# Patient safety in remote primary care encounters

Findings from the Remote by Default 2 research study
**Sub-study led by Rebecca Payne and Aileen Clarke**

**Consultations in general practice increasingly occur by telephone or video.
These formats can be convenient but there are some downsides. In particular,
it is not possible to do a full examination when the patient is not physically present.
We examined the risks to patient safety in remote consultations.**

When we studied 12 general practices over 28 months, we didn't find any examples of patients coming to harm as a result of telephone or video encounters. This was mainly because staff were very aware of potential safety issues and tended to 'err on the side of caution'.
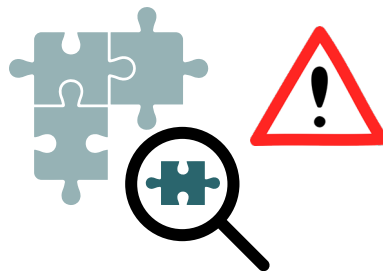

Using various national sources (e.g. complaints, closed medico-legal cases), we collected 95 examples of patients who had come to harm following a remote consultation. It's important to learn from these rare examples.
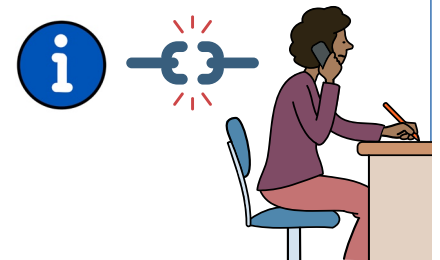
Safety incidents were sometimes caused by a busy staff member becoming distracted (e.g. a receptionist taking a call from a sick patient but forgetting to tell the doctor), especially when there was high workload and staff shortages.
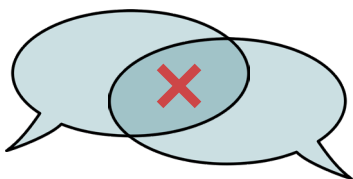
Some incidents were linked to poor communication – such as the doctor not listening sufficiently closely, not asking enough probing questions, or jumping to conclusions about the likely diagnosis.
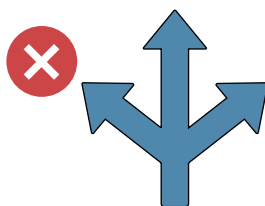
Sometimes, a patient was allocated to the 'wrong algorithm'. For example, a patient telephoned about 'throat pain' and was treated as a sore throat when the actual problem was a heart attack.

Some cases were difficult or impossible to assess safely by telephone. These included acute emergencies (e.g. possible appendicitis), very young patients, patients with complex medical or social needs, and patients unable to communicate fluently in English.

Learning summaries

Remote assessment in general practice is remarkably safe. With attention to staffing, training and appropriate channeling of patients to the right pathway, it could be made even safer.

For practice

- A well-staffed practice is a safe practice. Cover busy periods adequately and have contingency plans for staff absences.

- Train all staff to use the telephone to its full potential.

- Without visual cues like body language, it's even more important to listen closely and give patients time to tell their story and say what's troubling them.

- Identify potentially vulnerable patients (e.g. hard of hearing, elderly with limited English) and flag their record.

- Have protocols for problems that need in-person assessment, e.g. sick baby, acute chest / abdominal pain.

- Patient who haven't improved despite two previous phone consultations should be seen in person.

For policy

- Remote consultations and remote triage in UK general practice mostly occur by telephone.

- Not all patients or problems can be safely assessed by telephone.

- General practices must therefore be resourced to provide in-person assessment when needed.

- In-person appointments may be safety-critical for vulnerable populations, e.g. severe socio-economic disadvantage, complex needs, safeguarding.

- All practices should have protocols and training in place for which kinds of problem can be safely dealt with over the phone and which can't.

- However, because safety also depends on the judgement and initiative of front-line staff, safety should not be over-protocolised.

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# Primary care in the digital age: reducing inequalities of access

Findings from the Remote by Default 2 research study
Sub-study led by Francesca Dakin and Rybczynska-Bunt

UK general practice includes a complex network of organisations, people and technologies. Patients and staff must navigate this system to get and provide care, requiring new skills from everyone. This resource explains how technology can create and worsen inequalities in getting care.


