Flexible working for GPs
– it’s the answer, not the problem

A Special Report from Sesui on Cloud Communications to support a 24/7 NHS

January 2018
This report outlines the transformative role **cloud communications** plays in addressing the GP shortage, by enabling GPs and clinicians to work remotely, while joining-up primary care providers to deliver seamless, integrated urgent care.
The cloud brings your voice, email, chat and video communications together, all hosted and managed over the Internet by a third-party.
Executive Summary

The NHS is in a time of transition and GPs are the frontline of that change. Delivery of integrated urgent care is no longer rhetoric... it’s reality. But in that reality there’s a huge mismatch between what GPs are being asked to do and those available to do it. Something’s got to give.

For 14 years Sesui has been working with GPs and primary care providers to make vital patient connections by putting their communications system in the cloud. GPs are then empowered to achieve a healthy equilibrium – joined-up patient centric care that relieves some of the burden on busy A&E departments, delivered in a way that’s safe, sustainable and that preserves the vital role of the GP for generations to come.

Based on research with 101 UK doctors, and in-depth interviews with thought leaders across the NHS, the following report discusses how to make work, work for GPs in the face of rising workloads, a chronic GP shortage and mounting reforms. It outlines the transformative role of cloud communications in enabling GPs and clinicians to work remotely, and in joining-up primary care providers to deliver integrated care.

The following key themes are detailed within the report:

**Addressing work life balance for doctors:**

One in five UK doctors feel their current work life balance is poor and almost half (49%) believe current demands are unsustainable. 83% of doctors are calling for more to be done to improve their work life balance, with 45% saying remote working is the answer.

**Personalising care:**

48% of doctors say remotely taking patient calls would aid more personalised patient care. In integrated urgent care, one provider is using the cloud to join up as part of virtual clinical hubs to deliver “known patients” (coming through on the 111 line) directly to a clinician.
Longer appointments, more appointments and shorter waits:

Remote working can deliver a WIN / WIN for patients, as 43% of doctors believe it would allow them to spend longer with their patients, while also reducing waiting times. One London practice hopes to offer an additional 5,000 patient appointments annually as a result of its GPs working from home for just two additional hours a week.

Prevention before escalation:

GP-led organisations are offering out-of-hours triage through the cloud as a way to head-off patient issues before they escalate to emergency services and A&E.

The killer commute:

Clinicians don’t want to support out-of-hours if they have to travel long distances to a call centre on the back of a long “in-hours” week, however after starting a remote working trial, one Trust saw a dramatic increase in of GPs willing to provide out-of-hours support.

Moving care closer to home:

With an ageing population, GPs expect to face more home visits and increasingly complex cases. New app based software Doc Abode® will match GP capacity with patient demand, allowing out-of-hours and urgent care providers to widen their local clinical workforce and address geographical black-spots.
1 in 5 UK doctors feel their current work life balance is poor and almost half believe current demands are unsustainable.
The NHS is under pressure – a £30 billion funding gap, an ageing population, lifestyle-related ill health and a chronic GP shortage. And let’s not forget the 1 million patients coming through its doors every 36 hours. In short, an increasing demand for services with fewer resources to deliver them. GPs and healthcare providers are reaching burnout.

GPs at their limit

TATT (Tired All The Time) – that nebulous complaint often heard from patients – is afflicting our doctors too, as they wade through a 16% workload increase in the past 7 years. Research by Sesui, a UK cloud communications provider, found that 1 in 5 UK doctors feel like their current work life balance is poor and almost half (49%), believe current demands are unsustainable. As a result GPs are leaving the NHS at a rate of 400 a month, with 40% considering leaving the NHS within five years. And experts believe the worst is still to come, with an 11% drop in A-level pupils choosing to study medicine at university and a third of GPs heading to early retirement by 2020.

“In terms of the GP deficit, we know how short we are, but the problem is that there’s a significant skew in the age range of the GPs who are currently working, with many close to retirement. So, despite the headcount going up with recent recruitment drives, our whole-time equivalent numbers are flat, which is putting more GPs under strain. Unsurprisingly many are then dropping sessions, moving abroad to practice or worse, leaving general practice altogether. We simply can’t afford to lose these valuable skills,” said Dr Taz Aldawoud, Bradford GP and Board Member for the NHS Bradford Districts Clinical Commissioning Group.

And the reforms aren’t making it any easier....

