



## Case Study

# ► Richmond Medical

## Our Digital Journey

Richmond Medical is a GP practice, located in Accrington, Lancashire, supporting a practice population of over 6,000 patients, including 75% of Accrington's South Asian population who are registered at the practice. In particular the Pakistani communities with English as a second language.



*"We were having a lot of problems with GPs moving around rooms and the equipment would not always be available at the PC they were using. So we had to look at different solutions, a more mobile solution."*



The practice workforce includes four GPs, alongside a team including: an Advanced Nurse Practitioner, three Practice Nurses, Health Care Assistant, Clinical Pharmacist, Business Manager, Reception and Administrative staff.

Richmond Medical has been one of the pioneers of the Digital Exemplar Programme and has been working on developing the use of digital technologies since 2018.

## Why did you engage with the Digital Exemplar Programme?

When they embarked on the digital programme, the practice was working at a PCN level to understand what the digital needs of the practices were. One of the identified needs was GP retention, with a constant and chronic GP shortage across the PCN.

This was highlighted by a senior GP at the practice who has a 70-mile round trip from home to the practice and who suffers from significant health problems making the commute difficult. This raised issues for the practice relating to how they could enable the GP to continue consulting with patients and continue supervising staff.



*"I've been on the verge of not being able to drive. I wanted to have a remote way of actually still seeing patients and providing care from home, without having to travel."*



## About the Digital Exemplar Programme

### The Community

Lancashire and South Cumbria Integrated Care System (ICS) and NHS England Primary Care Transformation Team developed the concept of a 'Digital Exemplar Programme' to support a primary care approach to enhance digital capabilities across primary care.

### The Problem

Increasing demand pressures placed on general practice are leaving many with unmanageable workloads. Successive health policies have tried to address this through a focus on digital transformation. However, the reality of implementing a digital-first service is challenging and progress has been patchy and often not properly integrated, significantly limiting the benefits.

### The Solution

The ICS and partners recognised that digital healthcare is not simply about making new and emerging technologies available to healthcare teams. It requires consistent quality upskilling and support for front line and administrative staff and support from senior management across the system. It therefore developed a network of practices to work together, with external support, to consult, test and pilot new technologies in practice and assess the impact and share learning.



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The shortage of GPs in the area meant that the practice needed to develop other members of the clinical team to take on some GP roles, under supervision, including home and care home visits. The practice felt this could be supported through the use of digital (remote supervision).



*“With the shortage of GPs in the practice, they would find themselves in a situation where there would be a home visit request came in and there wouldn’t be a GP available that they could send”*



## Implementing Digital Solutions

Over the past two years, with the support of the Digital Exemplar Programme, the practice has implemented a range of digital solutions to help alleviate the issues raised. In particular, the practice has focused on a move to enable more digital video consultations with patients, greater use of video supervision, and utilising digital for partnership meetings across the PCN. This has included setting up GP’s to work remotely, from home and creating a dedicated room in the GP practice, specifically to enable video consultation, supervision and staff training.

To support clinicians to conduct video consultations, GPs were provided with tablet devices, allowing them to operate dual screens during a remote consultation, one screen to view the patient records and one to view the patient.



*“It’s just like it would be in a surgery. You have the computer screen in front of you and you have the patient beside you. With a dual screen it’s the same as if you’re doing a face to face consultation.”*



At the outset, the practice consulted with patients to understand the most acceptable platforms for delivering video consultations. Initially patients were offered an option of video-consultation through platforms such as Skype, Facetime and WhatsApp. The patients unanimously opted for the WhatsApp platform as it was seen as the simplest solution.

## Transforming The Way We Work

“With the recruitment difficulties we tend to have, we’ve got ANPs, a clinical pharmacist, junior salaried doctors, and locums who are not really confident about the decision making. I can still steer the ship; I can give my experience to other people to help them”



“I wasn’t just thinking of the practice and my own situation, I was also thinking of the wider implications for the neighbourhood and the wider needs of the particular community that we have.”



## Digital Solutions

### Hardware

- Laptops
- Tablet device
- Dual screens

### Software

- iPlato products
- Remote Access
- Microsoft Teams
- Electronic prescribing system
- WhatsApp
- Accurx
- Echo devices
- Lexicon (dictation software)

### Support

- Digital Exemplar Programme
- NHS England, CCG, ICS
- Redmoor Health
- Local Primary Care Network

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*“WhatsApp is what my patients use normally to communicate with their friends. Using an app that they are using all the time in their lives I think is the key to it.”*



Having clarified with NHS England that the platform is encrypted and fits with NHS data protection requirements the practice was confident in adopting this system moving forwards.

