accurate triage by hospital, reduce waiting times in secondary care, patients to self-manage appropriate conditions	10/11/2016 2:18 PM
46	It is more convenient and beneficial in lots of instances to the patient	10/11/2016 2:08 PM
47	time management , info seen by all and updated quickly ,	10/11/2016 1:57 PM
48	For patients who find it difficult to attend a surgery then remote eg skype etc may be beneficial	10/11/2016 1:55 PM
49	Less paper, good for the environment/security/accuracy	10/11/2016 1:44 PM
50	Because this is the age in which we live and we require to be current yet safe and effective. Also very good for remote and rural practice	10/11/2016 1:31 PM
51	if they are working: apps, self management websites, information	10/11/2016 1:25 PM
52	It would be more convenient for the patient.	10/11/2016 1:20 PM
53	To allow for staff to keep abreast of their work at home as well as in the office - increase in P/t working or potential of working from home. In the digital age patients are looking for more interactive technology.	10/11/2016 12:57 PM
54	I think it would help the majority of busy working patients who we sometimes struggle to be able to contact during our working hours	10/11/2016 12:40 PM

55	I think IT is overlooked as a means to support continued efficiency improvements within the practice and also to provide patients with a variety of choices when contacting the practice. Current hardware, and some software provided by NHS, is outdated and no longer fit for purpose (we are using MS Office 2007 and Windows 8 - these were recent upgrades!!). This limits creative use of software to eliminate manual tasks and also puts restrictions in place that limit what software tools can be loaded on our outdated machines. In many cases it takes significant effort to do relatively simple tasks, for example, to extract data from systems for analysis that makes the savings hoped for questionable because of having to use a convoluted process.	10/11/2016 11:27 AM
56	I think that the NHS is lagging behind in the use of digital technology	10/11/2016 9:55 AM
57	We are unable to have online services due to our server not being robust enough. We have just recieved a new server and have been told we can add online services in a few months. The volume of patients emailing us with prescription requests is ever increasing and having the eprescriptions would make our life much easier. Booking appointments and receiving lab results on a portal would be of great benefit too.	10/11/2016 9:37 AM
58	Digital technology (when it works) makes our working life much easier.	10/11/2016 9:33 AM
59	Potentially is way to improve access and manage demand	10/11/2016 8:27 AM
60	We work in an constantly changing society and as a practice need to keep up with future developments which will allow/help us to improve the care of our patients.	10/11/2016 8:22 AM
61	I think make patients responsible for their own prescriptions is great as it makes them know more about their medication. plus reduces costs as the pharmacy just ordered everything all the time without consulting the patient	10/11/2016 8:08 AM
62	I feel it's the best way to communicate now	10/11/2016 7:05 AM
63	Will it stop people eating too much?	10/10/2016 11:23 PM
64	Due to the changes in everyones day to day living we need to be able to connect with our patients in other forms apart from telephone. However, we do need to be careful about confidentiality and that it is the correct person accessing information.	10/10/2016 7:22 PM
65	save time	10/10/2016 5:19 PM
66	Younger generation prefer to use computer etc to communicate than speaking to people.	10/10/2016 5:15 PM
67	It provides quicker and more efficient access for patients.	10/10/2016 3:16 PM
68	as above - the Balance of the Investment has gone in the wrong direction plus the technology is NEVER user friendly , NO investement is put into developing what is really needed - the control of the development of the product is outwith and NO financial penalties are put in the contract so that when it does fail the provider is penalised- instead , the user is penalised by with the stress of trying to work with it	10/10/2016 3:06 PM
69	accessibility for patients	10/10/2016 3:05 PM
70	Faster methods of communication can be a great advantage to staff and patients	10/10/2016 2:01 PM

Q22 In your opinion, what are the top three problems that need to be addressed in GP services in the future? (excluding appointments, prescriptions and access to medical records)

Answered: 165 Skipped: 89

Answer Choices	Responses	
1.	100.00%	165
2.	88.48%	146
3.	73.94%	122

#	1.	Date
1	Communication with dual sensory	11/3/2016 2:21 PM
2	Shared joined up services	11/3/2016 2:15 PM
3	Joined up systems	11/3/2016 2:12 PM
4	Financial resources	11/3/2016 2:08 PM
5	Better communication with secondary care	11/2/2016 11:36 AM
6	IT hardware /speed	11/2/2016 11:30 AM
7	Infrastructure changes	11/2/2016 11:28 AM
8	Training	11/2/2016 11:25 AM
9	Access	11/2/2016 11:21 AM
10	Ability to book via internet	11/2/2016 11:17 AM
11	Access / exchanging of information - GP/Hospital/etc	11/2/2016 11:13 AM
12	GP home visits for elderly disabled	11/2/2016 11:09 AM
13	Outdated systems	11/2/2016 11:05 AM
14	GP recruitment	11/2/2016 11:02 AM
15	Appointments	11/2/2016 10:55 AM
16	Funding	11/2/2016 10:53 AM
17	Workload	11/2/2016 10:50 AM
18	Access	11/2/2016 10:47 AM
19	access	11/2/2016 10:42 AM
20	Massive financial overload of read coding	11/2/2016 10:37 AM
21	Providing more information about local services to patients.	11/2/2016 10:33 AM
22	SUPPORTING SELF MANAGEMENT	11/1/2016 10:27 AM
23	ACCESSIBILITY	11/1/2016 10:22 AM
24	LACK OF FUNDING	11/1/2016 10:18 AM
25	SHORTAGE OF STAFF	11/1/2016 10:16 AM
26	GETTING COMPUTER SYSTEMS WORKING IN RURAL AREAS PARTICULARLY BAD IN DUMFRIES AND GALLOWAY	11/1/2016 10:14 AM

27	IT FUNCTIONALITY E.G. SPEED	11/1/2016 10:08 AM
28	SELF MANAGEMENT OF CHRONIC CONDITIONS	11/1/2016 10:05 AM
29	UP TO DATE SOFTWARE	10/28/2016 11:28 AM
30	Speed of development of new technology - takes too long for new products to be developed, tested and released.	10/27/2016 2:19 PM
31	lack of different type of access (digital/ phone/ face)	10/26/2016 11:35 AM
32	always available for consultations	10/26/2016 8:05 AM
33	Sharing of information	10/25/2016 2:58 PM
34	Less gatekeeping role - more direct referral by patients	10/25/2016 12:55 PM
35	uniform recording of data	10/25/2016 8:24 AM
36	Self care and wellness resources	10/24/2016 4:59 PM
37	Workforce burnout	10/24/2016 11:22 AM
38	Lack of practice nurses	10/23/2016 1:46 PM
39	Better IT for everyday clinical tasks - less clunky, more reliable, faster	10/21/2016 7:38 PM
40	Lack of GPs	10/21/2016 3:50 PM
41	patient expectations	10/20/2016 9:33 AM
42	More GPs in the workforce	10/19/2016 4:32 PM
43	slowness of systems	10/19/2016 1:40 PM
44	Self help access for patients. Increase use	10/18/2016 7:46 PM
45	Workforce	10/18/2016 6:01 PM
46	Cut back on Insurance reports	10/18/2016 10:56 AM
47	remote use of digital tech for house calls- off site use	10/18/2016 9:29 AM
48	patient demand	10/17/2016 8:01 PM
49	People using the checking in machines more	10/17/2016 5:44 PM
50	communication with secondary care	10/17/2016 5:31 PM
51	Signposting patients to the correct resource	10/17/2016 2:01 PM
52	Patient awareness (advertising the service)	10/17/2016 1:25 PM
53	Network Reliability	10/17/2016 12:04 PM
54	patients being able to see progress of their secondary care referrals (i.e. waiting time) without asking GP	10/17/2016 8:43 AM
55	Aging population	10/15/2016 6:26 PM
56	Ignoring politically motivated interference on extended / 7 day working until we actually have enough staff to do it safely	10/14/2016 7:35 PM
57	More personal access improves confidence	10/14/2016 6:58 PM
58	Patient education	10/14/2016 6:02 PM
59	poor GP record keeping/data input	10/14/2016 4:58 PM
60	Patients need to be signposted to best person to see. ie pharmacy, physio, optician, chiropody rather than coming to gp when they could be seen by another healthcare professional	10/14/2016 4:12 PM
61	Patients lack of confidence in using digital services	10/14/2016 1:48 PM
62	access to internet (lack of phone coverage/internet access))	10/14/2016 12:29 PM
63	health promotion	10/14/2016 12:11 PM
64	appropriate staffing	10/13/2016 10:36 PM
65	Time- consultations are increasingly complicated	10/13/2016 8:04 PM

66	easier access to services available. i.e GP specific	10/13/2016 5:59 PM
67	Antibiotic prescribing	10/13/2016 1:30 PM
68	Staffing	10/13/2016 1:21 PM
69	IT System that can cope with all that is demanded from them	10/13/2016 10:58 AM
70	workload	10/12/2016 3:53 PM
71	Funding	10/12/2016 3:52 PM
72	Missed appointments	10/12/2016 2:24 PM
73	Workforce - recruitment/retaining GP's	10/12/2016 1:08 PM
74	Need more doctors - very pushed for time.	10/12/2016 12:35 PM
75	Workload	10/12/2016 11:34 AM
76	better communication between primary/secondary care	10/12/2016 10:33 AM
77	better internet in rural communities to support developments	10/12/2016 10:05 AM
78	support for systems - patient don't phone the practice when not working but a helpline	10/12/2016 9:57 AM
79	Secondary care "dumping" work on practices	10/12/2016 9:54 AM
80	more time	10/12/2016 9:22 AM
81	Data Security	10/12/2016 9:15 AM
82	Health Tourism	10/12/2016 9:09 AM
83	Access to results prior to appointments	10/12/2016 8:54 AM
84	Time if patients have electronic access to us!	10/12/2016 8:27 AM
85	lack of gps	10/12/2016 8:13 AM
86	slow and luke warm support from the IT team	10/12/2016 6:08 AM
87	Unrealistic expectations placed on GPs	10/11/2016 10:35 PM
88	Patient taking responsibility for self	10/11/2016 9:22 PM
89	Workload	10/11/2016 8:03 PM
90	Staff shortages	10/11/2016 8:01 PM
91	Improved communication between hospital/gp/other agencies.	10/11/2016 6:55 PM
92	all health care providers to use same system	10/11/2016 5:43 PM
93	A system for general practice that is designed by those working in that enviroment and understand what is required.	10/11/2016 5:23 PM
94	Workforce	10/11/2016 5:22 PM
95	access to health care professionals	10/11/2016 3:54 PM
96	more staff	10/11/2016 3:45 PM
97	Information on local services being much more readily availbale and accessible online	10/11/2016 3:39 PM
98	Very slow PC's. The units in my practice have only 2gb of RAM. My phone has 3gb!	10/11/2016 3:37 PM
99	Easier contact with IT help desk -	10/11/2016 3:32 PM
100	all health care IT systems communicating with each other including SIRS out of hours etc	10/11/2016 3:30 PM
101	intraoperability	10/11/2016 3:25 PM
102	Systems that talk to each other	10/11/2016 3:17 PM
103	finding alternatives to a GP consultation	10/11/2016 3:05 PM
104	access to technology	10/11/2016 2:52 PM
105	More advanced hardware	10/11/2016 2:51 PM

