> *This document has been produced for the sole purpose of the requirements for the PCN hub model developed by the Folkestone, Hythe and Rural PCN during the time of the pilot and will require continuous updates. It is intended to be shared only as a resource guide for this model approach and not direct application.*

Overview

Folkestone, Hythe and Rural PCN (Primary Care Network) has been developing a model that will allow a dedicated PCN level team to complete the triage of eConsult online consultation, and processing of Minor Illness eConsults, on behalf of the PCN practices.

The dedicated PCN Hub Team comprises of:

x1 Nurse Practitioner
x3 Advanced Nurse Practitioners
x2 Care Coordinators

The purpose of the first phase of the e-Hub pilot is to implement the simplest operating model possible to allow the PCN Hub Team to receive and process the Oaklands Health Centre eConsult demand and pass relevant eConsults back to Oaklands Health Centre.

Within the first two weeks of the pilot, it is anticipated that processes will be refined and improved in-line with feedback from both Oaklands Health Centre and PCN Hub staff and any learning and refinement can be applied to the remaining practices due to be on-boarded into the eHub.

High Level Process

From 18:30 on Tuesday 8th November all eConsult online consultations that have been submitted by Oaklands Health Centre patients will be re-directed into the eConsult Smart Inbox and will no longer be delivered into Docman.

On the morning of Wednesday 9th November Oaklands Health Centre should process any eConsults that have landed in Docman via the usual process.

At the start of the pilot go-live the following changes to the way in which eConsults are processed will be implemented:

1) The PCN Hub will file all eConsults into the patient record with the relevant online consultation SNOMED code

2) The PCN Hub will complete a high-level triage of all clinical eConsults using the Smart Inbox and either:
   a. Accept a clinical eConsult as being suitable for the hub team to deal with through to completion
   b. Mark a clinical eConsult as needing to be dealt with directly by the patient's GP (General Practice) surgery

3) The practice will continue to manage all Admin eConsults, but using the smart inbox. As per point 1 above the PCN Hub team will file Admin eConsults into the patient record with the relevant online consultation SNOMED code

- Any clinical eConsult that is accepted by the hub will be processed through to conclusion by the PCN Hub team – this will be in the form of remote closure, a telephone consultation, or a face-to-face consultation. Any action taken will be recorded in the patient's GP record. Any actions that the practice need to complete will be sent back to an agreed EMIS task group at the patient's practice

- Any clinical eConsult that is marked as needing to be dealt with by the practice will be processed through to conclusion by the practice from the Smart Inbox

- Any Admin eConsult will be managed through to conclusion by the practice from the Smart inbox

Accessing the eConsult Smart Inbox

The eConsult Smart Inbox can be accessed online via this link:

https://inbox.econsult.health/workflow/home

Your NHS Email address and NHS Email address password is used to log into the Smart Inbox.

When logging in if the screen below is displayed please click on the option indicated:

For security reasons, we require additional information
to verify your account

To use the NHSmail shared tenant services you
must review and accept the NHSmail Acceptable
Use Policy (AUP).
No action is needed if you have already accepted
the AUP.

