



Health and Social Care Committee  
House of Commons London SW1A 0AA  
Tel: 020 7219 6182 Fax 020 7219 5171 Email: [hsccom@parliament.uk](mailto:hsccom@parliament.uk) Website:  
[www.parliament.uk/hsccom](http://www.parliament.uk/hsccom) Twitter: [@CommonsHealth](https://twitter.com/CommonsHealth)  
From Rt Hon Jeremy Hunt MP

22 June 2021

Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care

Letter sent by email

Dear Matt,

**Re: GP appointments and the use of technology**

During the COVID-19 pandemic we have seen some innovative changes to the way the NHS delivers healthcare to our constituents. The use of technology has been accelerated and many patients have benefited from continued access to services that would otherwise have been difficult to get to safely.

Nowhere has this been seen more obviously than within GP practices via the use of remote consultations. It is very welcome for instance that the number of practices with video capability for these consultations has increased from 3% before the pandemic to almost 99% now. These benefits and your focus and leadership on technology were recognised in the Select Committee's report on Delivering core NHS and care services during the pandemic and beyond.

That report also highlighted the need to ensure that the digitally excluded in society are still able to access face to face appointments. But it has also become apparent that continued use of face to face appointments are vital for patient safety reasons too and that many people are finding it hard to secure these.

Recent evidence from Healthwatch shows that between 1st May and 15th June, 79% of people who contacted them found it difficult to access GP services, while only 10% had an easy experience. This has actually got worse since earlier in the year when they found that between January and April, 64% of people had difficulties accessing GP services and 27% had found it easy. Not being able to get a face to face appointment can have serious consequences for some patients.

Whether that is people who end up with end-stage heart failure, who've been trying to get an appointment around their progressive chest pains or breathlessness. People with now incurable cancer, who've received telephone appointments only to be prescribed antacids for their disabling symptoms of pain. People with the consequences of deteriorating mental health resulting in terminal self-neglect, substance abuse or self-harm. Or people, like one of my constituents, who have a fever and therefore cannot get an in person appointment, and then are admitted to hospital a few days later with Toxic Shock Syndrome.


I am particularly concerned about cases like this and the possibility that the number of patients with sepsis who do not receive timely diagnosis and treatment as a result of failing to get an in person appointment may start to rise. I recognise the difficulty inherent in seeing people with a condition that is now widely accepted to fulfil the same diagnostic criteria as COVID-19. We must though provide every assistance possible to GPs not only to carry out excellent remote assessments in these circumstances but also to triage which patients require urgent face-to-face assessment. If we continue as we are, not only will we fail some patients, but we will increase pressure on A&E departments as people desperate for an in person diagnosis head there rather than go through a remote consultation with their GP.

I would therefore be very grateful if you provide me with the following to address my concerns on this issue:

1. What assessment your department has made regarding the effectiveness of remote consultations by GPs for all patients including on a patient safety point of view;
2. Any specific data you have regarding the number of patients denied an in person appointment who subsequently presented at A&E;
3. What plans you and NHSE & I have in place to ensure GPs and general practice staff are equipped and trained to be able to triage those who need in person appointments (a) in general and (b) with particular reference to sepsis; and
4. What plans the Department has to balance the benefits of using remote consultations with the risks outlined here.

Thank you in advance for outlining what you are doing to ensure the NHS and its patients benefit from the increased use of technology we have seen over recent months. I am sure my concerns can be addressed and we can find an appropriate balance between remote and in person consultations.

Yours sincerely,

A handwritten signature in blue ink that reads "Jeremy". The signature is written in a cursive, slightly stylized font.

Rt Hon Jeremy Hunt MP  
Chair, Health and Social Care Committee



POC\_1339966

Rt Hon Jeremy Hunt MP  
Chair, Health and Social Care Committee

By email

05 August 2021

Dear Jeremy,

### **GP appointments and the use of technology**

Thank you for your letter on behalf of the Health and Social Care Committee about the Select Committee's report on Delivering core NHS and care services during the pandemic and beyond, that highlighted the need to ensure that the digitally excluded in society are still able to access face to face appointments and raising the additional evidence that continued use of face to face appointments are vital for patient safety reasons too.

General practice teams have done a huge amount to support their patients throughout the pandemic and I am grateful for their tireless efforts.

I understand some patients have concerns about accessing GP services, including getting through on the telephone and the availability of face to face appointments. We know that remote consultation, telemedicine and online access can provide flexibility for patients accessing services and that many people find online consultations more convenient and accessible. Total triage has also been a valuable tool for practices in managing demand, enabling practices to prioritise the most urgent cases and helping navigate patients to the right services or professional. It also plays an important role in ensuring Covid-19 symptomatic patients do not come into practices.

In the early response to the pandemic, general practice teams rapidly changed how they provided support and delivered services to their populations, with a focus on triage and remote (telephone, video and online) consultations. This enabled practices to see as many patients as possible, while minimising risk of infection from Covid-19. NHSEI has throughout the pandemic provided guidance to general practice and on 19 July, following the Government's announcement of a move to Step 4 of its Covid-19 response, NHSEI wrote to general practices, to outline the expectations across primary care in relation to access, infection prevention and control and continuing contractual/regulatory requirements. The letter set out that general practice is expected to offer both remote and face to face appointments taking into account clinical appropriateness and patient preference for appointment type, with digital triage where possible. Further details on these expectations are set out in the 13 May 2021 NHSEI letter, which can be found [here](#).

