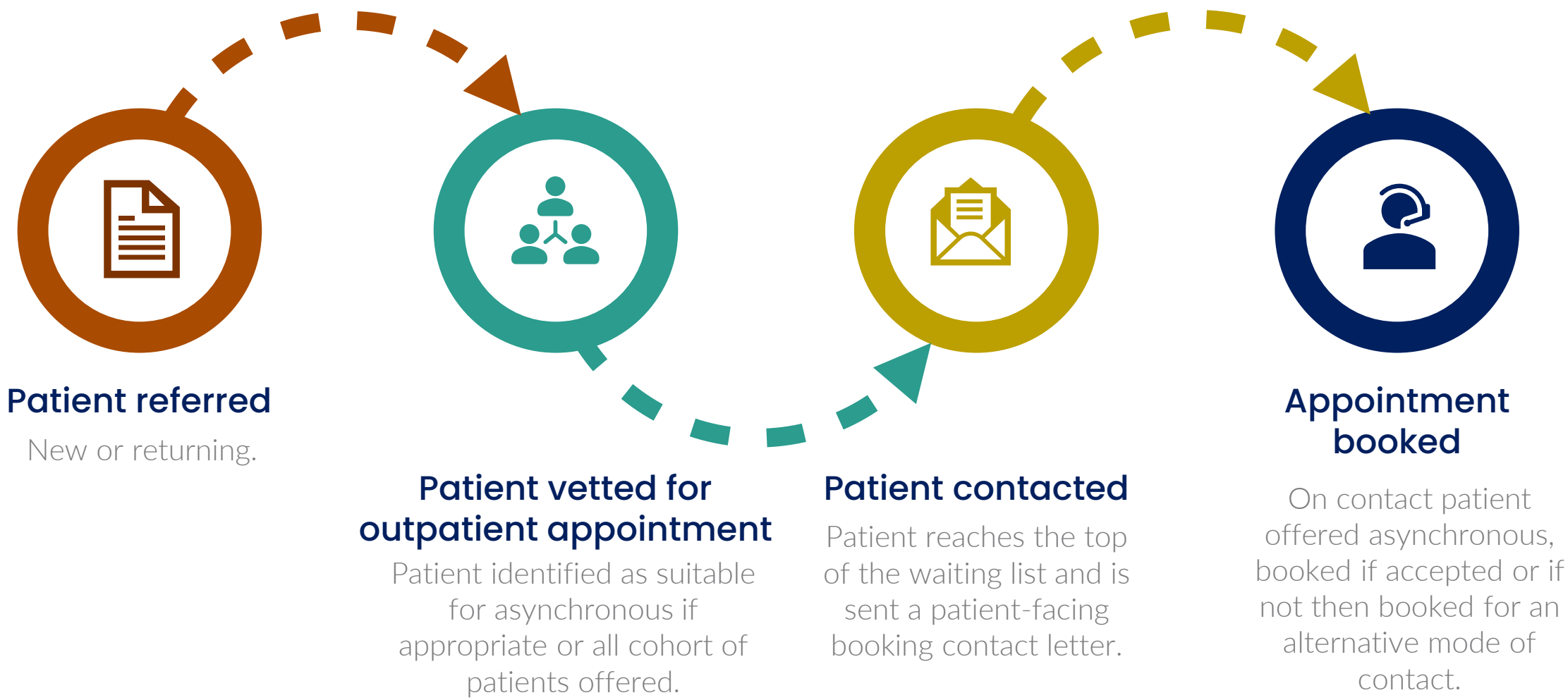# Perspectives of staff adopting outpatient asynchronous consultations in NHS Grampian, Scotland

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On behalf of Prof Craig Ramsay (UoA), Prof Louise Locock (UoA), Mike Melvin (lay partner), Anthony Myhill (lay partner), Kyle MacKenzie (NHS), Dr Andy Keen (NHS)