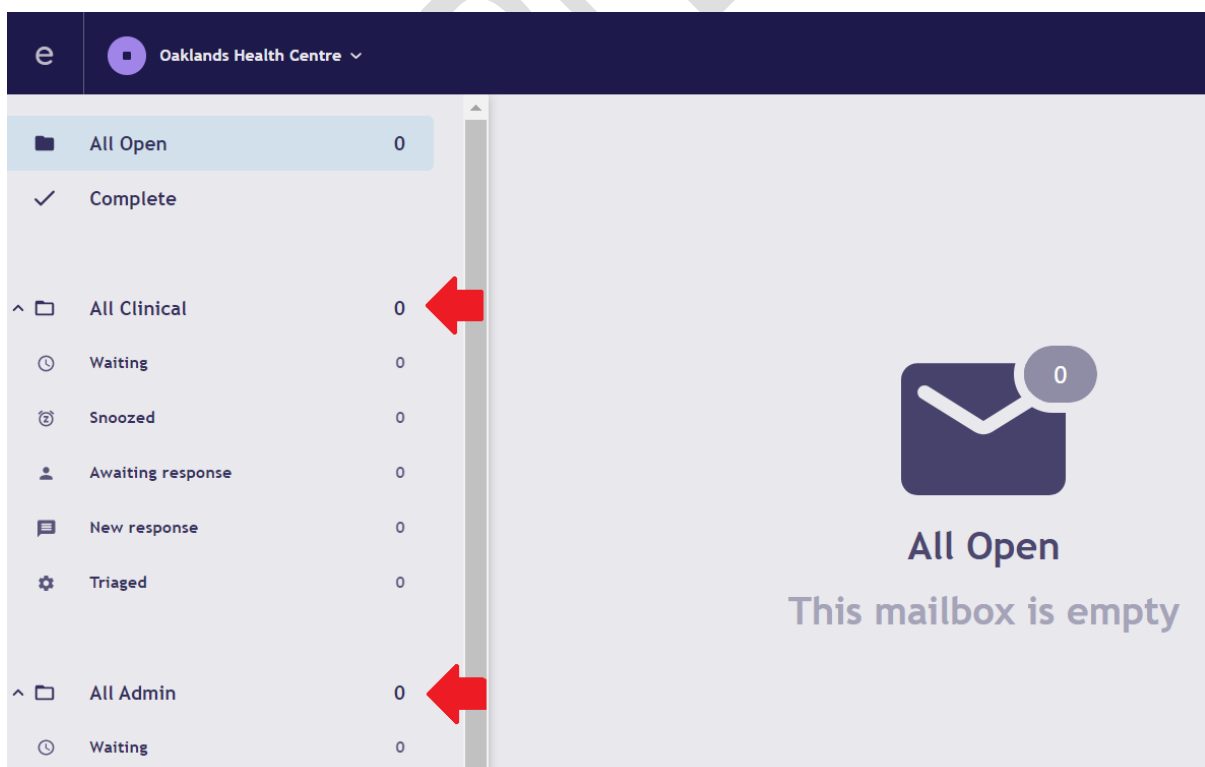Azure Multi-Factor Authentication
Sign in using a FIDO2 security key

☐ This is a private computer

Unlock Account or Forgotten Password? Please
visit the Self-Service Portal.

This will trigger a one-time code being sent via text message to your registered mobile phone number which will need to be entered into the login screen on your computer.

Smart inbox View

The Smart inbox will show the Oaklands Health Centre eConsults split into two feeds - Clinical and Admin:

e	Oaklands Health Centre ⌄	
■ All Open	0	
✓ Complete		
⌃ ▢ All Clinical	0	
🕐 Waiting	0	
⏰ Snoozed	0	
👤 Awaiting response	0	
▤ New response	0	
⚙ Triaged	0	
⌃ ▢ All Admin	0	
🕐 Waiting	0	

All Open
This mailbox is empty

Clinical Hub back to practice:

When the PCN Hub clinical team have reviewed the eConsult and determined that this needs to be managed by the clinical team within the GP practice, the following process if followed.

On the right upper corner of Smart Inbox select:

Team as GP

Ensure status remains as "Waiting"

Add any additional Comments if needed.

These actions will result in the Oaklands Health Centre GP team to pick up those eConsults and further triage and workflow within the GP surgery.

Clinical Hub for hub consultations or ARRS (Additional Role Reimbursement Scheme) roles:

If the PCN Hub review the eConsult and deem it suitable to be completed by one of the PCN Hub clinical team or PCN ARRS role (e.g., Physio, MHP (Mental Health Practitioners), Pharmacist), then:

Change Team to 'Other' – IMPORTANT DO NOT USE any of the other team types

Set status to 'Triaged'

Add comments for Care Co-ordinators to follow: For example, ANP (Advanced Nurse Practitioners), Face to Face, Same day.