At the same time the clock is ticking on NHS reforms, which will extend an already stretched workforce.
Firstly the NHS Five Year Forward View (2014), sets expectations for an integrated urgent care model across the NHS. The idea is to provide the population with simpler access to a wider range of healthcare professionals – including GPs, dentists, nurses, pharmacists, mental health professionals etc – at any time of the day or night. In all cases patients would dial NHS 111 to receive self-help advice or to speak to a GP or other appropriate healthcare professional, all coming together from vast geographical areas into ‘clinical hubs’.

The deadline for change is fast approaching. By March 2018, there’s an expectation that up to 50% of 111 calls must receive clinical assessment and evening and weekend GP appointments need to be available to 50% of the public by March 2018 and 100% by March 2019.

On top of that the General Medical Services (GMS) contract is changing to support a 24/7 NHS. Under the current 2004 contract, GP practices aren’t required to stay open throughout core practice hours of 08:00 to 18:30, but must provide essential services to meet the ‘reasonable needs’ of their patients. However, as part of the 2017/18 GMS contract deal, all Clinical Commissioning Groups (CCGs) will be expected to extend GP access on evenings for an extra £6 per patient from April 2019, with weekend openings dependent on local demand.

It’s layer upon layer of pressure on our GPs – the bedrock of the NHS. So how do we find a way to make work, work for GPs, while continuing to provide universal free healthcare that’s the envy of policymakers the world over?

This report outlines the transformative role cloud communications plays in addressing the GP shortage by enabling GPs and clinicians to work remotely, while joining-up all primary care providers to deliver seamless integrated urgent care.

1. NHS Five Year Forward View
2. NHS England
3. Study by the NIHR School for Primary Care Research
4. Research by Sesui, November 2017, sample size of 101 UK doctors
5. August 2017, NHS Digital research. 5,159 GPs departed the NHS between April 2017 – March 2017
6. Royal College of GPs 2017
7. UCAS, the undergraduate admissions service
8. The BMA 2015
9. Integrated Urgent Care Service Specification – August 2017
10. NHS Five Year Forward View
11. NHS Operational Planning and Contracting Guidance 2017-19 by NHS England
12, 13, 14. NHS Five Year Forward View
How do we make work, work for GPs, while continuing to provide universal free healthcare that’s the envy of policymakers the world over?
The digital health agenda has never been more exciting or vital to the future of the NHS. From touch screen Anatomage Tables (anatomy visualisation systems) and anatomical 3D printing, to wearable technologies providing digital intervention for patients with Type 2 diabetes; the technologies make the mind boggle. So much so, that many of the simpler innovations that could be achieved in primary care are being overshadowed. But these innovations have the power to be just as transformative by making it easier for frontline clinicians to deliver more responsive and joined-up patient care. One such opportunity, where health practitioners are already making great strides, is in harnessing cloud communications.

It’s a new world of patient care that:

1. **Empowers GPs to remotely undertake patient consultations** as a way to meet the extended and out-of-hours reforms, while future proofing the workforce.

2. **Supports GPs uniting as Federations or coming together as part of ‘clinical hubs’ to deliver integrated urgent care.**

Here’s how...
The digital health agenda has never been more exciting or vital to the future of the NHS.
Remote Consultations in Practice

2.0

Flexible working for GPs

2.1 Under pressure

Flexible or remote working is no longer seen as just a ‘corporate thing’. And it’s not a young person’s game either. The job of the GP has mushroomed in volume and intensity. We’ve seen the headlines... some 27% of GPs work more than 50 hours a week and a further 6% regularly work more than 60 hours in any given week. GPs and health practitioners in the UK are struggling to hold their head above water given the rising tide of consultations, paperwork and reforms. They want to feel like they’re giving the very best care that they can to patients but there’s a mismatch between what they’re being asked to do and the people available to do it.

The job of the GP has mushroomed in volume and intensity

The 50+ hour weeks are unsustainable for the long term and many GPs say the tax implications of working longer just aren’t worth it... not to mention the huge cost of indemnity insurance, despite government support.

Many GPs say that it’s no longer feasible or safe to work in this way. Every week the demands grow and they feel they owe it to their patients, their families, and to themselves to break the cycle.

2.2 The calls for remote working are getting louder

The calls for remote working are being heard, loudly, across the entire healthcare workforce. When the Head of Health Education England Professor Ian Cumming said that the millennial generation did not want to work the hours done by the Baby Boomers, the response was clear... “It’s not about age”. It’s hard to find anyone who doesn’t need work flexibility in one way or another – be that working parents (with nearly 50 / 50 gender parity between male and female GPs), the caregiver of an aging relative or Baby Boomers who are fed up with the pressure of being on a hamster wheel of 10 minute appointments – some 40 a day.