106	Many of the demands on GP's are created by the media ie see your GP before you start this die if you have any concerns or before you take out gym membership	10/11/2016 2:43 PM
107	security	10/11/2016 2:31 PM
108	GP workload	10/11/2016 2:18 PM
109	GP availability	10/11/2016 2:14 PM
110	Access to proactive health advice	10/11/2016 2:08 PM
111	IT up to date equipment	10/11/2016 1:57 PM
112	audio transcript - still using tapes at the practice	10/11/2016 1:44 PM
113	Protected time for Interdisciplinary learning	10/11/2016 1:31 PM
114	more funding	10/11/2016 1:27 PM
115	multimorbidity	10/11/2016 1:25 PM
116	The provision of NHS Lothian of old browsers and software to primary care (currently on Window XP and Internet Explorer) which prevents access to many web based resources	10/11/2016 1:22 PM
117	Paperwork; medical reports, GP letters etc...	10/11/2016 1:20 PM
118	Joined up systems so all of NHS and social care can access what is needed easily	10/11/2016 1:18 PM
119	Old IT hardware/software out of date	10/11/2016 1:13 PM
120	Remote access to work desktop.	10/11/2016 12:57 PM
121	boundary changes to surgeries due to bulding developments	10/11/2016 12:40 PM
122	lack of doctors	10/11/2016 12:02 PM
123	IT sytems linked to our Partners i.e. Health Visitors District Nurses	10/11/2016 12:00 PM
124	IT infrastructure (hardware/software/networks)	10/11/2016 11:58 AM
125	Record sharing across all specialities	10/11/2016 11:53 AM
126	Update outdated hardware and software	10/11/2016 11:27 AM
127	speed	10/11/2016 11:17 AM
128	System needs to be fit for purpose and applications must work	10/11/2016 11:15 AM
129	Increase in diabetes in population	10/11/2016 11:05 AM
130	recruitment -locums and partners	10/11/2016 10:48 AM
131	Multi morbidity	10/11/2016 10:24 AM
132	Speed of system over 2 sites	10/11/2016 10:03 AM
133	Locum availability	10/11/2016 10:00 AM
134	Lack of GP's	10/11/2016 9:55 AM
135	availability of consultations	10/11/2016 9:49 AM
136	Lab results access on line by patients	10/11/2016 9:37 AM
137	More training in use of clinical systems - When moved from GPASS, all practices were given basic training, which they are still using today - some 5 years on!	10/11/2016 9:33 AM
138	IT services need to be improved	10/11/2016 9:21 AM
139	Poor IT infrastructure	10/11/2016 9:21 AM
140	Triage of access	10/11/2016 9:04 AM
141	Workload	10/11/2016 8:27 AM
142	improved Technical Support	10/11/2016 8:24 AM
143	Patient education - use of IT and inappropriate use of GP's	10/11/2016 8:23 AM
144	Electronic prescriptions between GP practice and pharmacy (in Scotland still printing out scripts)	10/11/2016 8:22 AM

145	There are not enough staff	10/11/2016 8:08 AM
146	access to self referral secondary care	10/11/2016 7:54 AM
147	IT systems	10/11/2016 7:05 AM
148	More doctors	10/10/2016 11:23 PM
149	video-consultations	10/10/2016 10:40 PM
150	Rubbish IT - the NHS loves obsolete hardware & software !	10/10/2016 7:52 PM
151	Lack of wi fi	10/10/2016 6:41 PM
152	Recruitment of GPs	10/10/2016 6:23 PM
153	access to patient records when out of surgery	10/10/2016 6:08 PM
154	GP recruitment	10/10/2016 5:19 PM
155	Electronic transfer of medical records	10/10/2016 5:15 PM
156	secure digital communication with patients	10/10/2016 4:57 PM
157	Electronic transfer for medical records	10/10/2016 4:54 PM
158	Unified systems which all talk to each other	10/10/2016 4:50 PM
159	sharing of patient information with hospitals and other health professionals	10/10/2016 4:46 PM
160	IT provisions - this needs to improve	10/10/2016 3:16 PM
161	TIME	10/10/2016 3:06 PM
162	Lack of supported/paid for wifi	10/10/2016 3:05 PM
163	Speed of internet	10/10/2016 2:46 PM
164	More patient awareness of appropriate use of services	10/10/2016 2:01 PM
165	online consultations	10/10/2016 1:54 PM
#	2.	Date
1	Accessibility	11/3/2016 2:21 PM
2	Involvement of community staff	11/3/2016 2:15 PM
3	Health and social speaking to each other	11/3/2016 2:12 PM
4	Unifying all GP software in Scotland	11/3/2016 2:08 PM
5	Staff recruitment	11/2/2016 11:36 AM
6	Software accessible	11/2/2016 11:30 AM
7	Commitment to the whole team	11/2/2016 11:28 AM
8	Leadership for digital platforms	11/2/2016 11:25 AM
9	Simplicity	11/2/2016 11:21 AM
10	Worried well to be reassured	11/2/2016 11:17 AM
11	More input to allow patients to self manage	11/2/2016 11:13 AM
12	Face to face Apt demand for GP	11/2/2016 11:09 AM
13	Lack of integration	11/2/2016 11:05 AM
14	Clinical software that can "cross work" effectively - assist easier	11/2/2016 11:02 AM
15	Financial restrictions	11/2/2016 10:55 AM
16	New ideas to improve services	11/2/2016 10:53 AM
17	Interface issues	11/2/2016 10:50 AM
18	ACCESS TO RIGHT PERSON, MOST EFFECTIVE EVIDENCE APPROACH	11/1/2016 10:27 AM
19	PATIENT EDUCATION	11/1/2016 10:22 AM

20	SUPPORT FROM HEALTHBOARD	11/1/2016 10:18 AM
21	MOBILE PHONE SIGNALS FOR ALL PROVIDERS	11/1/2016 10:14 AM
22	SECURITY ISSUES - NEW PROJECTS HALTED BY IT DEPT	11/1/2016 10:08 AM
23	TRIAGE - WHO BEST TO HELP	11/1/2016 10:05 AM
24	IT SUPPORT - I HAVE BEEN WAITING AT LEAST 9 MONTHS FOR A PROBLEM TO BE RESOLVED	10/28/2016 11:28 AM
25	Very hard to get enhancements to existing software	10/27/2016 2:19 PM
26	lack of manpower to satisfy demand for face GP access	10/26/2016 11:35 AM
27	provision of excellent care always	10/26/2016 8:05 AM
28	One system fits all/software to signpost patients	10/25/2016 2:58 PM
29	Access to patient data accross services	10/25/2016 12:55 PM
30	streamlining number of systems being used...ie treatment rooms use different systems to GP practices who use differnt systems to DN's who use different systems to hospitals	10/25/2016 8:24 AM
31	Signposting	10/24/2016 4:59 PM
32	Availability of workforce	10/24/2016 11:22 AM
33	Lack of gp's	10/23/2016 1:46 PM
34	Interface with immediate extended team (HVs and DNs)	10/21/2016 7:38 PM
35	Lack of pragmatic training for nurses that will help fill the gaps instead of assuming we want to be cheap GPs	10/21/2016 3:50 PM
36	less paperwork/more time for patients	10/20/2016 9:33 AM
37	Improved buildings and facilities	10/19/2016 4:32 PM
38	systems interacting with each other	10/19/2016 1:40 PM
39	Network speed.	10/18/2016 7:46 PM
40	Work load	10/18/2016 6:01 PM
41	Updated systems	10/18/2016 10:56 AM
42	speed of IT	10/18/2016 9:29 AM
43	unrealistic expectations of service	10/17/2016 8:01 PM
44	increasing appointments with GP's	10/17/2016 5:31 PM
45	Increasing appointment length with gps	10/17/2016 2:01 PM
46	Potential abuse of facility by patients	10/17/2016 1:25 PM
47	Better IT solutions	10/17/2016 12:04 PM
48	mobile access to records (e.g.for home visit/out of hours)	10/17/2016 8:43 AM
49	Over medication	10/15/2016 6:26 PM
50	Maintaining continuity with dwindling numbers of GPs	10/14/2016 7:35 PM
51	speed of access	10/14/2016 6:58 PM
52	More facilities being made available online	10/14/2016 6:02 PM
53	commuication between professionals using IT	10/14/2016 4:58 PM
54	Patients lack of faith in success of digital services	10/14/2016 1:48 PM
55	training and support	10/14/2016 12:29 PM
56	obesity	10/14/2016 12:11 PM
57	accessibility	10/13/2016 10:36 PM
58	Our lab results format is poor, very difficult to quickly check previous results	10/13/2016 8:04 PM
59	Chronic disease management	10/13/2016 1:30 PM

60	Workload	10/13/2016 1:21 PM
61	Better internet access	10/13/2016 10:58 AM
62	patient expectation	10/12/2016 3:53 PM
63	Recruitment and retention accross the board whole NHS	10/12/2016 3:52 PM
64	Increased number of patients with multiple problems	10/12/2016 2:24 PM
65	Improve IT services - quicker, better, more reliable software systems and internet connections	10/12/2016 1:08 PM
66	The amount of paperwork. To use voice recognition to immediately make an onward referral instead of dictating then transcribing by a secretary is a waste of time and could easily be remedied.	10/12/2016 12:35 PM
67	Recruitment	10/12/2016 11:34 AM
68	more reliable IT services and support - total joke at the moment	10/12/2016 10:33 AM
69	better mobile connection in rural commuties to assist professional when doing home visits in the community	10/12/2016 10:05 AM
70	reliability	10/12/2016 9:57 AM
71	Amount of paperwork/posters to be printed at practice expense	10/12/2016 9:54 AM
72	Ease of access for patients	10/12/2016 9:15 AM
73	Money spent on interpretors	10/12/2016 9:09 AM
74	funding for technologies	10/12/2016 8:54 AM
75	patient demand	10/12/2016 8:13 AM
76	lack of general guidance e.g. how to set up email surgeries etc	10/12/2016 6:08 AM
77	Shortage of doctors, practice nurses, community staff	10/11/2016 10:35 PM
78	Expectation of service	10/11/2016 9:22 PM
79	Patient demand	10/11/2016 8:03 PM
80	Aging population	10/11/2016 8:01 PM
81	Unified health care records between hospital and GP	10/11/2016 6:55 PM
82	Patient demand	10/11/2016 5:22 PM
83	flexible consultations	10/11/2016 3:54 PM
84	more support staff	10/11/2016 3:45 PM
85	NHS Mail2 is dreadful. Needs to be looked at.	10/11/2016 3:37 PM
86	up to date hard ware	10/11/2016 3:30 PM
87	reliability	10/11/2016 3:25 PM
88	More joined up working, lots projects no communication from one to another so again no joined up systems that talk to each other	10/11/2016 3:17 PM
89	Freeing up GP time for complex care	10/11/2016 3:05 PM
90	cost- no one wants to pay for change	10/11/2016 2:52 PM
91	Reliable software	10/11/2016 2:51 PM
92	Many issues GP's have to deal with are social rather than medical	10/11/2016 2:43 PM
93	IT support	10/11/2016 2:31 PM
94	supporting patients with social problems eg unemployment	10/11/2016 2:18 PM
95	Practice staff morale	10/11/2016 2:14 PM
96	Diabetes and obesity service enhancement	10/11/2016 2:08 PM
97	wireless connection in surgery for equipment	10/11/2016 1:57 PM
98	Implementation of learning into practice	10/11/2016 1:31 PM