Practice receiving clinical eConsults from PCN Hub

The clinician enters the smart inbox and reviews the 'waiting' folder within Oaklands Health Centre Clinical section. Ensure that 'Team' is filtered to 'GP' in the waiting folder in order to see the eConsults that the PCN hub has sent back:
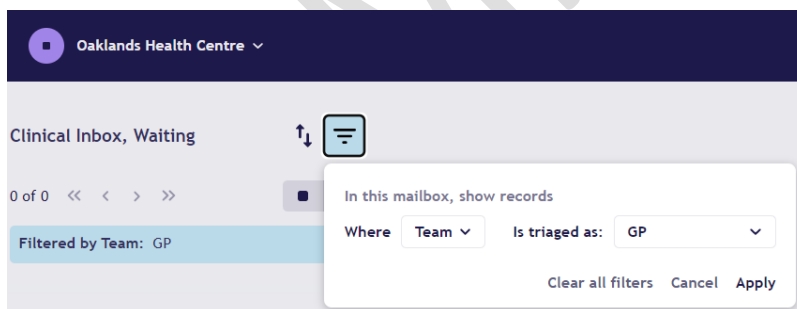
Having reviewed the eConsult and decided which clinical team member, urgency, and mode of consultation, then they can set the disposition and change status as follows:

Team = Can change to ANP, GP, Practice Nurse, or Admin (if wider admin/secretary team need to action for example)

Set urgency

- For same day use **24 hours**
- Next day use **48 hours**
- Soon use **3 days**

- Routine use **2 weeks**

Set mode of consultation = e.g., Face to Face, Telephone, remote.

Set status to 'Triaged'

Add any comments as appropriate.

The above will move the eConsult card including relevant actions and comments into the 'Triaged' folder. This will allow the workflow admin team to look in the Triaged folder and action the requests made by the clinician triaging.

Should an eConsult be closed and completed fully at the time of review (including writing in EMIS and coding) and no further admin input is required, the eConsult can be 'completed' by changing the status to completed. This will move the card into the 'Completed' folder and essentially archives the request. No subsequent actions will ensue.

Practice Workflow Team

Any actions that the Workflow Team need to pick up following ANP triage of clinical eConsults can be found by working within the 'Triaged' clinical folder:
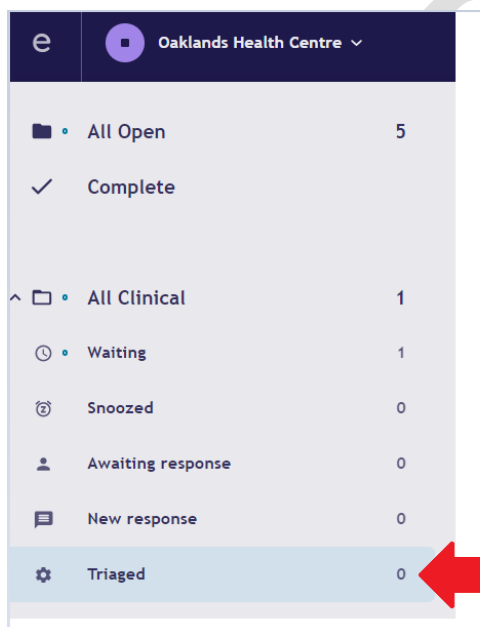
Use the filter to show what action is required for each team:
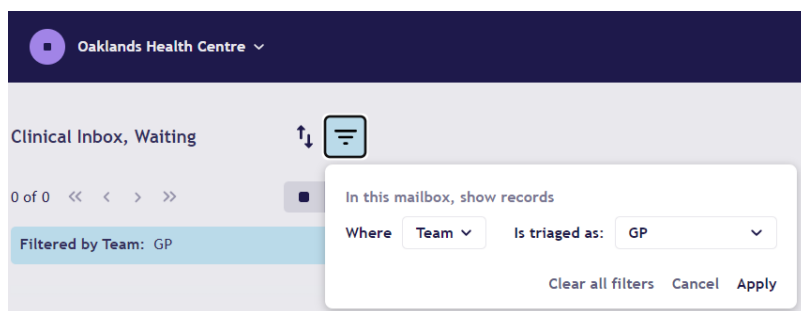
View the comments section to see what action is required.