To get care in today's GP system, patients need to:
- **Find and navigate services**
- **Clearly state their needs**
- **Advocate for themselves**
- **Work with staff and technology at various stages of the process.**
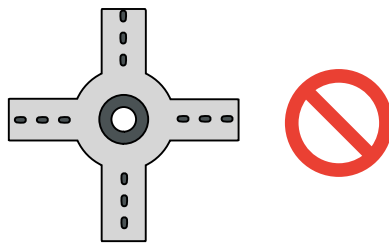
These **systems assume** people have certain **skills** and **abilities**, which limits who can use them effectively.
Patients' ability to understand their health needs, access digital care, speak for themselves and navigate the system varies widely.
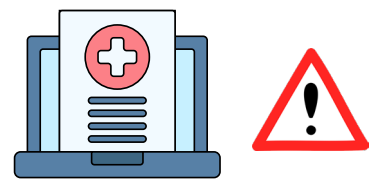

How well patients use these technologies affects how accurate their **digital copy*** is. People with low digital, health or system literacy are less likely to create an accurate digital copy of themselves, which may misrepresent their needs, lead to wrong care pathways or put them in 'safety-traps'.

Staff use the patient's digital copy to decide what triage or care they need but a good assessment depends on the quality of the copy!
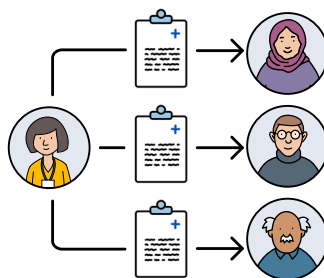
Staff can use their knowledge of individual patients and the wider population to fill in gaps, help patients create more accurate digital copies and find those likely to have inaccurate ones.
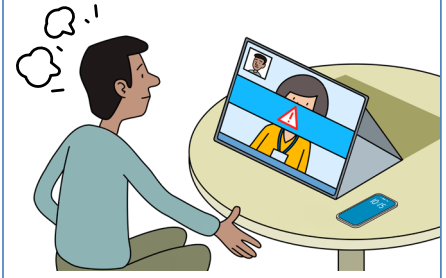
Patients' experiences at the 'digital front door' of general practice affect how they engage with the healthcare system later. If they're told they're 'not eligible' for care once, it can affect how they assess their needs and look for help in the future.

* A **digital copy** is a representation of the patient, made up by information they provide through online forms, phone calls and their digital health record.

Learning summaries

For practice

- Digital access and triage depends on patients successfully using **technology to create a digital profile** that shows their eligibility for care.

- These **technologies assume certain abilities** which restrict who can use them and how.

- Some patients find them easy to use, which can **help staff quickly assess** simpler cases.

- However, the **assumptions these technologies make discourage some patients** from engaging with health services.

- Making access easier for some can hide the **struggles of those who find it harder**.

- **Long-term staff who know their patients** well can help overcome issues with digital access and inaccurate digital copies.

- Without careful design, **digital systems may worsen inequalities** and create new ones.

- These findings highlight the importance of **local approaches to designing and setting up multi-modal services**.

For policy

- **Avoid top-down mandates** for using specific technologies or methods. Give practices the freedom to decide what works best locally for their staff and patients.

- When investing in new technologies, **critically assess the research and development** behind the products, considering whose voices and needs might have been overlooked.

- Don't hesitate to **stop a technology or method** if it proves unsuitable for local needs.

- **Avoid measuring success** or efficiency solely on the use of these technologies.

- **Avoid making access and triage pathways too rigid**. Staff need the flexibility to creatively address issues caused by digital systems.

Other patient / practice resources

More information on this paper

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Technostress in general practice staff

Findings from the Remote by Default 2 research study
Sub-study led by Francesca Dakin

The expansion of remote and digital tools in UK general practice has radically changed how care is accessed, delivered, and organised. Trying to adapt to these new ways of working, in a context of under-resourcing and high workloads, has negatively affected staff wellbeing, team relations and efficiency of care.
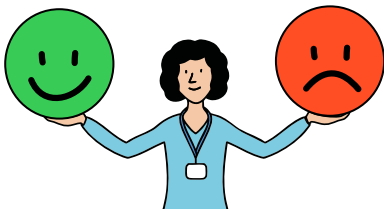
Technologies are not inherently good or bad

They can improve efficiency but need careful integration. If not thoughtfully embedded into our work, they can introduce new frictions like extra steps, awkward interactions and physical clunkiness.

Poor integration leads to 'technostress'

Poorly designed technologies overwhelm staff, causing cognitive overload, reducing autonomy and making tasks more complex or uncertain. Over time, these stresses can lead to burnout.

Efficiency tools can sometimes reduce efficiency

Pop-up messages and task lists can interrupt work flow and hide what needs to be done. Patient-facing tools can also create new requests and demands, leading to more technostress.
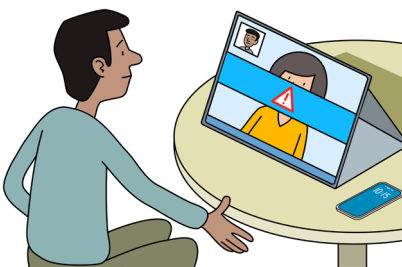
Technologies can cause distress in staff and patients

When technologies limit the kind of care that can be provided, e.g. when face-to-face options are denied, both patients and staff can experience 'technosuffering'.