99	More staff	10/11/2016 1:27 PM
100	integrated services with sharing IT	10/11/2016 1:25 PM
101	Lack of IT support or funding to encourage development	10/11/2016 1:22 PM
102	Patient awareness and education about other services that can help rather than GP.	10/11/2016 1:20 PM
103	All health professionals given training to use IT better	10/11/2016 1:18 PM
104	slow internet/no wifi	10/11/2016 1:13 PM
105	De cluttering of old software and old templates.	10/11/2016 12:57 PM
106	lack of locum GP cover	10/11/2016 12:40 PM
107	public expectations	10/11/2016 12:02 PM
108	Reliable email system - NHS Net is not working	10/11/2016 12:00 PM
109	Mobility - hot desking, work from home/car	10/11/2016 11:58 AM
110	Transfer of records between practices electronically	10/11/2016 11:53 AM
111	reliability	10/11/2016 11:17 AM
112	IT support and resolution of problems promptly	10/11/2016 11:15 AM
113	Shortage of GP's	10/11/2016 11:05 AM
114	retention all gp staff	10/11/2016 10:48 AM
115	ageing population	10/11/2016 10:24 AM
116	Interface with other systems	10/11/2016 10:03 AM
117	Patient education and awareness	10/11/2016 10:00 AM
118	Lack of funding for IT services and robust infrastructure to support new technology	10/11/2016 9:55 AM
119	wider healthcare team (ie more Nurse Practitioners)	10/11/2016 9:49 AM
120	Registering with the practice online	10/11/2016 9:37 AM
121	Faster operating system - system can be slow at loading data, particularly patient medical records	10/11/2016 9:33 AM
122	GP recruitment	10/11/2016 9:21 AM
123	Lack of appropriate primary/secondary care communication	10/11/2016 9:21 AM
124	Self care	10/11/2016 9:04 AM
125	Recruitment and Retention	10/11/2016 8:27 AM
126	more investment in technology	10/11/2016 8:24 AM
127	IT - all referrals via SCI; a system which supports primary & secondary care - accessible & usable by both	10/11/2016 8:23 AM
128	All hospital letters sent electronically to GP practices (only some specialities at present in our area)	10/11/2016 8:22 AM
129	The services that the government say are there, actually are not	10/11/2016 8:08 AM
130	Patient participation	10/11/2016 7:05 AM
131	More nurses	10/10/2016 11:23 PM
132	information for patients through websites	10/10/2016 10:40 PM
133	Lack of IT support for medical tasks & decision support	10/10/2016 7:52 PM
134	Squeezing more out of lower numbers GP s	10/10/2016 6:41 PM
135	Sharing records with Hospital	10/10/2016 6:23 PM
136	closer interface with 2y care	10/10/2016 6:08 PM
137	Funding	10/10/2016 5:19 PM
138	All hospital letters coming electronically	10/10/2016 5:15 PM
139	integration between primary and secondary care records	10/10/2016 4:57 PM

140	Lack of training and education about what is available	10/10/2016 4:54 PM
141	Further training within secondary care	10/10/2016 4:50 PM
142	sharing of information with social care professionals	10/10/2016 4:46 PM
143	A review of insurance/solicitor reports and expenses	10/10/2016 3:16 PM
144	People who GENUINELY CARE and want to help solve the problems - many people put a very good front on this - "never confuse sincerity with honesty"	10/10/2016 3:06 PM
145	Use of outdated software i.e. Windows 8 and EMIS PCS	10/10/2016 3:05 PM
146	Improved telecommunication systems provided to practices in Health Centres	10/10/2016 2:01 PM
#	3.	Date
1	Awareness training to identify DR people	11/3/2016 2:21 PM
2	Simple easy to use systems	11/3/2016 2:15 PM
3	More interactive software for patients.	11/3/2016 2:12 PM
4	Workforce planning	11/3/2016 2:08 PM
5	Hosp / Practice links	11/2/2016 11:30 AM
6	At the local face not in the sky or at the top of a building	11/2/2016 11:25 AM
7	Interface	11/2/2016 11:21 AM
8	Greater communication between services	11/2/2016 11:17 AM
9	e-consultations	11/2/2016 11:13 AM
10	Patient results - copies being sent to Px	11/2/2016 11:09 AM
11	Amount of different systems for patients (lack of consistency)	11/2/2016 11:05 AM
12	More communication between hospitals and GP practices. Communication between sites using different software	11/2/2016 11:02 AM
13	Motivation	11/2/2016 10:55 AM
14	Interpreting service care for the chronic disease patients now housebound	11/2/2016 10:53 AM
15	Training Recruitment and Retention	11/2/2016 10:50 AM
16	STREAMLINING SERVICES FOR OTHER PROFESSIONALS TO ADDRESS	11/1/2016 10:27 AM
17	PHARMACY USE	11/1/2016 10:22 AM
18	LACK OF STAFFING (GPS ETC)	11/1/2016 10:18 AM
19	TELEPHONE EXCHANGES - OT TAKES OUR BRANCH STAFF 1 AND A HALF HOURS TO LOAD DOCMAN OWTD OUS SYSTEM THEN IT TAKES APPROXIMATELY 5 MINUTES TO OPEN A DOCUMENT.	11/1/2016 10:14 AM
20	ADDITIONAL RESOURCES FOR NEW KIT E.G. SELF CHECK IN FOR PATIENTS	11/1/2016 10:08 AM
21	DO WE NEED FACE TO FACE?	11/1/2016 10:05 AM
22	TRAINING	10/28/2016 11:28 AM
23	Too many systems in use - need more integration to prevent duplication	10/27/2016 2:19 PM
24	lck of support to encourage skype etc for eg house calls/ nursing homes	10/26/2016 11:35 AM
25	customer satisfaction.	10/26/2016 8:05 AM
26	No more multiple software add ons	10/25/2016 2:58 PM
27	More reliable technology with computers that support latest technologies	10/25/2016 12:55 PM
28	Self management of long term conditions	10/24/2016 4:59 PM
29	Finance	10/24/2016 11:22 AM
30	Equity of terms and conditions compared to NHS staff	10/23/2016 1:46 PM
31	Data security	10/21/2016 7:38 PM

32	That we are using an archaic system that assumes people have single 'disease/health condition' states	10/21/2016 3:50 PM
33	more sessions/another GP	10/20/2016 9:33 AM
34	Digital access	10/19/2016 4:32 PM
35	IT equipment and software. Poor, old, slow	10/18/2016 7:46 PM
36	Premises	10/18/2016 6:01 PM
37	ease of interfacing with other systems -currently slow and clunky	10/18/2016 9:29 AM
38	lack of clinical and non clinical staff	10/17/2016 8:01 PM
39	patients expectations	10/17/2016 5:31 PM
40	Sharing of understanding about rationing with patients.	10/17/2016 2:01 PM
41	Data protection	10/17/2016 1:25 PM
42	better information sharing between services	10/17/2016 8:43 AM
43	Social problems affecting lifestyle and health	10/15/2016 6:26 PM
44	satisfying the high demand with diminishing workforce	10/14/2016 4:58 PM
45	Elderly patients not liking changes such as introduction of digital services	10/14/2016 1:48 PM
46	self-care	10/14/2016 12:11 PM
47	appropriate premises	10/13/2016 10:36 PM
48	Non NHS requests	10/13/2016 1:30 PM
49	IT	10/13/2016 1:21 PM
50	WIFI	10/13/2016 10:58 AM
51	premises	10/12/2016 3:53 PM
52	Realistic patient expectations	10/12/2016 3:52 PM
53	Increase elderly population	10/12/2016 2:24 PM
54	Improved primary/secondarycare interface, and interface with social care & third sector - needs systems developed so they can 'talk to each other' without breaching patient confidentiality	10/12/2016 1:08 PM
55	More allied professionals attached to the practice for immediate, quick referrals e.g. psychiatry, counselling, childrens mental health, paediatrician	10/12/2016 12:35 PM
56	Finance	10/12/2016 11:34 AM
57	easier access to information for patients on house visits for gp/dn/copd nurses	10/12/2016 10:33 AM
58	reassurance about what happens to the data collected	10/12/2016 10:05 AM
59	integration with existing systems	10/12/2016 9:57 AM
60	Availability of GPs/practice nurses	10/12/2016 9:54 AM
61	training	10/12/2016 8:54 AM
62	Lack of investment in primary care	10/11/2016 10:35 PM
63	multimorbidity	10/11/2016 9:22 PM
64	Real conversation with patients as to what the NHS can afford	10/11/2016 8:03 PM
65	Increased workload due to reduction in inpatient services and support	10/11/2016 8:01 PM
66	More tools for self management - perhaps linked to patient records	10/11/2016 6:55 PM
67	Resources	10/11/2016 5:22 PM
68	teleconsulting	10/11/2016 3:54 PM
69	IT systems in the practice are unreliable. Need the tools to do the job!	10/11/2016 3:37 PM
70	prompt support when system failure/hard ware problems	10/11/2016 3:30 PM



71	cost	10/11/2016 3:25 PM
72	Speed of servers/internet connections	10/11/2016 3:17 PM
73	recruitment and retention by making the profession attractive	10/11/2016 3:05 PM
74	knowledge at the interface	10/11/2016 2:52 PM
75	"check in" facilities	10/11/2016 2:51 PM
76	Communication between agencies	10/11/2016 2:43 PM
77	meeting patients expectations	10/11/2016 2:18 PM
78	patient expectations.	10/11/2016 2:14 PM
79	Support services for carers	10/11/2016 2:08 PM
80	patient accessing health info within surgery	10/11/2016 1:57 PM
81	Networking links for remote and rural practices	10/11/2016 1:31 PM
82	Better communication between primary and secondary care	10/11/2016 1:27 PM
83	managing demand	10/11/2016 1:25 PM
84	Lack of evidence based reviews on different health apps etc available to ensure only high quality safe resources are signposted from primary care practitioners	10/11/2016 1:22 PM
85	Training and support for staff.	10/11/2016 1:20 PM
86	Pts should have interactive media available in practice waiting rooms	10/11/2016 1:18 PM
87	Stop inventing IT systems which don't link to Emis i.e. Badgernet	10/11/2016 1:13 PM
88	Diversity in consultation options	10/11/2016 12:57 PM
89	Good kit - not old antiquated stuff!!	10/11/2016 12:00 PM
90	preventative health care	10/11/2016 11:58 AM
91	Better communication between secondary and primary care	10/11/2016 11:53 AM
92	security	10/11/2016 11:17 AM
93	Consultation / Training for applications PRIOR to roll out rather than months later	10/11/2016 11:15 AM
94	workload all gp staff	10/11/2016 10:48 AM
95	workforce	10/11/2016 10:24 AM
96	Upgrades	10/11/2016 10:03 AM
97	More money for Primary care.	10/11/2016 10:00 AM
98	Lack of consistency across boards in terms of technology available	10/11/2016 9:55 AM
99	reduction of patient expectation	10/11/2016 9:49 AM
100	Patients booking their referral appointments to save waste	10/11/2016 9:37 AM
101	Consultation with the end user would be useful when developing new systems - ask their opinions!	10/11/2016 9:33 AM
102	Management of practice list sizes	10/11/2016 9:21 AM
103	Poor understanding of GP services by Secondary care physicians	10/11/2016 9:21 AM
104	Facilitation of change when clinicians should be doing the stuff only they can do	10/11/2016 9:04 AM
105	Skill mix in general practice	10/11/2016 8:27 AM
106	speedier broadband access	10/11/2016 8:24 AM
107	Social care integration - again IT systems which support this	10/11/2016 8:23 AM
108	GP practice wi fi enabled	10/11/2016 8:22 AM
109	Take politics out of it and maybe we will actually get somewhere	10/11/2016 8:08 AM
110	Training	10/11/2016 7:05 AM

111	More support staff	10/10/2016 11:23 PM
112	app for patient to use gp services	10/10/2016 10:40 PM
113	Lack of training in how to use the IT	10/10/2016 7:52 PM
114	Triage to ensure equity of access	10/10/2016 6:41 PM
115	Sharing Records with Social Services	10/10/2016 6:23 PM
116	workload easing	10/10/2016 6:08 PM
117	Time to make the changes	10/10/2016 4:54 PM
118	All HBs to be equal (not some more equal than others)	10/10/2016 4:50 PM
119	More sharing of good practice/good ideas	10/10/2016 3:16 PM
120	Not enough people at ground level willing and able to deal with patients hands on and face to face -	10/10/2016 3:06 PM
121	lack of intraoperability/sharing between HCPs - no GP2GP or sharing out/sharing in as per NHS England	10/10/2016 3:05 PM
122	Improved staff training provided by Government/NHS Boards to keep up with skill changes required	10/10/2016 2:01 PM

APPENDIX 5 - PERSONAS

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

Persona - Digital



Using digital technologies...