Complete required action in practice EMIS.

Ensure that the status is set to 'complete' once the relevant action has been completed. Add a comment if required:
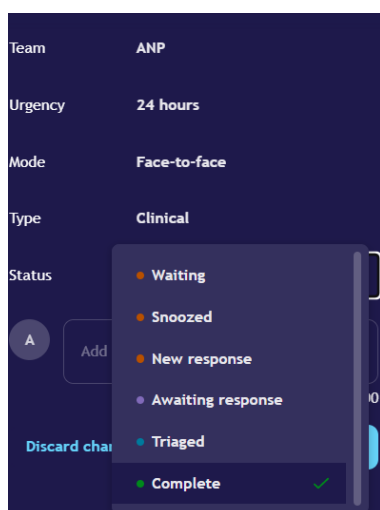
Practice Administration eConsult processing

At present the PCN Hub team will only be dealing with the inbound clinical requests. The practice admin team will be processing all inbound Admin requests.

By default, all inbound eConsults will be in a separate admin folder and will have the following status by default

Team = Unassigned

Urgency = Unassigned

Mode = Unassigned

Status = Waiting

The administrative eConsults can be processed by workflow team and processed internally within the practice. They can me marked as 'Complete' once actioned.

The eConsult document should be already filed and coded within the EMIS Web system as the PCN Hub Care Co-ordinators should have filed all inbound eConsults as they arrive. NOTE: There may be a

slight delay in seeing the document in EMIS as the Care Co-ordinators process all the eConsults when they arrive in EMIS Clinical Service. However, you will see all admin requests within the smart inbox in real time and if necessary, it can be exported and printed if deemed necessary.
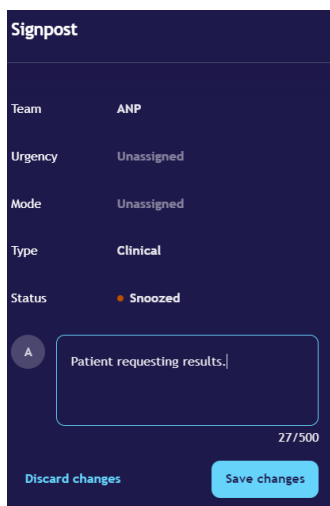
Admin that needs ANP/clinical input (E.g., Results / sick notes)

If in the admin workload there are eConsults that need clinical review and closure, e.g., test results and sick note requests. Then the following process should occur:

Change Team to ANP

Change Type to Clinical

Change Status to Snoozed

The ANPs (Advanced Nurse Practitioners) at the practice will then look at the snoozed folder in order to action those requests:
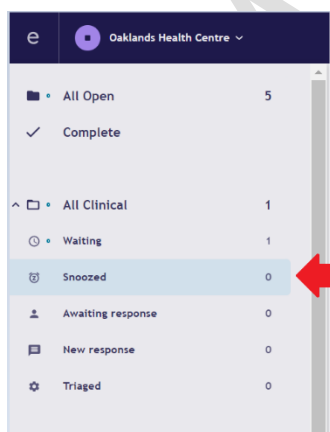
Once completed, the ANP should change status to 'Completed' so that the card is archived, and no further action is necessary.