The Department is working closely with NHSEI and NHSX who continually monitor and assess, with local commissioners, the extent that general practice teams have the equipment and skills to provide remote consultations, providing support where appropriate.

Specific answers to your questions raised in the letter are below:

*1. What assessment your department has made regarding the effectiveness of remote consultations by GPs for all patients including on a patient safety point of view?*

General Practice clinicians have been providing remote consultations to patients by phone for many years and so there are existing skills in the workforce when it comes to remote assessment and advice.

As part of the response to Covid-19, it was necessary for a much larger proportion of consultations in general practice to take place remotely to protect patients and staff from infection risk - the majority of these were still by telephone but a proportion of consultations also took place via video consultation or via SMS or online messaging between the practice and the patient.

We acknowledge that the changes driven by the pandemic and the increased use of video and online messaging as modes of consultation have added complexity to the potential interactions between clinicians and patients. While there is no one size fits all approach, NHSEI has developed multiple resources to support general practice to help patients to access care in a way that meets their needs and to support clinicians to provide care in a way that is in the best interests of their patients, whilst protecting both from the risks associated with remote assessments.

NHSEI has worked with professional and regulatory bodies, voluntary, community and social enterprise sector (VCSE) and patient organisations to support the safe and effective use of remote consultations guided by the principle of the interests of the patient.

The list of key guidance at Annex A provides resources that cover good practice principles in maintaining professional vigilance and identifying concerns around safety and safeguarding when using remote consultations. NHSEI and IRISi (IRISi is a social enterprise established to promote and improve the healthcare response to gender based violence) have also produced guidance on confidential enquiry questions for domestic abuse during a remote consultation. An extensive programme of webinars has been provided to spread learning and provide advice, with a further webinar series planned with the Royal College of General Practitioners in the Autumn.

NHSEI has commissioned a mixed methods study to look at the impact on patients and practices of the increased use of digital channels to access general practice, and the impacts of the greater use of remote consultation methods. NHSEI also has an evaluation underway, which is evaluating the training needs of staff, alongside research to understand the approaches that work well and for whom and testing the usability and accessibility of the active online and video consultation products currently available to general practice. NHSEI will continue to build on the findings from this research to inform guidance and training and are working collaboratively with other relevant research projects.

*2. Any specific data you have regarding the number of patients denied an in person appointment who subsequently presented at A&E?*

Face to face appointments should always be available to patients who need them, with decisions based on clinical judgement and risk assessment, taking into account patient preference and needs. NHSEI has re-emphasised this in recent guidance.

The [General Practice Patient Survey 2021 \(GPPS\), published July 2021](#), included a revised question covering what patients did if they did not get an appointment when they tried to make one, this might have been because they did not accept the appointment offered or an appointment was not offered. Of the 10.3% of all respondents who did not get an appointment when they tried to make one, 17.9% said their practice helped them in another way, 10.5% spoke to a pharmacist, 31.8% did not see or speak to anyone and 7.6% went to A&E (equivalent to 0.7% of all survey respondents)

3. *What plans you and NHSE & I have in place to ensure GPs and general practice staff are equipped and trained to be able to triage those who need in person appointments (a) in general and (b) with particular reference to sepsis?*

As well as the guidance produced to support clinical decision making on remote appointments (Annex A), NHSEI is developing a programme of training in partnership with Health Education England (HEE) to support general practice staff to effectively carry out triage and to support decision making about the appropriateness of different types of consultations. This will include training for both administrative staff and clinicians. Some initial materials are already available, which are now being expanded and developed into interactive training modules. The training will include reference to identifying all emergency scenarios, including sepsis.

NHSEI is providing funding to commissioners to support practices with the effective implementation and use of digital tools, including supporting staff to use digital tools in their day to day work and to embed new systems into routine processes within the practice. An Access Improvement Programme is supporting practices who have faced challenges in providing good access to patients and the Government has provided £270m of capacity funding to general practice in the last year to support general practice to meet increased demand.

4. *What plans the Department has to balance the benefits of using remote consultations with the risks outlined here?*

The Department and NHSEI will support practices and clinicians in balancing the benefits and risks of using remote consultation methods, and in providing in-person care where that is the most appropriate option. Clinicians should use their judgement to decide on how any specific enquiry or request from a patient should be managed, depending on the circumstances, needs, medical history and preferences of that patient. The expansion of remote options for consulting with patients provides general practice with opportunities to provide more choice and flexibility to clinicians and patients in providing the right care at the right time, based on the specific needs of the patient

Yours ever,



**RT HON SAJID JAVID MP**

## Annex A: Guidance and training materials to support remote consultations

- [Remote versus face-to-face: which to use and when?](#) (Royal College of General Practitioners)
- [Principles for supporting high quality consultations by video in general practice during COVID-19](#) (Royal College of General Practitioners and NHSEI)
- [How to conduct written online consultations with patients in primary care](#) (British Medical Journal)
- [Key principles for intimate clinical assessments undertaken remotely in response to COVID-19](#) (NHSEI)
- Clinical safety risk templates to support general practice in mitigating risks associated with the implementation of digitally supported triage, online and video consultations
- [Advice on how to establish a remote 'total triage' model in general practice using online consultations and e-resource on remote total triage model in general practice](#) (NHSEI)
- [Supporting practice staff with a Total Digital Triage model for online consultations and Admin Crib Sheet](#)
- [Top 10 tips for COVID-19 telephone consultations](#) (Royal College of General Practitioners)
- [Guidance for general practice on confidential enquiry questions for domestic abuse during a remote consultation](#) (NHSEI and IRISI)