I use my basic smartphone for calls and texts when out and about - I also use facebook. (I should organise a night out and have some 'me' time)

I have broadband and use my kindle Fire at home. (I should download books for relaxing and download calming music)

Confidence using digital technologies



Using digital technologies for health...

I use my mobile to book appointments and check in with my daughters care team by email and text.

I also book appointments at my doctors and order repeat prescriptions.

Confidence with my GP service



My Goals

What do I want from technology...

How can I look after myself better using digital resources?

How can I use digital to manage the 'business' of caring?

Confidence communicating using technology



Around me



Persona: Frail, elderly male



My name: James
 Gender: male
 My age: 86
 Where I live: East end Glasgow



"I don't know about all this technology"
 "I don't want to loose my independence!"

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

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

I live alone. My family keep telling me I need homecare but I don't want it. - the community support is good enough for me.

I don't see my family too often as they live quite far away but I go out for coffee with some friends once a week. I do get lonely.

In a past life I used to work in the local factory.

I had a stroke a few years ago and my doctor tells me I've got cancer but it doesn't really make any difference at my age.

I also have a hearing impairment but its just old age.

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

- ✓ Remaining at home
- ✓ Greater social interaction
- ✓ Greater access to services
- ✓ Independence
- ✓ One to one contact
- ✓ Dignity
- ✓ Family
- ✓ Church

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

I'm fine, but I do get bored and lonely sometimes, especially when the weather's bad and I can't go out.

Life is a struggle but what alternatives are there? I want to die in my own home.

Isolation - difficulty with hearing

My ideal situation...
 How I would like my life to be...

- Access to Macmillan cancer services
- Volunteer drivers to help me get to the hospital each day
- Benefit / allowance to help with carers and access to online services
- The ability to interact with other people with the same problems as I have and being able to share my problems with
- Regular follow up visits for my GP
- Family living near by
- Befriender service
- Bungalow dwelling
- Routine GP appointments from my own home

Persona - Digital



Using digital technologies...

I have a mobile that my family gave me - I keep it in the drawer and take it out when I need it.

I need to use it more and probably need help to figure it out.

Confidence using digital technologies

☆☆☆☆☆

Using digital technologies for health...

I have a telecare system which comes with a pendant. I keep it on my tea trolley. It gives me confidence and reassurance that if anything is wrong I can contact someone. I should probably wear it, but it's ok on my trolley.

Would be good to have my own BP monitor at home!

Confidence with my GP service

★★★★☆

My Goals
What do I want from technology..

I don't know what technology can do and I don't think I'd know how to use it anyway.

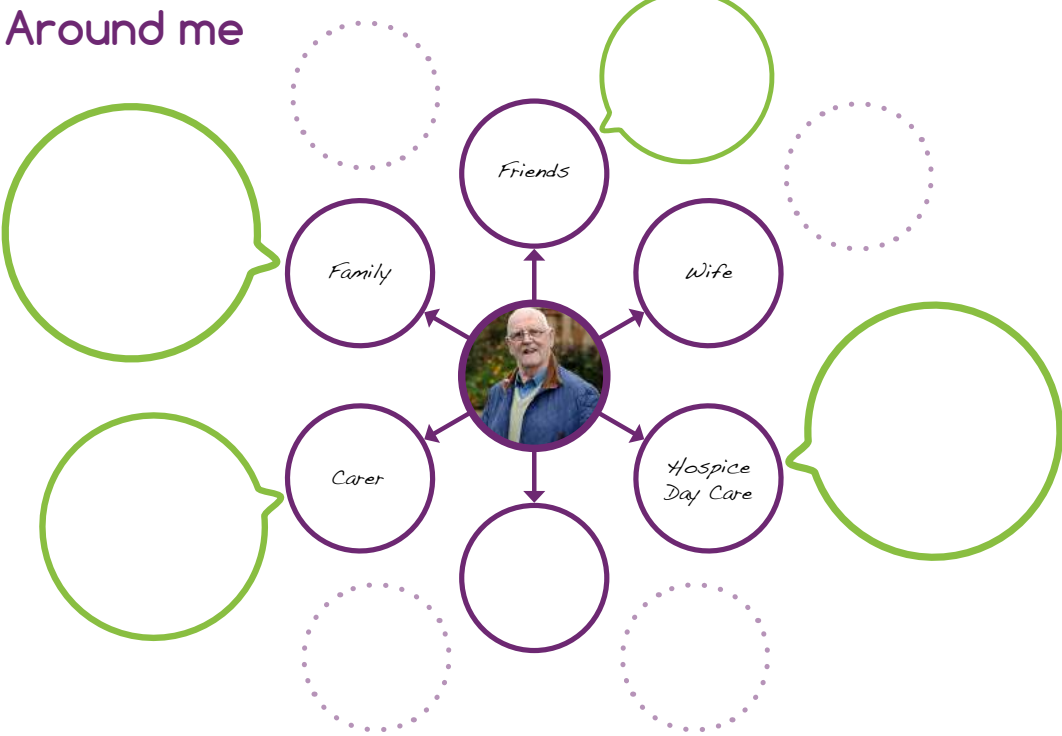
I want to find out how I can benefit from technology but it must be very simple and reliable - suited to me.

I need better education on tech and embrace it - not to be afraid

Confidence communicating using technology

☆☆☆☆☆

Around me



Persona: Working age male
Cancer diagnosis



My name: Steve
 Gender: male
 My age: 38
 Where I live: Glasgow



“
 I just want
 to get on with
 my life
 ”

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

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

I live with my girlfriend in a nice house. It's new; on an estate.

We have lots of friends and try to look after ourselves.

I work in engineering and love it - I have really good pals at work.

I've just been diagnosed with cancer which was a bit of a shock and confusing, but it's treatable.

I suppose I am cautious - perhaps a bit of an introvert at times

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

- ✓ My job
- ✓ Friends
- ✓ Life style - money
- ✓ Income
- ✓ Getting test results
- ✓ Knowing change in income
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

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

- *Coping with the news I had bowel cancer - waiting more than 6 weeks didn't help the stress.*
- *Can't motivate myself some days.*
- *Keeping at work - it's hard and I feel guilty because everyone is so nice*
- *I'm worried about money*
- *Loss of self-confidence*
- *What happens if I can't do my job?*
- *I'm worried about the burden on my girlfriend - staying as my carer*

My ideal situation...
 How I would like my life to be...

- *To know I can be successfully treated*
- *To know I'm getting the best treatment*
- *To know I can reach support*
- *Needs some support - stress and work*
- *to cope with his diagnosis*
- *Needs to take time off*
- *Financial advice*
- *Mortgage break*
- *CBT or counselling*
- *6 weeks is a long time*

Persona - Digital



Using digital technologies...

We have broadband and use the internet a lot.

We all have smartphones and use whatsapp, facebook and book appointments online

Confidence using digital technologies

★★★★☆

Using digital technologies for health...

I use a fit bit that my girlfriend bought me.

I research my condition online through a variety of sources but I don't trust all that I read

Confidence with my GP service

★★★★☆☆

My Goals
What do I want from technology...

- *What can you offer me that will keep me safe and help me rebuild my life here?*
- *Is there a patient online support forum?*
- *Information*
- *Easy to use*
- *Contact for support*
- *Fail safe web security*

Confidence communicating using technology

★★★★☆

Around me



Persona: Working man with Long-term condition



My name: Jack
 Gender: male
 My age: 59
 Where I live: Glasgow



“
 Life's too short!
 ”

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

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

I am deaf/blind - dual sensory impaired

I have 2 sons - one's just finished uni and the other is about to leave home. I enjoy a drink after work and with my mates on a weekend.

I live with my wife and youngest son in a 3 bed house an hour from work. My wife looks after the cooking - I like eating it!

I manage a car hire firm. I'm hoping to retire in the next couple of years.

I smoke quite a bit and sometimes feel out of breath.

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

- ✓ Grandchildren / Family
- ✓ Relationship with wife
- ✓ Walking in nice weather
- ✓ Imparting knowledge or expertise
- ✓ Independence
- ✓ Accessibility in different formats
- ✓ Stress free environment
- ✓ FOOD!

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

Finding time to exercise is hard, I drive a lot for work and I can't do much because my knee is busted from rugby. When I do get out for a walk I find it really hard going. I could do with loosing a bit of weight at some point.

I know I drink too much but I enjoy spending time with my mates. The smoking is really bad for me and I'm trying to cut down but sometimes I just really want one.

My ideal situation...
 How I would like my life to be...

- *To have my full health and be able to work*
- *To be able to meet different challenges with adoption*
- *A more positive attitude*
- *More supportive network*
- *Long-term goals*
- *I would like to stop smoking and loose some weight - find more time to exercise*

Persona - Digital



Using digital technologies...

I use a smartphone and laptop for work.

Confidence using digital technologies

★★★★☆

Using digital technologies for health...

A couple of my mates use a fitness monitor and apps but I'm not sure they're for me.

I've got one, but don't know how to use it...

Confidence with my GP service

★★★★☆

My Goals

What do I want from technology...

Easier / better accessibility eg. voice recognition software.

Simplicity and efficiency.

Information on systems needs to be better organised so that important info is flagged - better explanations and easier access for critical factors EG allergies and pills that don't work together

Confidence communicating using technology

★★★★☆

Around me



Persona: Independent older female with long-term conditions



My name: Peggy
 Gender: female
 My age: 74
 Where I live: East Kilbride



"I don't want to cause any bother, I intend to enjoy the rest of my days"

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

A bit about my life...

I'm 74 years young, have 2 children, 5 grand children and live alone - my husband died 5 years ago. I'm very independent. My daughter, who lives in Glasgow, bought me a dog to keep my company - it's worked! I feel much less lonely with Molly about. My son passed away 8 years ago - he had a heart attack and was a heavy smoker.

I have a small house, with a small courtyard. I grow my own veg in large pots in my garden. I love my home.

I used to work on my father's fruit and veg shop, until I got married and became a housewife.

My friend Margaret lives up the road. We go to the 'tea and blather' every Tuesday at 4pm. We used to like to go to the cinema. More recently, I've been wheezing and so find it hard to go out with Margaret. I haven't smoked since my son passed away. My health is alright and I don't like to visit my GP, however the nurse, Jo, visits me every two months as I'm prone to chest infections.