Additional comments can be added if required

Summary:

For PCN Hub team:

Only change team to Other and use nothing else

Change status to triaged once clinician has eye-balled the eConsult

Use Comments to state disposition for Care-coordinators to action:

For practice teams:

Clinical

Work from clinical folder only

Filter by team 'GP' in order to see the eConsults that have been assigned to the practice by the PCN Hub

'Waiting' folder is for those waiting internal practice triage

'Snoozed' folder is for those assigned by practice admin team for clinical input e.g., test results / sick notes

'Triaged' folder is for workflow team in practice to process eConsult cards that have already been reviewed by practice ANPs and need action

'Completed' folder is the archive of fully completed eConsults in which the case is closed and documented in consultation within EMIS.

Team options for disposition

GP

ANP

Practice Nurse

Admin

Priority urgency status for practice:

Same day = 24 hrs

Next day = 48 hrs

Soon = 3 days

Routine = 2 weeks

Mode of Consultation

SMS/Email (remote closure)

Telephone consultation

Face to Face encounter
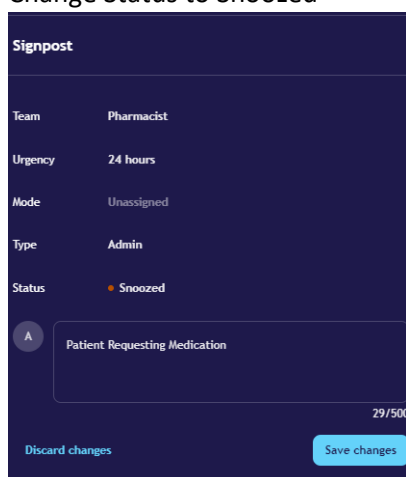
Admin that needs Pharmacist/Pharmacy input (E.g. prescription requests)

If in the admin workload there are eConsults that need pharmacy or pharmacist input, e.g., prescription requests, then the following process should occur:

Change Team to Pharmacist

Change Urgency to None or 24hrs

Change Status to Snoozed

The pharmacists or pharmacy team or prescription clerk at the practice will then look at the snoozed folder in order to action those requests:
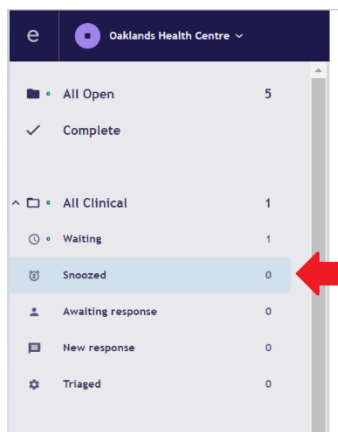
Once completed, the Pharmacist/ Pharmacy Team member should change status to 'Completed' so that the card is archived, and no further action is necessary.

Additional comments can be added if required

Assign to eHub button

The Assign to eHub button (assign to practice conversely) is functionality that was not complete upon the Hub go-live date. This functionality is now used to ensure prompt action is taken by either the Hub or the practice with as limited duplication and confusion as possible.

