



How to manage chronic disease call/recall during these times

Coronavirus and its impact on general practice has significant implications now and moving forward. One aspect which it has accelerated is how we can use other areas of communication (e.g. phone, SMS, video & emails) to manage the same problems which we previously would have called the patient in for.

There are several advantages to remote access, for example convenience of use, managing housebound patients, empowering patients to look after their condition, being able to see patients who just can't have face to face due to their busy jobs.

Here are some practical suggestions on how your surgery can look to deal with chronic disease call/recall using PatientChase, often without having to physically see them.

Types of communication

Letters – Consider using these if you want to send information on how a patient can self-manage certain aspects of their conditions.

Telephone – most convenient and easiest to use. Majority of QOF can be managed this way as described later.

Video – has set up issues especially with the elderly but can be useful for certain case scenarios e.g. showing a patient how to use an inhaler properly.

Emails – Very useful when sending out campaigns e.g. smoking cessation advice and also contacting patients once you are happy with IG and how to use this with patients.

SMS – Useful to show links to patients relevant to their condition eg inhaler technique videos and what diet they should be following. Please ensure they have a smartphone on their side otherwise you need to email them the link instead.

PatientChase can directly contact and code patients via letter, SMS or email and should you decide to contact patients by phone, the software can batch record into EMIS that you have contacted them by phone.

And remember, you can filter out patients in PatientChase that you don't need to contact based on them having already met their QOF targets or have had a 'review done' code entered in their records.



Suggestions based on 2020/1 QOF criteria

Register Searches Only

These are conditions where you just need to make sure you maintain a register.

Peripheral Artery Disease

Chronic Kidney Disease (These patients can of course be identified using the 'review done' code should your practice still wish to review them. Often they are reviewed alongside any other conditions they may have)

Obesity

Epilepsy

Learning Disability (Consider calling these patients up. This offers a more personal touch and often gets a better response)

Again, the patients on any of the registers above patients can be targeted and reviewed as part of a review of their other conditions.

Review notes

These are conditions where the clinician needs to review the notes of the patient list and then decide if the patient needs to come in for a review. These can be contacted however alongside any other conditions they may have.

Heart Failure

Atrial Fibrillation

Email and letter campaigns

Areas in the QOF where you need to inform a certain population to educate them about their condition or habit. For QOF this mainly applies to Smoking Advice. With PatientChase you can automatically batch email your patients and insert a coded record of the email into EMIS.

Asthma Action plans and Mental Health Care Plans can also be emailed to patients this way.

Need to call patients in

There are a few conditions where a physical examination is required so booking face to face is essential. However there is no reason why part of this review can't also be partly done remotely.

Diabetes for checking feet (though information about foot care could be sent by SMS, email or letter)

Chronic Obstructive Pulmonary Disease for spirometry

Cervical smears



Remote consultations

One of the main strengths of PatientChase is the ability to group together conditions so the patient is contacted only once and seen as few times as possible. The following can be quite comfortably seen via a remote consultation (EMIS has partner companies providing this), but you need to ensure the patient has the correct equipment on their side to help the process.

This can be via video or telephone, whatever is easier for your surgery and the patient to set up. We'd recommend video especially for Asthma where inhaler technique can be reviewed.

Asthma (video preferred)

Atrial Fibrillation (after clinician has reviewed the notes)

Cancer

Chronic Obstructive Pulmonary Disease

Coronary Heart Disease

Dementia (advise a carer to be present for the consultation so video would be preferred to have a group chat)

Depression

Heart Failure (after clinician has reviewed the notes)

Hypertension

Mental Health

Osteoporosis

Rheumatoid Arthritis

Stroke and TIAs

A useful resource to form the start of a remote consultation flow for COPD and Asthma can be found here <https://uclpartners.com/long-term-condition-support/education-and-training-for-managing-low-risk-patients/> which is also a good resource to visit how to risk stratify patients using primary care data.

Blood Pressures and BMIs

For patients who need a blood pressure monitor we'd encourage them to get their own blood pressure monitor and do home blood pressure monitoring.

See this link to around home blood pressure monitoring

<https://www.bhf.org.uk/informationsupport/heart-matters-magazine/medical/tests/blood-pressure-measuring-at-home>

For BMIs please ask the patient to tell you their weight and height. Although not as accurate as surgery scales the importance is to use the same scales and notice the difference in weight over time. There are several low cost Bluetooth scales on the market which are good as they automatically upload the weight to smartphones.



Peak Flow Meters

Patients should be prescribed peak flow meters and keep a track of their peak flow to help with the review but also empower them to understand what they need to do when their readings drop.

<https://www.asthma.org.uk/> is an excellent resource for patients with Asthma.

Information about the action plan which can be discussed remotely with the clinician can be found here:

<https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/>

Blood Tests

Blood tests need to be organised prior to a consultation and the process is different for different surgeries. However this will need a face to face with a phlebotomist, nurse, HCA or other certified professional.

Flu jabs

These require face to face. PatientChase has the ability for GPs to focus on subsets of populations which might be useful for surgeries during the flu campaign.

Summary

Working remotely on QOF is something surgeries are seriously considering and doing where possible as a way forward to help achieve targets but in a way which is better suited for patient needs.

Consider the fact that the pandemic has heightened concerns patients have about their underlying conditions which means that they are more likely to engage in caring for themselves, even if this is not in a practice setting. This is an opportunity to engage more with patients who historically were less motivated or pro-active in managing their own health.

While there is huge focus on COVID-19, the fact remains patients still have other conditions which still need managing. Doing so now will ease the pressure on the time when surgeries become more open to patients attending.