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

- ✓ News and visits from grand children
- ✓ Contact with others
- ✓ Gardening
- ✓ Elements of independence
- ✓ Keeping Well
- ✓ Good diet (re garden)
- ✓ Regular visits from nurse
- ✓ Home more suitable for me
- ✓ Company of others

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

- I get quite cold in the winter
- My house gets damp
- I don't have a lot of money
- Wheezing when I'm walking - especially up hill
- Arthritis in my knees
- I get chest infections and it knocks me for weeks - it gets me down
- Walking the dog - it's too tiring
- Keeping my spirits up when I'm trapped in the house
- Getting on and off the bus and managing stairs
- I worry about my daughter because I have to ask for help
- Limited visits to Glasgow or else where because of the dog
- Home not really suitable

My ideal situation... How I would like my life to be...

- Home more suitable for health and age (not damp) so that she can stay in her own home
- Small space for gardening / Dog
- Regular visits from befriender
- Referred by GP to 'fit for health' scheme re exercise
- To be able to walk the dog more or get help from charity dog walkers
- Benefits information - which would perhaps allow internet access
- Welfare benefit review
- Is the nurse an asthma nurse? Jo to inform GP of her health issues
- Able to discuss issues with family

Persona - Digital



Using digital technologies...

I have a basic mobile phone - my daughter tops it up with money when needed. I just use it to text her and Margaret really.

I don't have the internet - I wouldn't use it enough.

Confidence using digital technologies

★☆☆☆☆

Using digital technologies for health...

No idea what his means - my daughter would be better to ask.

It would be nice to talk to people more and I think I miss a lot of the information as it's all on the internet now.

Confidence with my GP service

★★★★☆☆

My Goals
What do I want from technology...

To own equipment which permits internet access - easy to use with some training

To communicate more easily with daughter and access to NHS sites

iPad to check news, keep up to date, email, skype and facetime

Have security to contact for help

Confidence communicating using technology

★☆☆☆☆

Around me



Persona: Young Mum
Long term condition



My name: Abby
 Gender: female
 My age: 29
 Where I live: Stirling



"I can use things online if I want to, I don't need help"

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

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

I'm a mum. I have 2 children, Baby Bobby who is 6 months old and Rosie who's 10. I had Rosie with my previous boyfriend who I left after he hit me.

I moved here a year ago and live with my new boyfriend who is 36 - we met online.

I work part time in an office. My boyfriend is unemployed so money is tight.

I have Asthma and use an inhaler. Sometimes it's really bad and I don't know why.

I feel so tired but you've got to just get on with it - the kids keep me going!

- What is important to me?**
What I value, what motivates me...
- ✓ Children
 - ✓ Work
 - ✓ Boyfriend
 - ✓ Managing my health
 - ✓ Staying active and well
 - ✓ for my kids
 - ✓
 - ✓
 - ✓
 - ✓
 - ✓

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

I don't have any family nearby to help out with the kids and don't really have friends nearby.

A health visitor is talking with our GP about Bobby but I don't really understand why.

My boyfriend doesn't like me using facebook. I think he checks my phone when I'm out of the room.

Sometimes my Asthma stops me sleeping and I find it hard to run after the kids.

- My ideal situation...**
How I would like my life to be...
- More informed about Bobby and about my own health (asthma)
 - More support / childcare / babysitting
 - More physical friends
 - More money
 - Job for boyfriend
 - Possibly more independence / home
 - More trust / healthy relationships
 - Better relationship with boyfriend / more openness
 - Being active for Bobby

Persona - Digital



mhabitat

Using digital technologies...

I use a smartphone regularly for social media - my boyfriend doesn't like me using it and it causes tension. I think he probably checks my phone.

I email people and text.

I check my phone at night when I can't sleep.

Confidence using digital technologies



Using digital technologies for health...

I don't think I've used any online health stuff - I was introduced to the 'Baby Ready' service but I've only used it once - it was quite useful but nothing new.

I would like to know more about my health and for my kids.

Confidence with my GP service



My Goals

What do I want from technology...

- Better internet access
- Local 'what's on' (for folk like me)
- More information / suitable and better fit for my needs and my childrens needs

Confidence communicating using technology



Around me



Persona: Young person with some substance misuse



My name: Lucy
 Gender: female
 My age: 21
 Where I live: Gorbals



"I'm Okay really"

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

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

At the moment I don't have a boyfriend - I'm seeing a few different guys but nothing's official.

I have just moved to a rented flat - it's in a big block which is noisy at night. My mum and step dad live nearby.

I've got a degree in Art but don't think I'm going to be able to find a job that uses what I've learned. I work in a shop locally. I don't get paid much. I'm in debt which is worrying me.

What I do earn I spend on a bit of cannabis and going out drinking with my friends, especially at weekends. My mates are great but they all work in proper jobs so have money when I don't.

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

- ✓ Friends
- ✓ Degree
- ✓ Escaping from reality through drink and drugs
- ✓ My independence
- ✓ Music
- ✓ Money
- ✓ Love
- ✓ Goals
- ✓ A good job
- ✓ Exercise
- ✓ Smile

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

Eating healthy food and saving money is not an option at the moment. I can get cheap food which gives me money to spend at weekends.

My lifestyle is a little bit unhealthy and I guess risky. I often feel a bit anxious about where my life is going.

The future seems a bit depressing.

I listen to music a lot but my headphones broke and I can't replace them.

I'm in a vicious circle

My ideal situation...
 How I would like my life to be...

- I would like a job using my Art degree
- I would like to eat more healthily
- I would like to be in a relationship
- I would like money for luxuries
- I would like to cut down on drink and drugs

Persona - Digital



mhabitat

Using digital technologies...

I use a smartphone, mainly for facebook and twitter. I also have all my music on my phone. I got it on ebay and use pay as you go.

Confidence using digital technologies

★★★★★

Using digital technologies for health...

I tend to google things when I'm ill - rather than go to the GP. I can't afford a prescription.

I have been to the sexual health clinic a couple of times

Confidence with my GP service

★☆☆☆☆

My Goals
What do I want from technology...

How can I find things that will actually help me be a bit healthier and more confident?

How can I give up cannabis and drink less while keeping my friends and relationships going?

Confidence communicating using technology

★★☆☆☆

Around me



Persona Community Staff Nurse



My name: Ophelia
 Gender: female
 My age: 57
 Where I live: Scotland



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

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

- I am married with children who have left home
- I have been working for almost 40 years in health care and 21 years in district nursing service
- I constantly feel overwhelmed by the lack of time and amount and complexity of patient care
- I often sleep poorly

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

- ✓ To give time to my patients
- ✓ Patient safety
- ✓ Time for CPD that is relevant to practice
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

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

- Lack of equipment - computers!
- Lack of experience in use of computers and time allocated for use
- Waiting to get on to a computer then logging in - slow system
- Lack of admin staff - constantly chasing up paperwork
- Practice IT system and community nurse system that require dual entry

My ideal situation... How I would like my life to be...

- I would like to use iPad to take visuals of wounds etc to share with colleagues re the wound care
- Greater admin support
- An integrated system with GPs that doesn't require double entry
- iPad for consultations fully including first point

Persona - Digital



Using digital technologies...

Using digital technologies for health...

My Goals
What do I want from technology...

Confidence using digital technologies



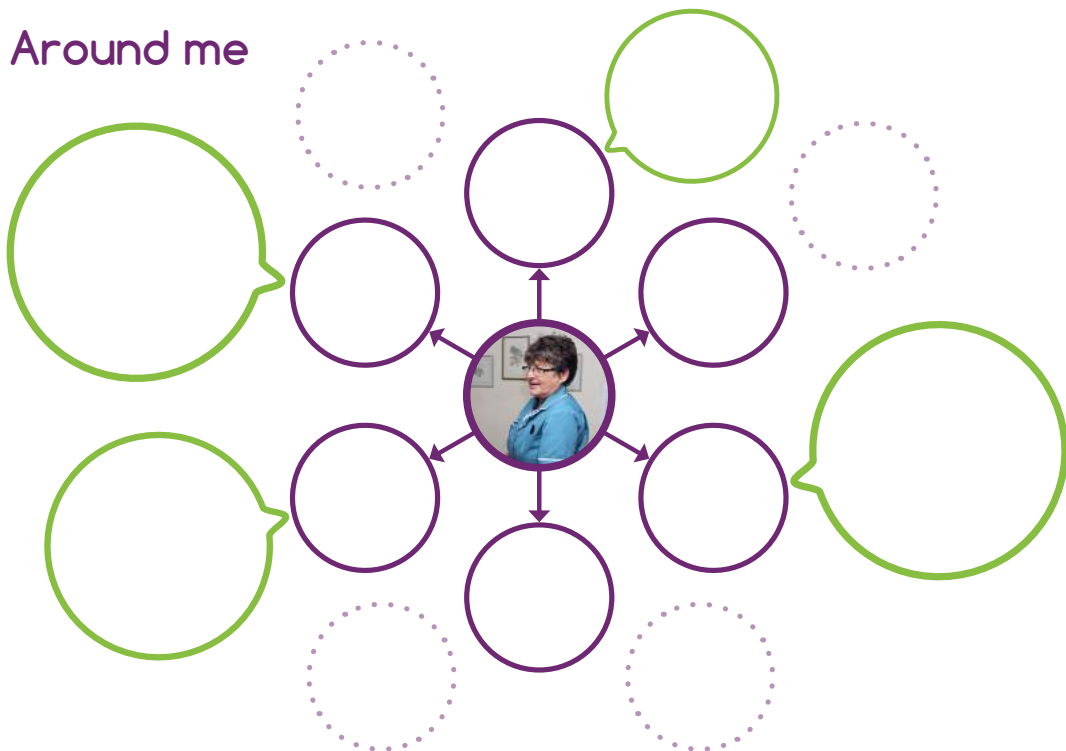
Confidence with my GP service



Confidence communicating using technology



Around me



Persona: GP



My name: David
 Gender: male
 My age: 58
 Where I live: Scotland



" I can't spend time with the patients most in need "

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

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

I am married and have children that have left the nest

I live very close to the GP practice that I work in. I'm quite well known in our town, I've lived here for many years.

I'm a GP working full time but I'm considering going part time due to stress and high workload. My appointments are always booked up and it feels like a conveyor belt - I'm unable to focus on the patients that need me the most.

I am stressed and my sleep is often disturbed.

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

- ✓ Good organisations
- ✓ Good systems
- ✓ Systems that work together
- ✓ Sharing information easily
- ✓ Providing a good service
- ✓ Time with people who need it the most
- ✓ Seeing the right patient at the right time
- ✓ Urgent appointments for most needy
- ✓ Downtime

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

- GO clusters
- Locality - areas
- Recruitment problems
- Reporting data demands
- More GP STI + STs
- Signposting not seen as a 'hand off'
- So many demands... access is a major worry
- Getting people to use existing 'services'
- Staff development
- Feeling overwhelmed
- No one to cover so I can't take a break
- Systems that DON'T work
- Protected learning time
- Stopping managed repeat system (pharmacists ordered them) - electronic transfer of prescriptions to pharmacy
- Lack of funding
- Lack of time
- Patients expectations

My ideal situation...
 How I would like my life to be...

- More colleagues to share workload and more time to follow up with people I'm worried about
- Longer appointments and more support for me and my trainees
- Peer support
- Employ a nurse practitioner
- Free time!
- Health IT Patient Admin to manage patient recorded health info
- In Australia...

Persona - Digital



Using digital technologies...

- Phone systems with options to signpost
- Death certification e-system (xwork)
- Online booking prescriptions and appointments
- Text reminders
- Computer: Desktop
- "Vision" systems - hand held too expensive
- Smartphone - not linked (work)
- Personal Smartphones too
- Email
- Online request for lab tests and results
- Website for patients

Using digital technologies for health...