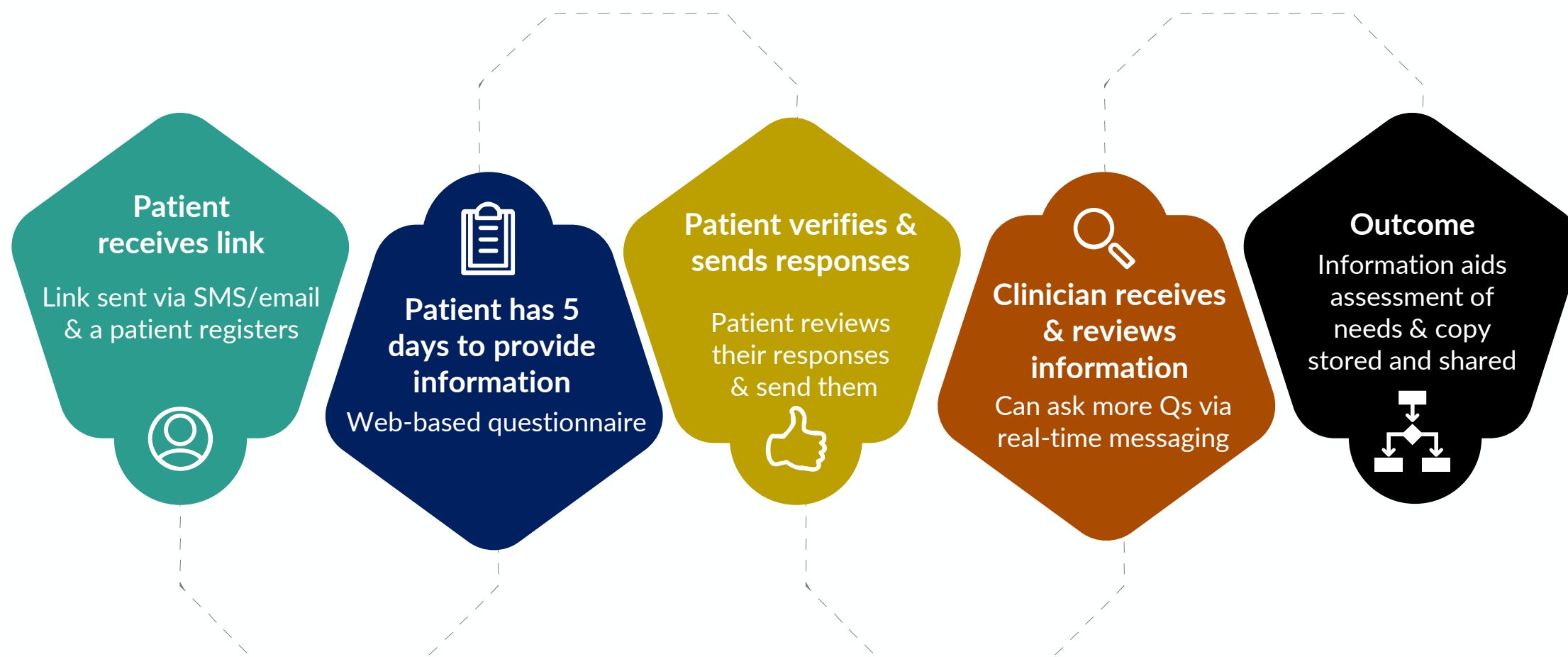www.abdn.ac.uk/hsru

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Asynchronous consultation booking

It's optional and offered as a routine appointment only. There are differences in how patients are marked as suitable, wherein the pathway it's offered, and synchronous alternatives are available.

Patient referred

New or returning.

Patient vetted for outpatient appointment

Patient identified as suitable for asynchronous if appropriate or all cohort of patients offered.

Patient contacted

Patient reaches the top of the waiting list and is sent a patient-facing booking contact letter.

Appointment booked

On contact patient offered asynchronous, booked if accepted or if not then booked for an alternative mode of contact.