GPs are committed to the profession but immediate action is needed to address HOW they work going forward. In research
It’s hard to find anyone who doesn’t need work flexibility in one way or another.

Empowering GPs to take back control over their working day could also have the added benefit of improving the patient journey and retaining personalisation of care. Sesui found that 48% of doctors said they would be able to provide more personalised patient care if they could remotely make patient calls from home; an opportunity to provide continuity of care as the GP follows the patient treatment pathway. And it’s a win / win for patients, as doctors also believe they’d be able to spend longer with their patients (43%) while reducing waiting times (42%).

2.3 Delivering remote working within an antiquated system

The current antiquated communications systems in some Practices and healthcare organisations across the country aren’t helping. It’s the digital age... consumers can have exactly what they want, precisely when they want it, all with the simple swipe of a screen. Yet patients sometimes still run a telephonic gauntlet and face long waiting times when trying to reach their GP Practice.

It’s the digital age... and yet patients sometimes still run a telephonic gauntlet and face long waiting times when trying to reach their GP Practice.

“When it comes to digitalisation, the healthcare industry can feel like it’s about 10 to 15 years behind everyone else. And if you take the trajectory of digitalisation – the investment in technology and subsequent adoption – the business model for the NHS is challenging. There is constant pressure on clinical services which makes it hard to prioritise anything that is future-facing,” said Dr Sam Shah, Director of Digital Development at NHS England.

Dr Shah added: “If you look at where technology investment has gone in the system, compared to what patients would like in terms of their experience, then we still have a long way to go. We’re playing catch-up because the amount of development we need to do is more latent than other industries. In other industries the development costs are passed on to the consumer or absorbed in the supply chain, however in the NHS we offer a free and accessible service which makes development more challenging, but not impossible.”

“When it comes to digitalisation, the healthcare industry can feel like it’s about 10 to 15 years behind everyone else...”
The phone system has always been the lifeblood of any surgery or out-of-hours operation. And with so much demand to see the GP, the role of the humble telephone has now become even more important.

“Voice communication is a critical and often overlooked aspect of operational infrastructure. It’s become such an intrinsic part of the furniture that we often no longer notice it, and when we do it’s because it’s interrupting us. In busy surgeries it is constantly ringing – a symbol of an NHS under non-stop pressure. But the tide is changing. The introduction of cloud communications is transitioning the humble phone into a key tool to help GPs manage their case load,” said Mr Lee Bryant, Managing Director of cloud communications provider, Sesui.

### 2.3.1 The old desk-bound world of engaged signals and hang-ups:

Many healthcare providers still pay a telephony supplier to put in or maintain a Private Branch Exchange (PBX) to run their phone system. Every call coming in, going out, or being made internally, goes through the switch. A PBX would provide a specific number of lines shared between all of the office devices including phones, hubs, routers and fax machines. But the restricted number of lines means one thing... queues, with patients hearing an engaged signal, sitting on hold, being haphazardly transferred, or sadly, hanging up. Worse still, if something goes wrong, the entire system falls down and this critical service is then at the mercy of the PBX supplier or phone company. And when that happens... the phones don’t ring at all.

### 2.3.2 A new secure and flexible world in the cloud

Since the introduction of Voice over Internet Protocol (VoIP) Cloud, organisations no longer need to invest in costly hardware, software, installation and maintenance of their office PBX. Instead, they can use the Internet to manage their calls. Cloud communications companies, like Sesui, put the phone system in the cloud, rather than under a desk in the office. With Sesui Cloud Call Manager, calls are made and received over the Internet to the secure N3 / HSCN Sesui network then sent to landlines and mobiles, across multiple sites and geographical locations. It not only removes the expense of PBX maintenance and hardware, but it also gives healthcare providers a wider array of call management, analytics and productivity applications to improve the whole patient experience. In addition, they get the reassurance that if something goes wrong onsite, the calls can be routed away from the premise to other locations, mobiles or home lines etc. The calls always get through.

**No limits:** There’s no limit to the number of calls into your Practice or organisation, so no matter how many patients are ringing at once, every call will be accepted. Calls are then routed to ensure demand is managed quickly, effectively and securely – between offices, organisations and remote teams. It brings a level of operational agility and connectivity that primary care organisations have historically been unable to provide and that integrated urgent care so desperately requires. And in the case of remote working, this new world in the cloud is perfectly aligned with the needs of clinicians desperately needing that flexibility. GPs (and any health practitioner for that matter), can work anywhere, at anytime, because everything is centrally managed through the cloud.
Making vital patient connections

Old world

A world of limitations...