Uses own smart phone a lot and accesses reference info such as BNF and NICE CKS, calls to organise care when on visits, uses sat nav and other tech, ipad/laptop/desktop with GPIT systems.

Reviews docs and data, test results/referrals etc online. Doesn't always refer patients to online but would like to do more if it was easier to do. Email used a lot. Texts are in use. Speed of accessing the right resources is an issue as everything is in different places on systems and health related website.

My Goals
What do I want from technology...

How can we design a system that supports the whole team to manage peoples care?

Patient friendly system

More systems that are quicker to move the right people to right place

Systems that are joined up eg. DN's use same system as GP staff

Confidence using digital technologies



Confidence with my GP service



Confidence communicating using technology



Around me



Persona: Practice Nurse



My name: Dora
 Gender: female
 My age: 42
 Where I live: Scotland



"I'd like a different role"

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

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

I live with my girlfriend and have 2 children from my first marriage, they're 12 and 10 years old.

I'm a full time Practice Nurse at my local surgery - although I do a lot of home visits too. My job is quite a handful and doesn't allow me time to do CPD and develop. I run clinics and see a lot of the older generations and younger end of the case load.

- What is important to me?**
 What I value, what motivates me...
- ✓ Personal contact
 - ✓ Face-to-face
 - ✓ Good communication
 - ✓ Evidence based practice
 - ✓ Work / life balance
 - ✓ Good time management
 - ✓ Variety in my job
 - ✓
 - ✓
 - ✓
 - ✓
 - ✓

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

I'm not really enjoying work at the moment. It's full on and I see all these gaps where I could work in a different way and use MODERN technology to get things done efficiently and more flexibly, but there's no support or guidance on how I can make these changes.

Old equipment - too slow

- My ideal situation...**
 How I would like my life to be...
- Time spent with husband
 - Sufficient appointment time
 - Introduce modern technology in order to support self management for people with long term conditions
 - Access apps easily in work time to support decision making - one that reflects my workload
 - Retrain staff - multi skills
 - Receptionist to HCA
 - Treatment room nurse to practice nurse
 - Practice nurse to nurse practitioner
 - Health visitor support in practice to run CHS clinics
 - More support from Doctors
 - More technology support education to patients - more time/help to support them to self manage

Persona - Digital



Using digital technologies...

I have a cheap personal smartphone that I use to 'run' the family and order food shopping online.

I use whatsapp/ text a lot.

Confidence using digital technologies

★★★★★

Using digital technologies for health...

I do a weekly session of phone triage to help the GPs.

I enter data onto the e-system as trained but get frustrated with it.

I'm not keen on tech in the practice - I'm not sure what's safe to recommend to patients but I do signpost people to NHS choices.

I think I could work smarter if I had the tech to enable me to work more flexibly.

Confidence with my GP service

★★★★★

My Goals
What do I want from technology...

- Better integration from secondary care (read codes etc)
- Immediate notification of hospitalisation of a patient
- Up to date and reliable PC
- Confidence in evidence based website and apps
- Appropriate for the patient, fully integrated to existing systems
- Joined up services with hospital and community services
- IT system that works at a better speed and doesn't break down!

Confidence communicating using technology

★★★★★

Around me



Persona GP Receptionist



My name: Kim
 Gender: female
 My age: 21-55
 Where I live: Scotland



“
What do I need to do!
 ”

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

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

- Working full time Monday to Friday - Also including some late nights and Saturday mornings
- Have a family at home
- I can be stressed balancing face-to-face and telephone calls
- Balancing own workload, helping GP's out.

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

- ✓ Care Homes Liaisons
- ✓ Consistency
- ✓ Clarity
- ✓ Communication
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

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

- Having to step in to help cover staff shortages
- Overwhelming having to process prescriptions
- Lack of appointments
- Shoot the messenger
- Volume of patient calls

My ideal situation...
 How I would like my life to be...

- Having a system that works smoothly and consistently from both sides. I.e. GP's and patients - that everyone is benefitting not causing distress.
- A GP answering the calls and triaging them

Persona - Digital



Using digital technologies...

Use smartphones for calls / texts / emails and social media

Tablet and laptop for internet browsing

Confidence using digital technologies

★★★★★

Using digital technologies for health...

Use desktop computers for booking appointments, online check in system, emails.

Telephone systems again dealing with external systems.

Online prescription requests, access patients ordering online.

Practice website, self help sections and community hub sections

Confidence with my GP service

★★★★☆

My Goals
What do I want from technology...

Creating a system that can be accessible at ease for patients, easy for admin/reception to direct

Cut out unnecessary travel for patients

I want technology to help ease my workload or help benefit my work

Confidence communicating using technology

★★★★☆

Around me



Persona Practice Manager



My name: *Clare*
 Gender: *female*
 My age: *40*
 Where I live: *Scotland*



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

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

- Married with two children
- Lives within 10mins of practice
- No health issues and goes to the gym
- Works full time - 15 years service
- Small rural practice

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

- ✓ Satisfaction of services
- ✓ Get things done
- ✓ Working as a team
- ✓ Peer support
- ✓ I/T working to full potential
- ✓ More integrated working
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

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

- Old fashioned ideas
- No broadband
- Patient expectations
- No where to talk to patients
- Getting patients to engage in online services
- Locum cover
- Staff capacity
- New GP contract - what is coming?
- Cluster groups
- Poor mobile signals

My ideal situation... How I would like my life to be...

- All practice staff to embrace technology
- Stress free
- More integration of services
- Better IT systems
- Improved mobile signals

Persona - Digital



Using digital technologies...

- Facebook
- iPad
- Apps
- Twitter
- Online Shopping
- Email

Using digital technologies for health...

- Fitbit
- App for calorie count

My Goals

What do I want from technology...

- Faster connections
- Broadband at work - fibre optic
- More staff
- Reduce wasted appointments
- Mobile signal

Confidence using digital technologies



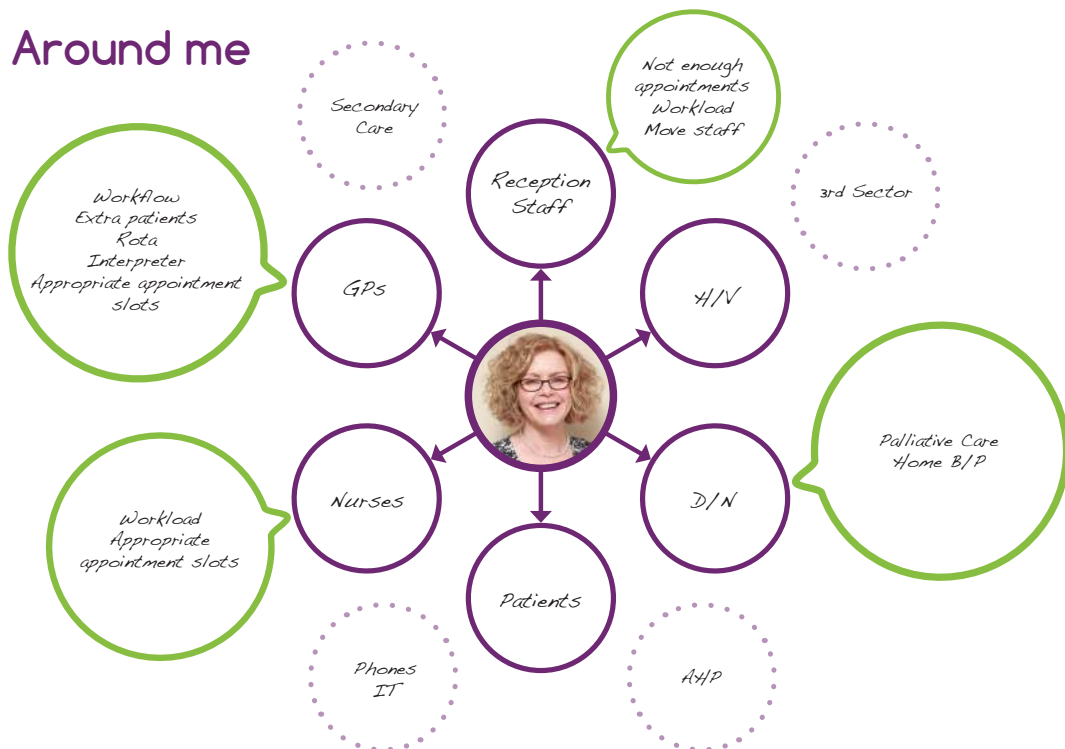
Confidence with my GP service



Confidence communicating using technology



Around me



APPENDIX 6 - IDEAS LOG

OurGP - Ideas Generated - Glasgow, Keppoch, Inverness, Skye, Stirling, Ayr, Paisley, Edinburgh v4 themes 161116			
Key	Innovative: scale of 1-5 with 1 being not very innovative and 5 being futuristic. Transformative: scale 1-5 with 1 being unlikely to transform and 5 being highly likely to be transformative. Feasible/realistic: 1-5 with 1 being unrealistic/not feasible and 5 being extremely feasible/very realistic (likely to already be implementable).		
Idea	Need / User Stories	Idea Description	
Glasgow	1	As a patient, I want something to help me identify what skin conditions I should worry about, and what I shouldn't worry about. For example, non urgent rashes and moles. So that I know when it might be best to visit a Doctor.	A digital tool with decision tree to self triage. Potentially enabling patients to send images to practitioners for advice.
Glasgow	2	As a carer, I want priority appointments, I can't afford to be sick. So that I'm well enough to care for my partner. As a wheelchair user, I want the practice to know what I need when visiting.	When booking an appointment, the system knows much more about the patients needs. It might also know the times which that patient would prefer an appointment (after 4pm for example) Appointments are allocated by priority and patients needs / preferences.
Glasgow	3	As a patient with a long term condition, I want to book my next appointment whilst I'm in the surgery and be able to see what appointments are wheelchair accessible. I would also like to be able to see if appointments are available in other surgeries, so that the appointments are more convenient to me, suit my needs and don't waste staff time.	Being able to use a Smart check-in kiosk in surgery that's connected with other GP practices in their cluster shows accessible options.
Keppoch	4	As a patient, I want access to information that is relevant to me in a simple, easy to understand format - Instead of sifting through everything online or looking at GP notice boards that are full of often poorly designed posters and flyers. So that I get the right information for me.	A digital tool where you can enter your preferences (age, location, any conditions, likes, dislikes) and relevant information is displayed in a standardised way.
Glasgow	5	As a patient, I want to know when to go to the dentist, and when to go to the GP, so that I don't waste the Doctors time and have to make two trips.	A decision making tool for self triage - directs patient to correct help consistently.
Keppoch	6	As a patient, I want to see and hear relevant information to me when I'm at the GP practice, and have it presented in a way that is relevant to me. So that I don't have to find the information.	Rotating information on digital screen, tailored to suit who is in the room. Connects with check in system and so knows the audience. or The messages be different depending on the time of the day / type of clinic. For example, during a baby clinic, the messages might be about vaccines and local baby groups – the visuals could be child friendly and the sound could be turned up. (Often practices keep the sound down for if any patients are feeling ill and have migraines)
Keppoch	7	As a practice nurse, I want my patients to have appropriate length consultations for their needs. So that patients who struggle to articulate their problems have a little longer, and other patients, who don't need longer, can have shorter appointments.	Appointments could be timed and an average created for each patient – for example, Patient X might struggle to articulate and therefore a typical appointment takes 15 minutes. Next time an appointment is booked, the patient is allocated 15 minutes.
Glasgow	8	As a patient, I want to start thinking about what I need to tell the Doctor or Nurse before I see him/her. So that I can articulate my problems better and remember to tell them why I'm visiting.	Questions to answer whilst in waiting room or pre-appointment. Writing down might help patients to express themselves, this can be passed to the Dr, who can use this as a starting point for the consultation.
Glasgow	9	As a GP, I want to talk to my patient without having to type notes simultaneously. So that I can give a better patient experience.	A programme that records our conversations as text. This could potentially be accessed by the patients to refer back to what was discussed.
Glasgow	10	As a patient, I want to be able to see where I am in the system if I've been referred somewhere, or self-referred - a little like tracking a parcel. So that I know where I stand.	Online system to track all referrals - these may be external agencies, they might not be on NHS systems.
Glasgow	11	As a practice manager, I want a way to support best practice and generate ideas in our GP clusters, so that we can learn from each other.	Intranet with educational chat rooms that patient participation members could join in with.