Asynchronous consultation

It means communication that doesn't take place in real-time, instead, it takes place between clinician and patient at different times
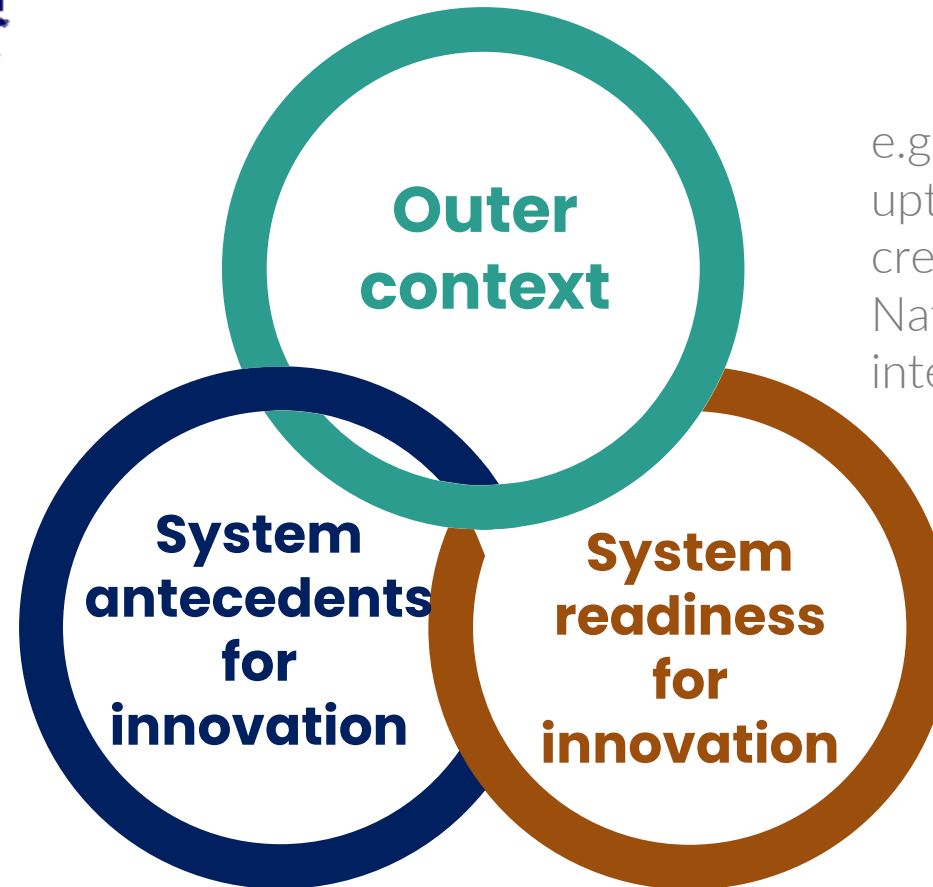
Patient receives link
Link sent via SMS/email & a patient registers

Patient has 5 days to provide information
Web-based questionnaire

Patient verifies & sends responses
Patient reviews their responses & send them

Clinician receives & reviews information
Can ask more Qs via real-time messaging

Outcome
Information aids assessment of needs & copy stored and shared

Outer context and system

Staff described the implementation effort taking place in the complex open systems of 'real world' contexts.

Shetland Islands

Orkney Islands

Aberdeen

e.g. NHS Grampian has a long history of telemedicine use but lacks a clear strategy.

Outer context

System antecedents for innovation
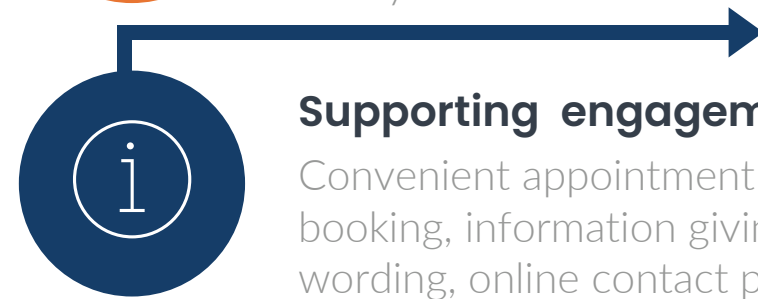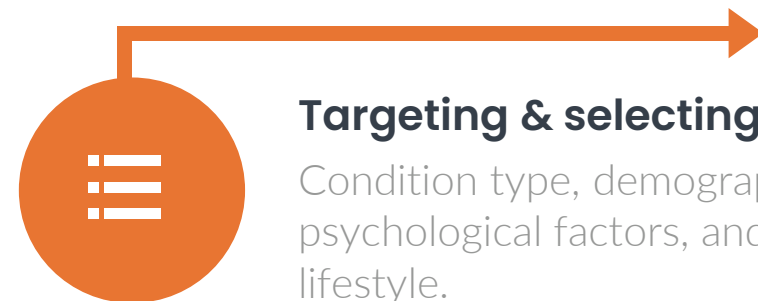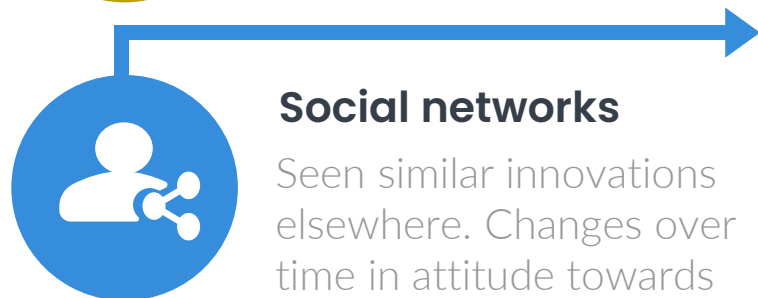
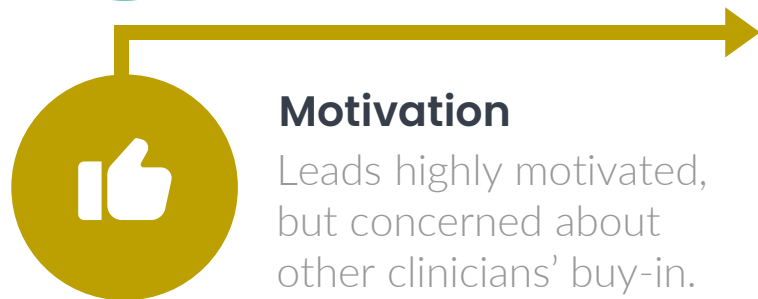**System readiness for innovation**