Where callers join a queue or hear an engaged signal, reporting is restricted to what comes in and out of the building, and continual onsite maintenance is required to keep everything in working order.

In the event of a disaster, the whole system goes down.

New world

Sesui Cloud Call Manager

A world where you’re in control...

With a simple set up allowing an infinite number of calls to simultaneously be queued and distributed to any location, all securely and automatically recorded, and where there’s little to no upkeep needed from you.

In the event of a disaster, the whole system is back up and running in the time it takes to send a text message.

Single GP Surgery

Multi-Site Practices

Central admin centre

Remote Working GPs

Home Working GPs
2.4 Supporting prevention before escalation at Jai Medical and K&W Healthcare

At North London Jai Medical Centre – a five-practice group – receptionists handle up to 360 calls an hour. “Eight years ago Sesui became one of the stakeholders in our vision for the future, and we put our phone system in the cloud. Back then the cloud was a Silicon Valley buzzword and not particularly ‘NHS’. But we did it and it’s reduced our abandonment rate by 20% and allowed us to answer 75% of patient calls within 60 seconds. But we wanted to take it further,” said Manager Mr Suresh Vaghela.

“As a North London Practice, a large proportion of our patients are commuters who may not have time to see a GP during regular clinic hours. We wanted to extend flexible access to this group,” Mr Vaghela said.

“We’re now moved to flexible working for our GPs by helping them to do two things. Firstly we’re looking at giving them secure access to patient records from home so they can do their admin there – patient letters, reviewing results, booking consultations etc. Secondly, we’re looking at ambitious telephone access, once a week between 8pm and 10pm; two extra hours a week that each of our GPs would cover from home, amounting to 5,000 extra patient appointments a year. That’s how we’ll start to make a difference,” he said.

While work at K&W Healthcare, who are a network of 28 GP Practices in North West London, shows that the advantages of remote working through the cloud extends to other clinicians too. Here the solution was used to facilitate direct access to a dedicated team of doctors and nurses offering care to nursing and residential homes and their patients. As well as

Phone and video consultations have the potential to be an even bigger part of what GPs do when managing some 1.3 million daily patient consultations.”
improving the overall preventative care to these vulnerable patient groups, the ability to get direct advice from a clinician by care home staff has reduced unnecessary hospital and A&E visits.

Mr Prashanti Joshi, Project Manager, K&W Healthcare said: “We have a team of doctors and nurses who proactively visit some 600 care home patients. Outside our normal rounds, we wanted to find a way to reduce escalation issues, which could lead to an unnecessary call-out from London Ambulance or an out-of-hours doctor. So in 2016 we set up the Care Homes Bypass line to provide extended clinical support to both clinical and admin staff at care homes. If they have a patient concern, they’re able to phone us and their call will automatically go through to one of our on-call GPs or nurses. We can then triage the situation and decide the best course of management. It’s a new way of working for primary care and we’re already seeing beneficial results. By helping to prevent patient issues from escalating we’ve been able to reduce unnecessary hospital admissions, London Ambulance callouts and out-of-hours doctors’ visits.”

2.5 Future proofing the workforce

Like most Practices, Jai Medical is feeling the pressure of the GP shortage. Manager Suresh Vaghela said: “We needed to look ahead to attract the next generation of GPs while ensuring we retain the great talent that we’ve got. At least 90% of our GPs are working parents so we had to think outside the box on how we could give them a better work life balance while addressing unmet patient needs. Moving our voice communications into the cloud is giving us the flexibility to do both.”

South Eastern Health and Social Care Trust in Northern Ireland is piloting remote working under their “New Ways of Working” initiatives from GP engagement feedback, with flexible working to support core service delivery in their three centres. A pilot is now underway allowing the GPs to remotely make their patient calls from home, while still securely accessing patient records through Adastra. The GPs working remotely are expected to match the call rates (six to eight per hour) of their clinical colleagues in each centre, with appropriate call disposal outcomes to safely manage workload at peak times.