Glasgow	12	As a patient with a long term condition, I want to be able store my information before I visit the GP, so that they can see how my blood pressure has been over the past month.	A digital sticker that records information to my device via bluetooth (isn't connected to the cloud)
Glasgow	13	As a patient, I want to be able to check my own health at my own convenience so that I don't need to bother my nurse when it's not necessary.	Person pops in to health centre to check blood pressure, weight, hearing etc at their convenience. Patient would be notified if they needed to arrange an appointment with a GP.
Glasgow	14	As a patient, I want to know if my appointment is delayed, before I set off to the GP practice, so that I'm not wasting time sat in the waiting room.	Notifications about any delays so that patients don't need to set off for my appointment too early. Or access to the GP digital screens (that display waiting times) from my personal device.
Glasgow	15	As a carer, I want help with my responsibilities now that I have lasting power of attorney, so that I'm able to make informed decisions for the person I care for.	A digital tool that enables carers, to understand responsibilities and work with the practice and others to make the best decisions.
Glasgow	16	As a patient, I want to learn more about different health topics by talking with a nurse online, I would like to learn about a new topic each week, so that I am able to care for myself more.	Online group educational programme / workshops.
Inverness	17	As a patient that moves GPs regularly, I want something to explain to staff I haven't met, 'a bit about me', so that they can understand my situation more clearly.	A one-page 'about me', written by the patient, displayed in a visual user friendly way that fits on a computer screen, so that GP staff don't have to scroll back through records. The interface would be very visual using icons and infographics that can be interpreted at a glance and clicked on for more information.
Inverness	18	As a patient that visits the doctors, hospital and physio regularly, I want everything to be in one place and my appointments coordinated, so that I can be more efficient and get on with other things in life.	One stop health centre with integrated booking systems
Inverness	19	As a patient that takes multiple medications, I want to be digitally reminded what to take and when to take so that I can rely on something else other than my memory.	Digital medication reminders, information about medication and a log of how the patient is feeling related to their condition and medication.
Inverness	20	As a patient, I want to access trusted information about health and wellbeing, so that it's easy to digest and I know what I'm 'hearing' has been approved, rather than scrolling the internet and getting mixed messages	TV health channel – Health information streamed to patients TV, relevant to their location / time of year / time of day (eg. flu vaccine reminders, education on children's health in the morning, sexual health in evening)
Inverness	21	As a patient with complex conditions, I want my referrals to be coordinated and come in in the correct order, so that I can make the most of my care and know where I am with things.	Digitally connected referrals, a real time log, coordinated by GP practice, who know the patient, accessible by patient so that they can see what's happening and likely time frames/clashes/delays
Inverness	22	As an elderly patient, I would like to be seen in my home when it's not essential that I need to visit the GP, so that I can look after my health more – I often get ill when I have to travel and rely on others to help.	Health visitors and healthcare staff could have access to GP and MDT digitally – they record symptoms and send to GP virtually who can recommend next steps.
Inverness	23	As a patient I want to be able to keep track of my medication and have an accessible way of communicating with people in the same shoes as me, so that I don't feel alone.	Medication monitoring and reminder digital tool or application that includes an optional buddy system for vulnerable adults to use with community based buddy.
Inverness	24	As a carer of an elderly person in a wheelchair with a newly forming pressure ulcer, I want to be able to send a photo to someone to tell me who I am best seeing, so that I don't have to come to the surgery where I have to wait - it costs me time off work and lots of money and I might catch a cold!	Virtual triage centre where photos can be reviewed and patient/carer receives a text with advice and then an appointment with the best person to see. Or a local pharmacist sends the patient the cream that they need. Or a referral to the OT for a new wheelchair assessment.
Inverness	25	As a person attending warfarin clinic (or any similar drug level testing clinics eg clozapine) I want to be able to test my own levels so that I don't have to keep coming to the clinic which costs money and time off work.	Re-use of new diabetes testing kits which work on a similar needle prick system and can download results to a smart device or cloud where clinical staff at the practice can review en mass as if they were running a clinic. Patient is on call for a call if needed with advice to support amendments in the dose etc. Patient can choose not to share data but can text results as if they were attending a clinic (set time and date) for the nurse or GP to review and advise. Pharmacist also involved via a virtual system.

Inverness	26	As a clinical team we want to offer patients flexibility in the location and style of care that they receive. We also want to offer GPs a choice of specialisms and styles of working, to suit them. So that patients are getting the best care to suit them.	New model of care (not digital) where GPs have three roles: · Type 1 - Mobile GP or health practitioner – Face to face home visits with housebound, disabled and palliative patients. Virtual consultations every afternoon. · Type 2 - Surgery based with drop in sessions and traditional appointments · Type 3 – trained in mental health and lifestyle health. Group work in house and out of house.
Inverness	27	As a clinical team I want to be able to keep patients up to date in real time about all their referrals, not just hospital but voluntary sector and home care staff so that people don't need to call the surgery all the time to check on progress.	Push notifications once referrals are complete so that people can monitor this themselves (not linked to patient records, as this info is only of use to the patient). This would also include self-referral information. Carers would need to be able to access this.
Skye	28	As a healthy person I want to be able to prevent illness with the help and guidance of my GP practice, so that I can avoid visiting them.	Application that combines goal setting, information on local groups and advice / educational content to encourage a user to make incremental lifestyle changes.
Skye	29	As a patient that lives in a rural area, I want to be able to access my prescriptions locally, so that I don't need to travel to the town 10 miles away.	Remote medicines dispenser that a person accesses with a digital barcode and personal identifier.
Skye	30	As an elderly patient that has trouble remembering what my GP tells me, I want information given to me in a way that I understand, so that I can remember tomorrow.	Digital tool to enable patient to record what the GP says (when authorised by GP) - recording stored in application with time/date stamp for patient to refer back to. Information could be about prescriptions and advice for example. The patient can ask send questions to GP after appointment if they're still unsure about the information.
Skye	31	As an elderly patient that has trouble remembering what my GP tells me, I want information given to me in a way that I understand, so that I can remember tomorrow.	Simple user friendly overview of appointment (printed, emailed or sent to app) using icons, infographics, possible large print for example (tailored to individual). The overview could include problems mentioned, advice given, next steps, medication prescribed (how to take and what it does), when to come back to GP practice.
Skye	32	As an elderly patient with hearing problems, I want to be able to see what my family and the healthcare staff say, so that I can stay in contact and understand.	Communication tool embedded into home furniture that patient can talk into and responses come back in written large text. The technology is simple to use and hidden but provides the patient with a means of communication that suits them.
Skye	33	As a nurse visiting a patient in their home, I want to be able to connect with a GP instantly if I needed advice.	Virtual on-call clinical network - GPs/clinical staff available all over the country for nurses/HVs to contact for advice.
Skye	34	As an elderly patient that lives on a remote island in Scotland, I want care to come to me, so that I can stay well in my own home.	Health worker with mobile virtual consultation room. The van would include all the technology needed for a patient to connect with their GP practice from just outside their home. It would be a comfortable environment with clear video communications to the practice, so that patients don't need to get the technology themselves if they don't want to or can't afford to.
	35	As a carer I want to be able to keep track of my fathers blood pressure so that the nurse doesn't have to come over as often.	Carers provided with basic health device kit.
Skye	36	As a member of staff dealing with temporary residents (holiday makers & elderly visitors or children), I want to be able to let them get healthcare through a separate system to residents, so that they do not overwhelm our practice - freeing time for us to work more with residents we need to help the most.	(Concerns by the GP practice staff that the new e-system will be pointless if they end up spending all their time on the phone with temporary residents who will not be on the system.) Online registration and separate booking systems for all temporary residents with a fast turn around and payment systems.
Skye	37	As a clinician I want to provide a group intervention for all my patients struggling with behaviour change and especially mental health issues so that they get the help they need to succeed.	Package of online education seminars linked to an app with rewards for positive changes (eg walking more - currently patients in the highlands do not walk enough, they use cars due to the terrain and transport challenges) (The clinical team felt if they could do this with the wider MDT collaborating and link to rewards via local businesses this would be a game changer for the patients)

Skye	38	As a member of the Patient Participation Group volunteer transport team, I want to be able to take online bookings for local residents so that we can keep costs down and make sure our service is sustainable long term.	Online booking system for volunteer transport teams. This system could be supported for those with broadband, enabling those who need to use a phone still able to book in person. Note: The transport issues are significant re cost and organisation of appointments around ferry times and buses, carers or neighbours trying to give lifts to clinics etc. We discussed use of an island health intranet too to support more digital use, as one practice have canvassed patients about using online services and they were not in favour, so the practice are not activating them.
Paisley	39	As a receptionist, I want to be able to quickly and efficiently display information to patients in the waiting room, so that I don't have to make my own notices and print them out - I can spend more time with the patients	Digital touch screen behind reception desk where staff can enter notices eg. 'Dr X has medical students in the practice today' or 'Dr Y is off sick today'. This could also update in real time on the practice website / app. Staff could choose to send direct messages to patients and staff about some of the notices that specifically relate to them.
Paisley	40	As a receptionist, I want to quickly and efficiently make personalised leaflets that are designed well so that they are accessible to everyone	Notice maker software that has a range of posters (eg. Flu Vaccinations, Baby Clinics) that can be personalised to your practice by entering information and selecting 'generate' - this could then be generated digitally and/or printable
Paisley	41	As a receptionist, I prefer not to take repeat prescription orders from voicemails left by the patients, as it's often hard to understand and I need to call patients back. I would prefer all repeat prescriptions to come to me in a text format, so I can be more efficient and accurate.	Prescription answerphone that turns voice message into text
Paisley	42	As GP practice staff, we want patients to learn more about their general health and engage in a fun way, with the information we provide at the practice, so that it's absorbed and remembered better by the patients.	Waiting room quiz
Paisley	43	As a GP, I want to guarantee that information provided to patients in the waiting room is from trusted sources that are already established, so that patients are getting the correct information.	Digital notice board where relevant information is pulled from EMIS resource list
#NAME?	44	As a receptionist, I want children to have something to entertain them when they are waiting in the practice, so that other patients aren't disturbed.	Child health education. When a child checks in, it notifies a digital screen – the screen says 'Hello Henry' – child walks over and clicks enter – educational games are tailored to the child's age, interests, conditions.
Paisley	45	As a GP, I want technology to help me understand complex documents quicker, so that I don't have to spend time searching for information and copying it from one software to the next.	Software that recognise important health information (CODES) from digital / scanned documents like referrals, hospital communications and prescriptions.
Stirling	46	As a young person, I want information in fun formats like games and podcasts, so that I find it interesting and not dull	Public health messaging delivered in a wide range of ways - eg. Podcasts, games, printed leaflets, friendly colours, user friendly, easy on the eye.
Stirling	47	As a patient, I want personally relevant information for me, so that my time isn't wasted.	GP practice digital tool, enter small amount of information about self (eg. I'm interested in my asthma), provides relevant information.
Stirling	48	As a patient that doesn't have their own technology and access to internet, I want the same opportunities and be able to access to the GP online services, so that I can benefit, the same as everyone else	Digital device available in GP practice with a helper on hand and questionnaires to guide patients that aren't familiar with digital technologies or can't access them for some reason to support equity.
Stirling	49	As a patient, I want reassuring communication around my appointments, so that I know who I'm seeing, when I'm seeing them and what to expect when I arrive.	Personalised message delivered through smart device including information about appointment and any special requirements etc.
Stirling	50	As a practice manager, I want an easy system for new patients so that we can do the whole process more efficiently.	Digital GP practice registration forms & ability to review remotely
Stirling	51	As an anxious person, I want to find out where I can get support from other people like me, so that I can share with them	App on smart TV to enable access to peer support services – moderated by GP practice staff with specialism in that area.
Stirling	52	As a deaf patient, I don't want to have to wait for an interpreter when booking appointments or visiting the practice	End to end digital system for patient to book and interact with GP that the patient controls