1. Assigned to Practice   Assigned to Hub

2. Default first triage is to be completed by Hub and 'Assign to Hub' or Assign to Practice is set.
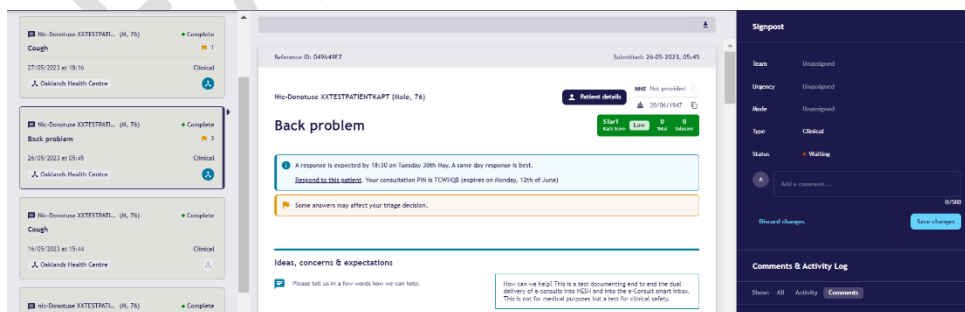
3. If either Hub or Practice disagree with triage this Assign to practice can be changed with appropriate discussion/ communication then comment written to clarify the change.
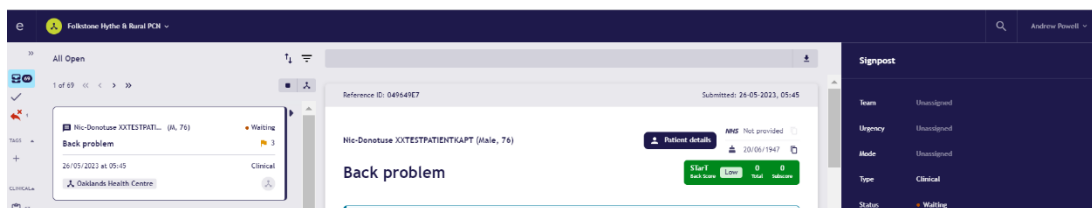
4. The outcome of the triaging and completed triage for FCP MSK
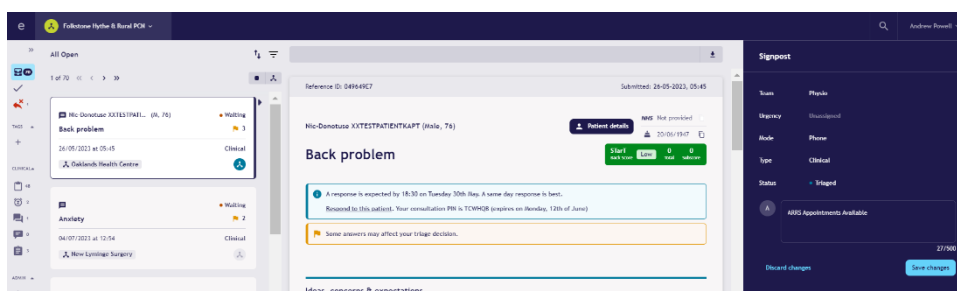
In the example above, the patient has a back problem and has been assigned to the practice to review. The practice know that this is within the scope of the First Contact Physio criteria and therefore click the Assign to Hub toggle and write a comment "ARRS Appointments FCP MSK"

Assigned back to Hub with ARRS capacity for FCP MSK

The hub have received this returned eConsult from the practice and have then triaged accordingly:

Team Physio

Mode Phone

Type Clinical

Status Triaged

Oversight of all activity to keep to timelines

Within the Smart Inbox, the user is able to filter and sort by team and by time of e-Consult submission. This ensures that the user can view and configure each folder in a way that enables them to adhere to the mandatory response time as well as the urgency timeframe.