Cloud communications is not only an effective way of retaining talent... it can be a powerful means of attracting it too. According to the BMA, almost a third of GP partners (31%) have been unable to fill vacancies in the last 12 months and a further one in five (18%) said it takes between three and six months to recruit a vacancy. Moreover, a recent poll revealed that three in five GP Practices have increased their use of locums in the past year, with 23% of Practices relying on locums to fill a fifth of sessions. It highlights a growing trend for temporary resource and, critics argue, evidence of workforce shortages across the profession. In reality, locum resourcing can work for both parties – with practices sometimes struggling to attract salaried GPs, and locums enjoying the flexibility to maximise their hours. Cloud communications supports that flexibility, enabling locums who wouldn’t need to live locally to the Practices they support, to contribute to out-of-hours services. Again, providing operational agility for the Practice and responsive services to patients.

15. A Pulse survey of 1,200 GPs in December 2016
16. Women make up 52.5% of UK GPs - General Medical Council statistics as at 3 July 2017
17, 18, 19 Research commissioned by Sesui October 2017 – sample of 101 UK doctors
20. BMA survey of 3,567 GP partners in December 2017
21. GP Online poll, May 2017
“The boundaries are blurring between primary care and urgent out-of-hours care, but it begs the question, who’s actually going to be running and delivering these services?”

- Dr Taz Aldawoud
3.0 Delivering Integrated Urgent Care

3.1 Taking back ownership of urgent care

Critics have long blamed the changes to the GMS contract in 2004 for the crisis in out-of-hours care and the crippling increases in A&E attendances. The contract changes gave GPs the option to opt-out of treating patients outside of normal office hours. With many GPs clocking exhausting 12-hour working days, the prospect of then manning out-of-hours call centres, often many miles from home, was just too unattractive to contemplate. 90% of GPs opted-out. But the landscape is once again changing.

The traditional out-of-hours healthcare service will soon be no more. It’s being repositioned under a new umbrella – ‘out-of-hospital care’ – with organisations coming together to deliver 24/7 access to clinical advice, assessment and treatment services through the single-entry point of NHS 111.

NHS 111 calls will go into a ‘clinical hub’, where each patient’s need are assessed and arrangements are made for them to see or speak to clinically trained healthcare professionals in the Clinical Assessment Service (CAS), from GPs and dentists to pharmacists and mental health service providers. Those clinicians would then seek to complete the call there and then, without needing to transfer the patient elsewhere.

The advent of GP Federations... has been the catalyst for local Practices to bring extended hours and out-of-hours back into the fold

The advent of GP Federations – where alliances of GPs join forces with other providers to deliver primary care at scale – has been a catalyst for local Practices to bring out-of-hours services back into the fold. But joining-up is easier said than done. Beyond the need for a robust 111 line to handle calls, capacity planning and data sharing between providers (call recordings, patient notes and care plans) – it hinges on being able to quickly and efficiently link GP capacity with patient demand.
Flexible working for GPs

NHS England says out-of-hospital care could benefit from the federated model owing to the economies of scale of shared operational, strategic and administrative capabilities. But as compelling as those benefits may be, the work/life challenges of out-of-hours remain. Galvanising the GP workforce is key if these Alliances and other providers are to successfully transform urgent care.

“The boundaries are blurring between primary care and urgent out-of-hours care, but it begs the question, who’s actually going to be running and delivering these services? Currently, GPs do most of the out-of-hours work, but when you consider all of the in-hours work pressure, there are dwindling numbers who are willing to work out-of-hours in addition to extended hours/A&E streaming/UTCs/CAS. Providers are all ‘fishing’ in a small pool of willing GPs who are currently working outside of core hours. Then there’s the risk of how many people are working longer... continuous hours. We need to be looking at utilising the right skill-mix from a wider range of healthcare professionals to allow for a more sustainable healthcare delivery model, together with integrating more with social care too,” Dr Aldawoud said.

The long-standing challenge of getting clinicians to support Out-of-Hours services has commonly been weighed down by difficulties in persuading them to work in call centres. The reality of that scenario is going into the weekends, on the back of an already long week, to drive long distances to the nearest regional call centre for a four or five hour shift. Clinicians can’t continue to be tied to an office phone or travelling long distances to support the community. They need to be able to work in a more flexible and patient-centric way.

“The physical issue of having clinicians go to a call centre comes back to how they were set up and have evolved over time. But it’s all changing, just as people’s working practices are changing too. By removing the physical boundaries of being in a call centre, we not only maximise the workforce that we have, but we also tap into other specialised skills that we couldn’t before,” Dr Shah said.