Stirling	53	As a patient with a long term condition, I want to have access to a wide network of professionals, as my GP feels it would help, so that I can get immediate advice.	GP launches 'Virtual MDT' after consultation that enables immediate access to the right professional before the patient leaves the practice.
Stirling	54	As a patient, I want to be personally greeted, welcomed and recognized when I enter the GP practice, so that I feel relaxed and engaged.	Palm print recognition and lounge helper waiting to greet me with digital device that I can learn from. (Please refer to attached image)
Stirling	55	As an older person that gets very anxious on the phone, I want to be recognized when I call the practice so that I don't have to explain who I am	Voice recognition like my bank
Stirling	56	As a patient I want to give anonymised feed back so that I don't feel awkward when handing feedback forms back	Feedback to the GP practice from the patients which is electronic not paper.
Stirling	57	As a person collecting prescriptions, I don't want to have to queue or have to get to a particular pharmacy at a certain time so that I can pick them up at a time that's good for me.	Pharmacy sends text with barcode and location of a designated medical dispensing machine. (Like Amazon locker)
Stirling	58	As a person with epilepsy, I want to be able to track all the different information about my meds in one place on my phone so that I am always in control.	Meds tracker that stores details on patients medication, the personal interactions that effect individuals differently, reminders, and allows patient to store details on medications. Informs patient when they're running out of medication and pings pharmacy a request.
Stirling	59	As a young patient, I don't want to waste time in the practice feeling bored, I want to learn something and contribute to research whilst having fun and to distract me.	Educational gaming that contributes to research studies (like a cancer research app)
Stirling	60	As a GP, I want to be able to 'ping' multiple referrals in real time, so that it reduces the amount of work required for people with complex needs.	An electronic personal assistant (e-PA), using algorithms to enable remote referrals during home visits. The EPA would enable automatic generation of referrals to third sector AHP other providers at the same time so that all the GP had to do is check them and ping them before going to their next visit. This would also be good for OOH GPs who may not be familiar with the local referral routes.
Stirling	61	As a practice manager, I want to reduce the amount of calls we get from patients / carers trying to find out about progress of referrals, so that patients know what's going on and the staff don't have to chase for news.	EPA (above) would push tracking type access to the patient or carer so they could see progress in all the referrals that have been made and not need to contact the surgery unless there was a real issue.
Ayr	62	As a GP, I want patients to be able to see the effects of their lifestyle – for example, how they might look if they carry on smoking, to motivate them to change their lifestyle.	App / game that educates patients on what they might look and feel like in the future based on their current lifestyle data.
Ayr	63	As a patient, I want to be able to get any procedures that I require done in one visit, so that I don't need to worry about missing multiple appointments.	Algorithm that flags up where intervention is required – automatically pulls them together to make one appointment.
Ayr	64	As a GP, I want my patients who need to change their lifestyles to have more ways of accessing public health messaging in fun and interactive ways, so that they don't become ill.	Personalised health advertising based on the TV programmes that patient watches, linking them to local rewards. App monitors what patient is interested in and links people to related fun local activities with local rewards.
Ayr	65	As a carer of an elderly mum that keeps falling, I want to be able to organize minor adaptations that will keep her safe at home so that I don't have to do this through social services and wait for approval from a social worker or a visit from the GP.	System that carer gets an alert when person had a fall – access to an online system, input information and order a range of tools that might keep person safe. System would alert GP to the fall and the changes made.
Ayr	66	As a patient with a new diagnosis, I want good quality information delivered to me in small chunks in ways that I can understand and reread, so that I can learn more about it overtime and ask my GP sensible questions.	Information delivered digitally to patient, respecting their adjustment reaction and ensuring that the information is appropriate to their diagnosis and circumstances. Access to peer support and question log.
Ayr	67	As a patient visiting the GP, I want to be able to communicate my needs more privately to the staff if I'm feeling unwell during the visit, so that they can help me.	'How are you feeling?' 'Do you need support?' Questions at digital check in so patients feeling unwell can access help or quieter environment for example.
Ayr	68	As an older patient, I want a simple traffic light system to guide me to the right type of appointment so that I have the right length appointment and right member of staff and don't waste staff time.	Marketing tool to educate patients about the right type of appointment for their needs re time and correct staff. This would be useful for all forms of appointment booking and patient education in the waiting room environment.
Ayr	69	As a patient I want medication delivered to me securely where ever I am, so that I don't have to visit the chemist.	Medication Drone (rural areas)
Ayr	70	As a patient, I want the GP to know my problems before I see him, so that I don't need to explain.	Body scanner as you enter practice, checks you in, basic readings, sends information and surveys to your smart device.

Ayr	71	As a patient that's unsure about my symptoms, I want to be directed to the right person so that I can be treated efficiently.	App where patient can submit symptoms remotely to NHS24 and they would triage you to appropriate member at Multi-disciplinary Health Centre can respond with advice.
Ayr	72	As a person with MS I want other people to be diagnosed faster than I was, so that they don't have to go through what I went through.	Decision support tool for GPs – key words in the patient record would go through the processor, that would direct the clinician to more targeted assessment questions diagnosing people earlier.
Edinburgh	73	As a young patient, I want all my health information / GP practice information digitally, in one place that I can access on the move, so that I can keep up to date with my health.	Practice app containing; My profile, My medicines, My appointments, Self Help, My groups and my Blogs (see individual ideas below)
Edinburgh	74	As a young patient, I want to access information digitally, on the go, so that I can keep up to date with my health.	My prescriptions - Gives patient details about the drugs their taking and the side effects.
Edinburgh	75	As a young patient, I want different peer support / forums in one place and provided to me in the same format, so that it's quick and easy for me to access.	Curation app for support groups and forums - patient is able to access a variety of support via one application (peer support central)
Edinburgh	76	As a young person with mental health problems, I would like to share my feelings more, in a way that I'm comfortable with, so that I feel more connected with the people around me.	My blogs - able to log how patient is feeling and share with chosen contacts (My Doctor, My Group, Public, My Family)
Edinburgh	77	As a patient, I want to know how to improve my health holistically, so that I stay well for longer.	Information prescriptions - digitally delivered by GP to patient at or after appointment. Provides links to support groups, tips and information.
Edinburgh	78	As a student, I want to be able to access my GP online so that I don't have to go out of the way to visit him.	Online virtual GP practice, website or app, used as a triage tool and live chat to Doctor.
Edinburgh	79	As a patient, I want to know any wait times and information about my GP, so that I know what's happening.	Live update monitor in waiting room and accessible remotely.
Edinburgh	80	As a patient with social anxiety, I want a quiet relaxed environment at the GP practice, so that I can feel comfortable.	Variety of environments in the practice - for example, children's room, quiet room - with digital tools to support different types of patients.
Edinburgh	81	As a patient, I want a choice about how I receive my health care in the GP practice, so that I can feel in control.	Button as you enter to select either 'self service' or 'see a person' - patients then directed to next steps (for example, digital check in or meet reception staff, digital MOT or see nurse... etc)
Edinburgh	82	As a patient without access to technology, I want to be able to access the same peer support groups as others using the internet, so that I can benefit like them.	Group online peer support delivered within a 'Living Well Centre' - enabling patients to join in group consultations from a device within the practice, or remotely.
Edinburgh	83	As a young patient, I want to learn in a fun way, about my health so that I take the information in easier.	Virtual reality education in 'Living Well Centre'
Edinburgh	84	As a GP, I would like my patients to be able to interact with me in the way that's best for them, so that they can feel comfortable in expressing themselves.	Simms inspired avatar based virtual surgery
Edinburgh	85	As someone who very rarely sees my GP, I want to be able to make the most of my visit by having an assessment whilst waiting (weight, BP, bloods) so that I can prevent issues developing before it's too late.	Health MOT station - weight, BP, injections, flags for lifestyle change etc.
Edinburgh	86	As a young person with Type 1 Diabetes, I want to interact more with other people with Type 1 in fun ways so that I keep learning about ways to manage it better as I get older.	Gamification around blood sugar levels – 'Blood Sugar Bingo' – peer support, setting goals and points for doing the right things for my health, which can be spent locally (eg Gym)
Edinburgh	87	As a patient that doesn't visit my GP often, I would like help and guidance about what questions I should ask the GP during the consultation, so that I receive the information I need.	Digital tool with generic prompt questions for patients to choose from and send to GP pre-consultation.
Edinburgh	88	As a busy young person, I need health information to come to me, so that I don't have to hunt for it.	Health practice could partner with Cinemas, Airline companies, Job Centres etc to provide health education through their digital channels (Adverts before movies, information through screens on airline)
Edinburgh	89	As a mother of a young man, I want to be assured that he is aware of the dangers of alcohol, testicular cancer, smoking and drugs so that he learns at an early age about the dangers.	3D virtual reality education, in GP practice.
Edinburgh	90	As a patient with a new diagnosis, I want to get trusted information in interactive ways that helps me to understand, recommended by my GP, as soon as I can.	Video education targeted at patients diagnosis after consultation. GP sends patient to a digital device / screen with short videos / Vox pops / education relevant to them.
Edinburgh	91	As a person who may not know if their symptoms are serious enough to see a Doctor, I want to be able to contact the practice so that I am confident going to the GP	Online chat with practice so patient can say symptoms before an appointment is made, practice can advice who is best to see
Edinburgh	92	As a person who sometimes wastes an appointment for something trivial, I want to be able to get simple things fixed virtually, so that people who need appointments can have them.	Digital tool allows patient to take photograph of conditions and send to clinical staff for advice and potentially prescription.

Edinburgh	93	As a patient with social anxiety, I want to be able to communicate with my GP via text / written words rather than talking out loud, so that I can communicate in a way that suits me.	Text based interaction even in face-to-face setting so that patients are able to type if they prefer
Edinburgh	94	As a patient with chronic health conditions, I want my GP to help me plan treatments and involve me so that I feel involved in my care	GP advises patient to keep diary - gives patient an app. GP can access and contact patient for an appointment if the data is worrying.

APPENDIX 7 - CLINICAL SAFETY HAZARD LOGS

Please refer to the accompanying document titled Appendix 7 - Clinical Safety Hazard Logs.



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre



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