1. **Filtering by Time Received can be done by Oldest – Newest or from Newest-Oldest**
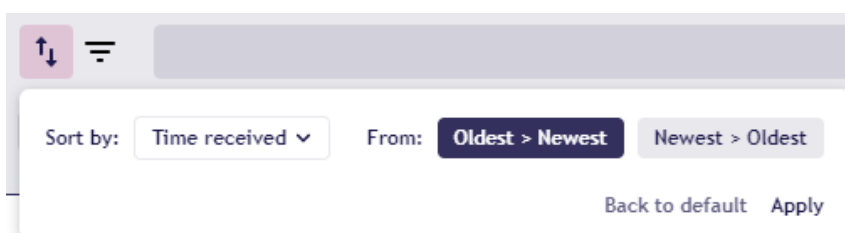
2. **Filtering by Team includes all of the professional categories available**
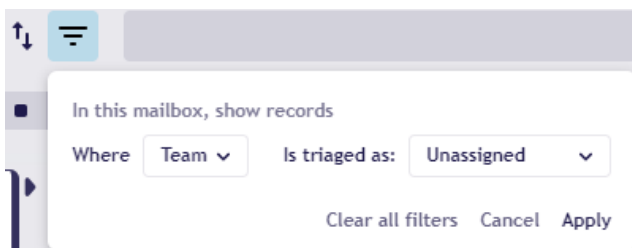
3. **As you can see the date of the e-Consult is listed from oldest to newest to highlight the e-Consults most likely in breach of their target date (urgency) or in breach of their mandatory response time.**
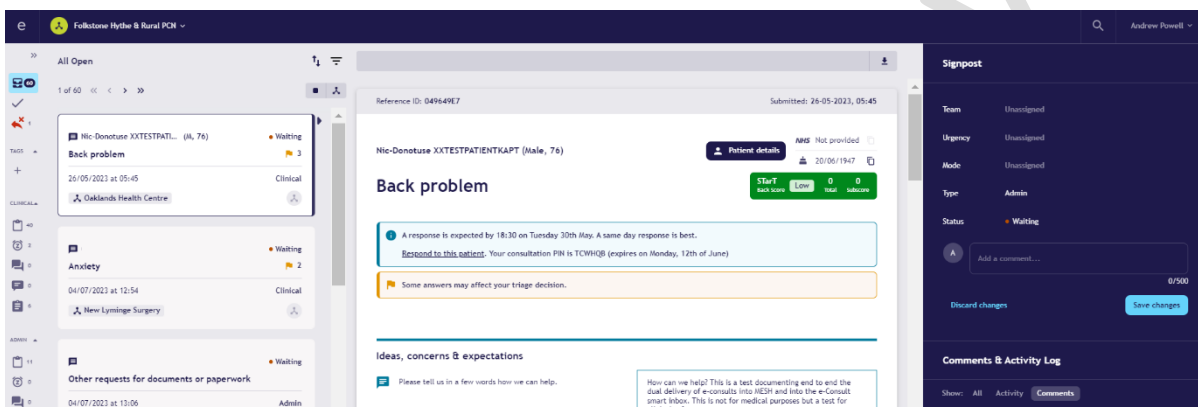
4. **The highlighted eConsult is now visible and able to be triaged in accordance to process**
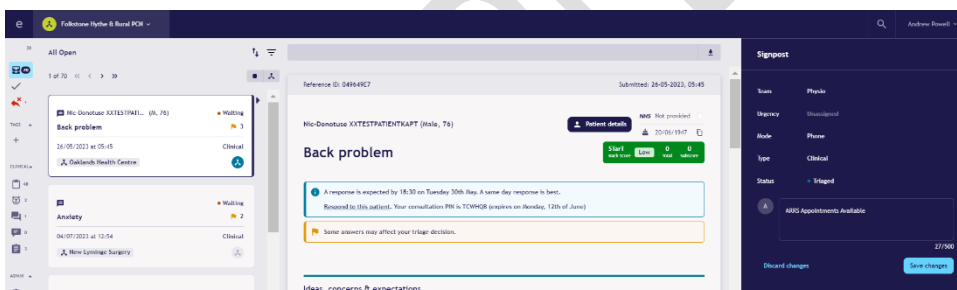
Preferred System for patient communication is via AccuRx

The smart inbox functionality provides the ability to contact the patient via eConsult as shown in the image below. This should not be used in the first instance. The preferred functionality is to request information or photos via AccuRx to ensure all communication is recorded and saved in a uniform way.

The preferred method for contacting the patient is via AccuRx toolbar within EMIS requesting further information or photos.

Increase in the scope of the Hub

The scope of the Hub could increase to include a variety of different clinical models, but it also could include handling a proportion (or even all) of the administrative eConsults. The resilience of this model is the collaboration between the practice and the Hub to properly communicate and create a system of checks and balances to efficiently and effectively manage the online consultation demand. If the Hub were to pick up the 'Admin' eConsult demand, the onus would still be on the practice to ensure the work was completed as the practice still has the administrative eConsults as part of their responsibility until this has been agreed by all parties.