e.g., COVID19 accelerated the uptake of teleconsultations but also created competing demands on the National Services Scotland's integration hub.
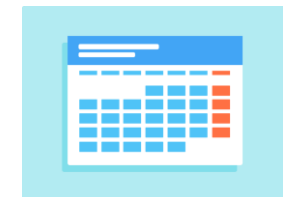
e.g., There was a strong internal need for a new secondary care model, but the innovation doesn't fit the technical workflow.

Adopters

Staff described what characterised the involved healthcare professionals as prone to innovate and thoughts they've given to increasing the uptake rate by users.

Values & goals
Visionary, value flexibility, and risk-taking.

Motivation
Leads highly motivated, but concerned about other clinicians' buy-in.

Social networks
Seen similar innovations elsewhere. Changes over time in attitude towards acceptance were observed.

Targeting & selecting
Condition type, demographics, psychological factors, and lifestyle.

Supporting engagement
Convenient appointment booking, information giving, wording, online contact prior.

Patient involvement
Helpful, but unfortunately limited.

The Innovation

With a help of the developer, clinicians designed pathways and content, minding its value and adaptability to their needs.

- Practical demonstrations helpful
- Many advantages
- Evaluation plan in place
- Clinicians couldn't try it out
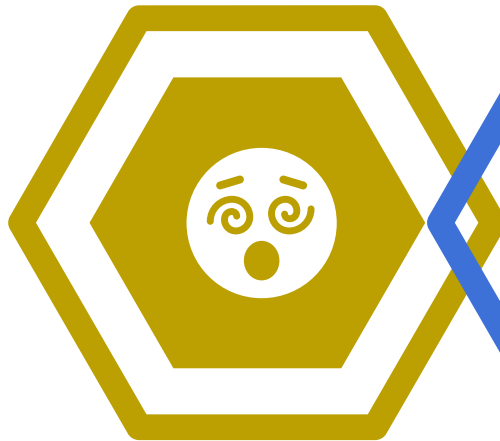- Pathway is bitty for patients
- Tasks issues for admin staff

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Assimilation & Implementation

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"What else has been unexpected? Just how complex the process is" – said a clinical lead

Setbacks

Reinvention/ development

Management

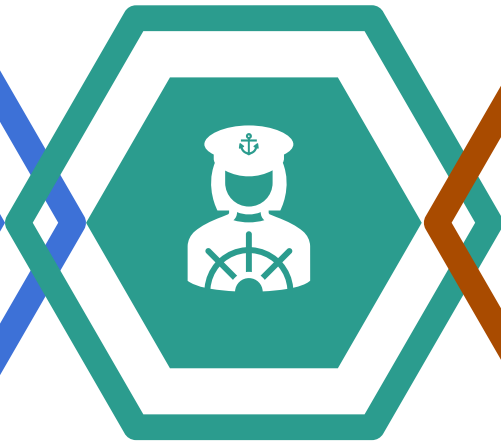**Dedicated/ human resources**

Internal communication

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Delays right at the start: Contractual (4-months delay), technical integration (6-months delay) and IG/testing work (1-month delay). Mind when to integrate & sequence of tasks!

Transferability of the innovation across specialities was viewed as critical for routinisation, but currently, it is limited.

Rotation of project managers negatively affected the continuation of communication, and thus staff engagement.

Allocated time and resources needed (clinical, admin staff, coordinator, project management, evaluation lead, health intelligence).

Adopters recommended: open and clear two-way communication, including relevant people from the start and keeping them informed throughout, records of communication, clearly outlined roles.