Technostress and technosuffering affect team relationships

They strain staff communication, reducing teamwork and camaraderie. When this happens staff may hesitate to speak up about patient safety concerns or their own wellbeing.

Some staff have strategies to cope, but outcomes vary

They might adjust their hours, change their roles or balance digital and in-person tasks. Others, unable to find a solution, may experience burnout, choose to resign or retire.

Learning summaries

Technology-induced stress, suffering, and relational strain are under-recognised features of modern general practice.

For practice

- Give staff time and support to adapt their individual and collective work routines to new technologies (and new uses of existing technologies).

- Ensure that each staff member has an acceptable balance of digital/remote and traditional (face-to-face) work.

- Be alert to situations where technologies constrain work in ways that make staff feel uncomfortable or deprofessionalised. Surface these concerns and talk them through. Where appropriate, reconsider the benefit-harm balance of technologies.

- Be aware that efficient and safe general practice depends on good team relations, and that staff who are stressed or suffering may develop strained relationships. Maintain team cohesion through a focus on relationships and communication.

For policy

- Recognise that more technologies in general practice will not necessarily lead to greater efficiency or to 'freeing up' staff.

- Be alert to technostress, technosuffering, and strained team relations as unintended consequences of technologisation.

- When introducing new technologies or new technology-supported work routines, allocate resources not just to purchasing the technology but also to optimising its use in the practices and pathways of real-world general practice. The same technology may be embedded and used differently in different local settings.

- Without policy-level measures to protect staff from technostress, technosuffering, and relational strain, the workforce crisis in general practice will continue to worsen.

to come

More information on this paper

Delivering quality in modern general practice – some new challenges

Findings from the Remote by Default 2 research study
Sub-study led by Rebecca Payne

It's hard to deliver quality general practice within the current context. Infrastructure is not fit for purpose, resources are limited and the complexity of illness is increasing. Remote and digital ways of working distance staff from patients and each other. Technologies intended to increase efficiency can sometimes do the opposite.
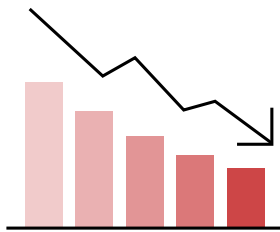

Austerity has impacted the whole of our health and care system

Many general practices are overwhelmed by the combination of fewer resources, more patients and more complex illness patterns. Staff need to spend time compensating for gaps in other services.


Healthcare teams are stressed

New ways of working are making staff-patient interactions more complex and stressful, leading to sickness and resignations among staff. GPs, who increasingly see only the most complex patients, are becoming demoralised.
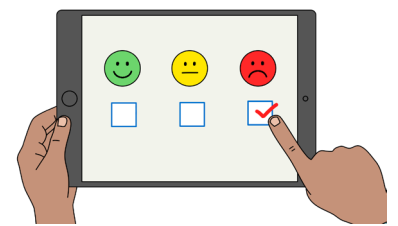
Health infrastructure is not fit for purpose

Poor physical spaces, insufficient phone lines, unsuitable technology and remote call centres are all contributing to impersonal patient experiences and compromised standards of care.
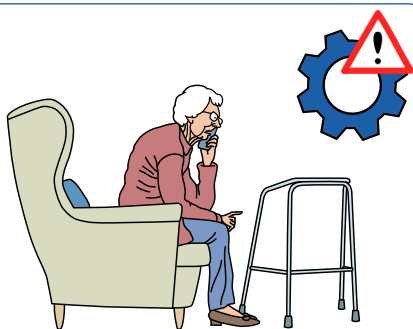

New technologies are creating new inefficiencies

Poorly designed technologies may increase workload and compromise care quality. When patients are required to operate technology and enter data, some disadvantaged patients, e.g. elderly, struggle to gain access.

Remote management can reduce care quality

Patients whose long-term condition is managed remotely may misinterpret the questions on online forms, leading to a false conclusion that the patient is stable. Not seeing people face-to-face can lead to new problems being missed.
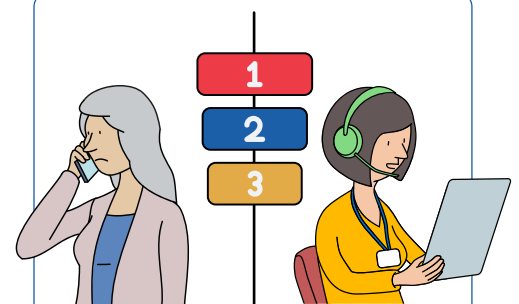

Digital triage can increase barriers to care

Remote triage methods disadvantage people who are not tech-savvy or lack digital resources. Efforts to improve equity, e.g. support staff, do not fully compensate for system-level barriers, e.g. poverty, lack of education.

