



Guidance for clinicians and general practice managers to mitigate the unintended consequences of online consultations

The [DECODE study](#) identified unintended consequences of implementing in GP practices online consultations (where patients submit their symptoms via an online form). These unintended consequences and mitigation measures are derived from stakeholder workshops and [interviews findings](#). **Please reference these findings as:**

Turner, A. J., Morris, R. L., Rakhra, D., Stevenson, F., McDonagh, L., Hamilton, F., Atherton, H., Farr, M. C., Blake, S. E., Banks, J. P., Lasseeter, G., Zeibland, S., Hyde, E., Powell, J. & Horwood, J. Unintended consequences of online consultations: a qualitative study in UK primary care. *British Journal of General Practice* 2022; 72 (715): e128-e137. DOI: [10.3399/BJGP.2021.0426](https://doi.org/10.3399/BJGP.2021.0426)

Unintended consequences	Mitigation
<p> Access to care</p> <ul style="list-style-type: none"> • Online consultation systems create barriers to care and exclude some patients • Inadvertent prioritisation of patients using online consultations 	<ul style="list-style-type: none"> • Avoid imposing online consultations as the only means of access. • Ensure alternative methods to make an appointment: <ul style="list-style-type: none"> ○ Allow administrative staff to complete enquiries on a patient's behalf over the phone. ○ Allow people to submit enquiries on behalf of family members. ○ But recognise these measures may have unintended consequences themselves (e.g. for patient confidentiality). • Ensure that when online consultations are used alongside other communication channels that patients using online consultations are not prioritised.
<p> Communication</p> <ul style="list-style-type: none"> • Patient uncertainty about what kinds of enquiries online consultation tools are appropriate for • Patient uncertainty about how to describe their problem/symptoms when writing in free-text boxes, used by some online consultation tools • Patient uncertainty about who they are writing to • Extended time (and risk of miscommunication) for two-way asynchronous communication between staff and patients 	<ul style="list-style-type: none"> • The process patients go through to submit an online consultation should be tailored to the type of enquiry. For example, if a patient has a simple administrative query, they should not have to go through a symptom checker. • Ensure clarity for patients about the online consultation process. Practice websites should include clear instructions about: <ul style="list-style-type: none"> ○ How to use the technology ○ Who reads the enquiry ○ How it is reviewed ○ What happens next and in what time frame • Where a written response is required, focus on clear and simple written communication that patients can easily respond to.

Unintended consequences

Mitigation



Continuity of care

- Patient enquiries being pooled and dealt with by potentially any GP, preventing patients consulting with their preferred GP
- Allow patients to address online consultations to their preferred GP or show the rota of available GPs, so that patients can address a specific GP.
- Filter online consultations from specific patients to specific GPs to maintain continuity of care where it is necessary.



Safety

- Patients submitting enquiries that are urgent/emergencies
- Provide clear instructions on practice websites about what the practice deems appropriate for online consultations.
- Provide clear instructions for people with an urgent or emergency enquiry.
- Check your procedure for screening enquiries for urgency but recognise this adds additional practice workload.



Working practices

- Changes in composition of workload, or increased work
- Include the whole practice team and patients in planning and workflow redesign.
- Increased feelings of isolation and additional screen-time for staff
- Use available training and guidance to support staff (e.g. NHS England Implementation toolkit).
- Consider new virtual and in-practice office environments to reduce isolation. For example, virtual coffee mornings and shared working spaces where GPs and administrative staff are co-located as they individually work through online consultation enquiries may help reduce isolation. This provides an opportunity to innovate at a time when modifications the physical environment of practice buildings and staff working patterns are still evolving.

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