The Digital Exemplar Programme supported the practice in upskilling staff in understanding and utilising digital solutions and in increasing the staff confidence. This was supported by NHS England and Redmoor Health through a Digital Nurse Upskilling programme. This support was seen as critical in increasing staff knowledge and confidence in the use of digital.



*“Because of involvement in the Exemplar Programme, pre-Covid we’d already set up the care home, virtual ward rounds”*



To engage patients in the digital journey and promote the key messages from the practice they set up a practice Facebook page. This has been used, for example, to encourage patient sign up to online consultation, encourage uptake of smears and childhood immunisations and has utilised digital animations and other health apps for patient education.



*“As we started to be known to be using digital, we got overwhelmed with all kinds of offers. So, the NHS will buy one thing and then somebody else will recommend something else, and I really think it’s important to stick to what you need for the job. What is the job about and what do you need to enable you to do it, not to be distracted by the commercial aspects.”*



## Supporting GP Retention

“As a Clinical Director I have very strong relationships with the other practices, this has been enabled by digital. For instance, when I had Covid, within a couple of weeks I was unsteady on my feet, I couldn’t walk around, but I could actually take part in the decision-making things.”



“I wanted to have a remote way of still seeing patients and providing care from home, without having to travel to Accrington. I know the patients, I know the families, I know where they’re coming from and I know what they need. They were wanting to keep on seeing me. Without digital I could not have done this”



## Impact Of Video Consultation

- Useful role in palliative/end of life care
- Averts the need to convert a telephone consultation to a face to face appointment
- Avoids the need for a GP home visit
- Enables the assessment of risk in mental health care
- Enables a ‘second opinion’ from a more senior doctor without the need for another face to face appointment or home visit
- Enables assessment of carers and dependents
- Enables guided physical examination



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## Impact of Digital Solutions

The work carried out over the past two years ensured that the practice was well placed to manage the challenges brought about by the Covid-19 pandemic, most notably in relation to restrictions on face to face consultation, moving seamlessly into greater use of video consultations across the practice



*"I've been amazed and very encouraged with how video consultation has taken off during the pandemic."*



The use of video has helped to overcome the limitations of telephone consultations, which do not provide an opportunity to examine patients, to see faces, to speak across a language barrier.

The practice has been able to reduce the number of telephone consultations that need to be transferred to a face to face meeting and now transfers patients from telephone to video when needed, avoiding the need for the patient having to travel in to the surgery. This is viewed as particularly useful for anyone who is house bound, or where they are faced with language barriers.



*"I found it much easier with video. Prior to that I did a lot of telephone consultations which, across a language barrier, are really difficult, and stressful for the patient. Most of the normal consultations that I would have in the surgery are actually multiple people in the room, basically a whole family rather than just one patient. And the video consultation actually replicates that type of normality"*



Through utilisation of 'Microsoft Teams' the practice has been able to continue effective staff and strategic partner communications during the Covid-19 pandemic, including setting up a PCN Alliance and for the use of clinical supervision, in particular with the Advanced Nurse Practitioner.



*"I'm actually doing a higher proportion of strategic work now than I was before. I couldn't have managed to do that before because I couldn't physically manage to be rushing up and down the motorway"*



## Practice Feedback

"Because of digital I have been actually working at least twice the hours that I was able to work before"



"We've found that using digital more effectively is a much easier and more productive use of time for GP"



"I'm now supervising all the GPs remotely"



"I've had one lady who's a traveler with poor literacy levels. But she has a smartphone and, whilst she struggled in the beginning, I've got her to the point now where she was can actually not only answer the video call, but also turn the camera around to show me things."



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## Key Messages

**Keep it Simple:** There are a plethora of digital solutions out there offering similar compatibility. Think what your patients use, what they are familiar with and use that as a starting point. Also consider the digital literacy of the staff. They need to be confident in the chosen solution.

**Patients often require support at the outset:** Make sure that your staff are first of all comfortable with what they're doing before they're having to guide patients through it. If staff are familiar with the system they can help the patient overcome any technical difficulties.

**It's one tool in a toolbox:** Be realistic, digital does not solve every problem. Video consultation is an extra tool in the toolbox. In certain circumstances the patient needs face to face consultation. However, transferring appropriate patients to video consultation frees up time and space for those that require traditional methods.



*"Because of digital, I've been chairing meetings, I've been setting up a PCN Alliance, I've been doing all my normal clinical work. I've been able to do this because I'm only having to sit down at home and do it. If I had to drive back and forward, particularly when I was recovering from the Covid, I really just wouldn't have been able to do it. So, because of digital I have been actually probably working at least twice the hours that I was able to work before."*



## Acknowledgment

This case study was developed through interview with Dr Fiona Ford. Senior GP Partner at Richmond Medical.

You can view Dr Fords video case study at <https://vimeo.com/373890425>

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