

Appendix 2: Scope of project

Scoping paper: a project to explore patterns of use of online services in general practice across Surrey Heath CCG, and barriers to their uptake

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1. Purpose

The purpose of this paper is to provide the scope for a project to investigate patterns of use of online services relating to general practice across the population of Surrey Heath CCG, and barriers to access.

2. Background

2.1. Online services in general practice

The benefits of access to online services such as patients' own GP records, online appointment management and repeat prescription services have been described as significant for both patients and GP practices, and include (1):

- better self-management by patients of health and care
- reduction in errors in records
- improved continuity of care through facilitation of record sharing
- more time for professionals within the practice to offer face-to-face contact for those patients who are most in need
- reduction in staff time spent on the administration of repeat prescriptions
- reduction in DNA rates due to ability of patients to cancel appointments online

The ambition to support the adoption of a range of technology initiatives in general practice is a key focus of the General Practice Forward View (2) and aims to:

- promote self-care and self-management for patients
- reduce practice workload
- facilitate practices to work together at scale
- improve efficiency across the whole system

Currently, approximately 70% of general practice IT systems nationally use IT systems that support online service options such as booking appointments and ordering repeat medications. Approximately 30% of these practices currently offer these services, but the majority of such transactions that could take place electronically still take place in

person or by telephone contact. Over 50% of practice IT systems support electronic access to patients' own records, but less than 1% of practices actually offer this service (1).

Online services may include:

- access to patients' own DCR coded medical record
- access to test results online
- online appointment management. This includes including the facility to cancel appointments and to access all clinics and appointments with any practice healthcare professional
- online repeat prescription ordering
- ability to communicate electronically with the practice healthcare professionals, including communications via email, Skype and FaceTime
- use of IT or online services to improve health and for self-management of conditions, including telemedicine and telehealth, online signposting to services and health improvement information

The July 2016 IPSOS Mori GP Survey for Surrey Heath CCG indicated that 44% of respondents did not know what on line services were offered by GP Practices and 82% had not used any on line services in the last 6 months. 12% had used online appointment management and 13% had used on line repeat prescription requests. Compared with results from the same survey in 2015, these results constitute an approximately 1% improvement. It is recognised in Surrey Heath's Primary Care Operating Plan (2016) that more work is required to increase awareness and use of available online services, and to consider the future online offer (3).

2.2. The use of population segmentation in health care

The current health and care system is often organised around services or specific conditions rather than around an individual's care and support needs. This traditional approach risks a lack of holistic consideration of people's needs and inefficient use of available resources. Population segmentation, or grouping of the population, enables a better understanding of the specific characteristics and needs of different groups within the population. This can help to ensure that planning and delivery of care is most relevant and tailored to the local population, and reflects local priorities.

The Mosaic public sector tool is a geo-demographic population segmentation tool which is constructed from census and lifestyle characteristics obtained from a range of data sources. Details on socio-economic factors and socio-cultural behaviour are included with reference to the geographical location. Mosaic allows the segmentation of the population into smaller groups according to individual characteristics and, in healthcare, can be used to produce social profiles of these population groups to, for example, gain insight into population behaviours and identify health needs.

Mosaic segments the population into 15 Groups and 66 Types, based on their postcode. An overview of Mosaic Groups and Types can be found at [Mosaic 7](#).

The Groups are:

A: Country Living

Well-off owners in rural locations enjoying the benefits of country life

B: Prestige Positions

Established families in large detached homes living upmarket lifestyles

C: City Prosperity

High status city dwellers living in central locations and pursuing careers with high rewards

D: Domestic Success

Thriving families who are busy bringing up children and following careers

E: Suburban Stability

Mature suburban owners living settled lives in mid-range housing

F: Senior Security

Elderly people with assets who are enjoying a comfortable retirement

G: Rural Reality

Householders living in inexpensive homes in village communities

H: Aspiring Homemakers

Younger households settling down in housing priced within their means

I: Urban Cohesion

Residents of settled urban communities with a strong sense of identity

J: Rental Hubs

Educated young people privately renting in urban neighbourhoods

K: Modest Traditions

Mature homeowners of value homes enjoying stable lifestyles

L: Transient Renters

Single people privately renting low cost homes for the short term

M: Family Basics

Families with limited resources who have to budget to make ends meet

N: Vintage Value

Elderly people reliant on support to meet financial or practical needs

O: Municipal Challenge

Urban renters of social housing facing an array of challenges

Previous uses of Mosaic which have been identified in the published literature include the assessment of variation of smoking prevalence within a population; investigation of hospital admissions for alcohol consumption; and exploring the use of hospital Accident and Emergency services by different groups within a population (4).

3. Aim of project

To achieve a better understanding of the needs of segments of the populations in terms of the use of online services both within and outside of core hours, and ways in which barriers to their use may be overcome.

4. Objectives

To review the evidence relating to the effectiveness of online services to support general practice.

To use the Mosaic Public Sector tool to segment the Surrey Heath CCG population according to their use of online services relating to general practice, and thereby identify groups which are less likely to use these services.

To compare the use of online services by the Surrey Heath CCG population within and outside of core hours.

To explore possible barriers to the use of online services relating to general practice amongst the Surrey Heath CCG population and amongst practice teams.

To develop, in collaboration with key stakeholders, plans and initiatives to overcome these barriers, change behaviour and encourage service adoption.

5. Rationale

The ambition to support the adoption of a range of technology initiatives in general practice is a key focus of the General Practice Forward View and reflects evidence of benefit to capacity within, access to and satisfaction with general practice amongst other benefits.

Learning from the New Models of Care programme indicates that poor awareness and uptake of online services is a national finding, not unique to Surrey Heath.

Population segmentation according to the use of online services relating to general practice can enable a better understanding of the specific characteristics and needs of different groups within the population.

Achieving a good understanding of the uptake of, and barriers to accessing, online services amongst different population groups will help inform future planning and delivery of these services.

Learning from this project will be relevant nationally.

6. Outline of proposed methodology and key outputs

1. Review of evidence and examples of best practice. This should include:
 - defining what is meant by online services

- determining the range of these services which is currently available across Surrey Heath practices
 - undertaking a review of the evidence of effectiveness of online services in improving access to, quality of and satisfaction with general practice
 - undertaking a review of examples of best practice in the use of online services in general practice
2. Identification of all patients who have accessed online services relating to general practice within a defined 12 month period across Surrey Heath Practices. Assessment of the level of use of different types of online services, where available, at practice level and overall. Comparison of the use of online services within and outside of core hours. Mosaic segmentation of the population according to their use of online services, highlighting the groups that are under-represented.
 3. Focused qualitative work with:
 - population groups that are found to be under-represented to explore possible barriers to accessing online services
 - members of practice teams to explore healthcare staff/ service related barriers to patients accessing online services
 4. Production of summary reports for phases one and two, including recommendations (based on best practice evidence and project findings) for initiatives, infrastructure changes and relevant training for staff.
 5. Development of initiatives.

7. Tasks and milestones

Please see Appendix 1.

References:

1. Department of Health, 2012. The power of information: Putting all of us in control of the health and care information we need.
2. NHS England (2016). General Practice Forward View.
3. Surrey Heath Clinical Commissioning Group, 2016. Primary Care Operational Plan 2017 to 2019.
4. Doos, L. et al. Mosaic segmentation, COPD and CHF multimorbidity and hospital admission costs: a clinical linkage study. Journal of Public Health, Volume 36, Issue 2.