An example would be for the Hub to manage and issue eMed 3 fit notes. The scope of this would need to be agreed with the practices (preferably on a PCN level not an individual practice level), the scope would then need to be implemented and communicated. Finally, the oversight of this change would need to have agreed review dates to ensure the fit notes are being administered in a consistent and satisfactory way for the patients, as well as reviewing the impact this increase in Hub work has affected the practices.

EMIS API constraints for Consultation Write Back

PCN EMIS uses functionality within EMIS that writes the consultation saved in PCN EMIS back into the registered practice of the patient. This functionality is limited in its scope and allows only for information completed within a consultation to be written back. EMIS API (3rd party suppliers) that are able to write into the patient's record are not included in the scope of Consultation Write Back. This results in the messages sent to the patient, which would normally be included in the patient's record, not being included in the permanent GP record. The work around for this is as follows:

1. **Message the patient via Accurx**

2. **Select the option to 'Save to the record'**

3. Find the patient's notes to ensure the consultation has been saved

4. Edit the consultation

5. Amend the type of consultation

6. Save the consultation

7. Saved consultation shows the Consultation Write Back functionality has triggered (Sent tick)
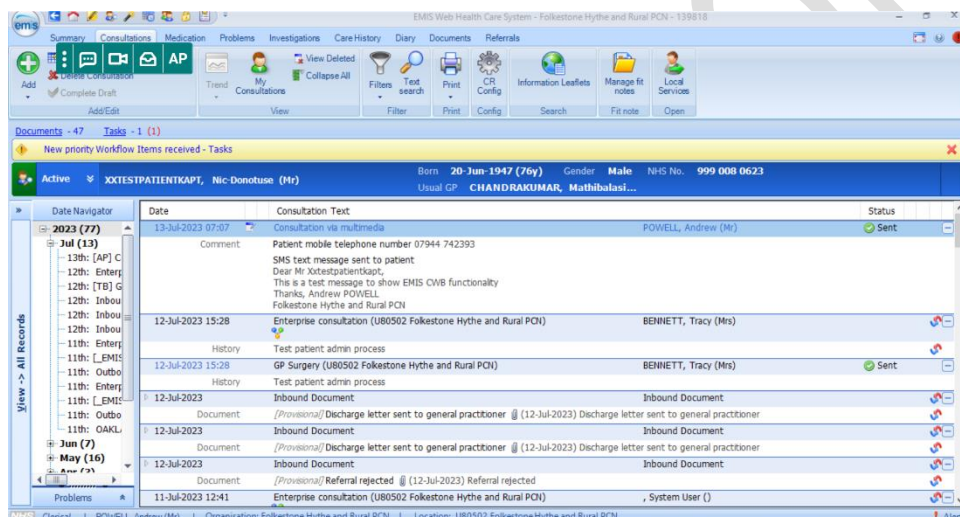
MESH delivery delay

When using the smart inbox and relying on online consultations being sent via MESH, there is sometimes a delay of up to fifteen (15) minutes on the delivery via MESH. This could cause further delays for the management of the record in EMIS which would not have a material impact on the triage of the online consultation via the smart inbox, but the handover to practices will be delayed until the consultation is received, patient is registered, and document filed onto the patient's record.

Email fallback

When using dual delivery for online consultations there needs to be safeguards in place to ensure that if one or both systems of delivery (smart inbox or MESH) fails there is a mechanism to notify the PCN (and thereby the practices) of the failure. As a precautionary measure a generic e-mail address was setup to receive all these notifications from eConsult. These e-mails range from notifications of

breached eConsults, mesh delivery failures, and other information regarding the smart inbox. These notifications allow the end users to troubleshoot problems, notify stakeholders (practices) as well as patients about possible delays, as well as implement business continuity plans if the disruption is severe enough to warrant that action.