Training needs for staff providing remote services in general practice

Findings from the Remote by Default 2 research study
Sub-study led by Trish Greenhalgh and Rebecca Payne

General practice is now provided via different modalities – phone, text and online. Delivering care in these ways requires new skills from all members of the team. Training needs to be delivered within the context of the routines within individual workplaces, through case-based discussions and whole-team on-the-job training.
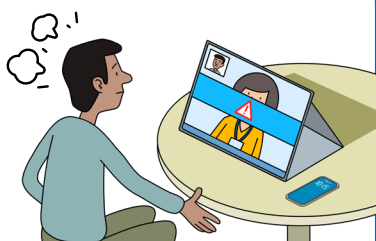
Existing NHS policies emphasise the importance of training staff to provide digital primary care. However, guidance on this topic is still being developed. This has left many practice staff feeling that they lack essential skills, and unclear where to turn for help.
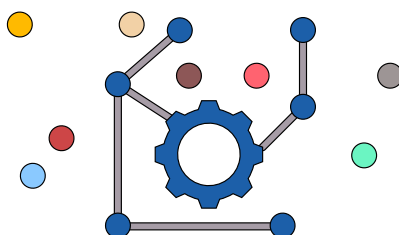
Training for working in practice takes place in a busy and complex environment which is often understaffed. Workflows are complex, making life complicated for staff and patients. Patients often have encounters with many different team members during the course of an illness, sometimes over several years.

We produced this set of competencies and capabilities for staff providing remote general practice services:
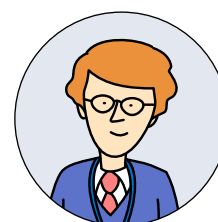
Experienced clinicians felt they needed training in:

- Technical skills to use remote technologies
- Communication and clinical skills to help them work effectively when using remote technologies
- Implementation skills to help them embed remote care within the practice
- Teaching skills so they could train staff and patients in using remote healthcare

New clinicians felt they needed training in:

- Technical skills to use remote technologies
- Correctly triaging patients
- Dealing with privacy, consent and information governance in remote consultations
- Communicating effectively with remote patients
- Assessing and examining a patient

Support staff felt they needed training in:

- Technical skills to use remote technologies within the practice's workflows
- Efficiently and safely assessing whether patients were suitable to use remote technologies
- Triaging and prioritizing patients
- Communicating effectively with patients by phone, text or other remote modalities

Learning summaries

Remote assessment in general practice is remarkably safe. With attention to staffing, training and appropriate channeling of patients to the right pathway, it could be made even safer.

For practice

- Practice staff need to make complex clinical and operational judgements within a stressful and busy environment and require training in more than just the technical elements of the systems used to deliver remote care

- Training needs to incorporate communication, assessment, triage and prioritisation skills

- Training should happen within the work-environment – sitting at a computer to do a mandatory training module isn't enough to prepare team members to deliver remote care within the complex environment of a practice

- Whole team training is highly valued by staff and can be highly effective

For policy

- **More resources** need to be put into training clinical and support staff to communicate and assess patients effectively by phone

- **Training** should be available within real-world situations, and should involve whole team training, case discussions and storytelling

- **The formal assessments** required to become a fully qualified GP don't assess all the competencies and capabilities needed to deliver remote and digital care. Safety-critical skills such as how to correctly prioritise a patient or collaborate with reception staff happen outside the clinical consultation but are vital to the safe delivery of care

- **Best practice examples of training** need to be captured and disseminated – much can be learnt from the out of hours sector which has decades of experience in providing remote care

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Learning summaries

Technology-induced stress, suffering and relational strain are under-recognised features of modern general practice

For practice

- General practice is struggling to deliver quality care in the current context.

- There are trade-offs from new ways of working and new technologies – increasing quality in one area can compromise quality elsewhere.

- Remote access routes require work from the patient

- Quality failures may disproportionately affect disadvantaged and vulnerable groups. Think about your most vulnerable patients and how to prevent them from 'slipping through the net'.

- Check that your approach to long-term condition reviews does not over-use remote and digital modalities and that patients are seen in person when indicated.

For policy

- General practice is finding it increasingly difficult to deliver quality care in the current context of financial austerity, widespread disadvantage and growing clinical complexity. Acknowledge, and develop policies to address, these wider contextual factors.

- Balance the desire to innovate using digital technologies with a recognition of the new inefficiencies and inequalities that they can introduce.

- Address physical and digital infrastructure, supporting practices to invest in the most appropriate technologies for their context.

- Fix misalignments in the procurement process so that practices are not forced to work with bulk-purchased technologies that are unfit for purpose.

- Address the workforce and skill mix crisis in general practice.

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