3.2 Joining forces to deliver integrated urgent care

In an integrated urgent care world, multi-disciplinary units of GPs, nurses, healthcare assistants, social care workers, and even extending to mental health providers, specialists and translation services, are all coming together in virtual teams. The one thing linking them... the cloud. A virtual contact centre, like those provided by Sesui, links multiple sites and colleagues remotely and in some cases, they could involve an unlimited number of providers on the patient call by using integrated conferencing.

In 2016, two London GP-led social enterprises joined forces – one providing the NHS 111 service and the other out-of-hours services. The virtualisation of the two organisations under the Sesui umbrella helped create a ‘Virtual Clinical Hub’, enabling the two organisations to quickly and effectively join up, but importantly, to manage the flow of patients across their services. It has...
The opportunity for GPs and other clinicians to contribute from a location other than an out-of-hours base is increasingly essential given the current GP recruitment difficulties... 

Mark Cockerton also introduced Sesui cloud telephony in the City and Hackney out-of-hours service when he established CHUHSE in 2014. With an ethnically diverse population in Hackney, CHUHSE received a significantly increased volume of out-of-hours calls through the weekend. Having GPs working from home for an hour or two to deal with the rush of calls to triage, was far more effective than filling one or two hour shifts at a base.

Mr Cockerton commented: “I’ve led out-of-hours services in some of the most rural areas of England and also in some of the heaviest populated. The opportunity for GPs and other clinicians to contribute from a location other than an out-of-hours base is increasingly essential given the current GP recruitment difficulties, which are unlikely to end any time soon. Cloud telephony offers a robust recording facility and the ability to use Practice or home telephones as well as mobiles, safe in the knowledge that the cost of the call is being picked up by the out-of-hours provider. It’s a vital enabler for tackling the GP shortage.”

“Cloud-based analytics help NHS 111 providers to allocate, share and adjust resources in line with fluctuating demand. This is especially useful around major sporting events, festivals and local shows when the demand for emergency care increases, while tackling long-standing resourcing issues. It means we can help 111 providers accelerate their response times and reduces call abandonment,” Mr Bryant said.

Another early pioneer of remote working for out-of-hours GPs, is social enterprise Herts Urgent Care (HUC) who moved to the cloud almost a decade ago. Former CEO Mark Cockerton said: “The cloud was essential in supporting the development of HUC’s patient services, including the introduction of home-based GPs who provide vital out-of-hours support for the business. As part of their home workers’ pack, every GP is assigned a four-digit number that they dial before phoning their patients. Each call is then routed through the cloud where they’re recorded and securely stored over N3 / HSCN. Multilevel routing ensures patient calls are directed to the most appropriately skilled clinician and rich reporting data ensures HUC are able meet commissioner requirements.”
“By removing the physical boundaries of being in a call centre, we not only maximise the workforce that we have, but we also tap into other specialised skills that we couldn’t before.”

- Dr Sam Shah
3.3 Moving care closer to home with Doc Abode®

More and more healthcare providers are realising they need to form their teams around the need of the patient, not location. This idea of “place based care” delivers integrated healthcare services in a place convenient to the patient. The challenge for the clinicians is to mobilise around that vision, and with an ageing population... that care urgently needs to move closer to home. It amounts to more home visits and increasingly complex cases.

Dr Taz Aldawoud, Bradford GP and Board Member of the NHS Bradford Districts Clinical Commissioning Group (CCG), knows all too well the struggle practices and urgent care providers face in recruiting and retaining GPs.

“Out-of-hours GP services handle around 3.3 million face-to-face consultations each year, of which, around 800,000 are home visits. It’s a time of unsustainable demand compounded by a rapidly ageing population and increasingly complex comorbidities. We need to find a way to bring the right workforce together to avoid unnecessary hospital admissions,” Dr Aldawoud said.

Frustrated by the idea that digital solutions are simply “extras” or “nice to haves”, Dr Aldawoud set to work building Doc Abode® which has just completed a successful clinical pilot within the NHS. The software matches clinician capacity and specific skillsets with personalised patient needs and NHS service demands. This allows out-of-hours and urgent care providers, as well as GP Federations, to widen their local clinical workforce and responsiveness at times of increased demand. Using a mobile app, clinicians will show if they’re available for phone triage or home visits local to them and respond accordingly. Integrating with Sesui’s Call Manager software, DocAbode® could then ensure patient calls taken remotely, are done so securely, are recorded and are then integrated into various Electronic Patient Records and clinical IT systems.

“Yes, it’s about making the lives of frontline healthcare professionals easier and more flexible so they are better able to respond to the growing needs of our NHS. But it’s also about creating a safer and more responsive care system, and addressing geographical blackspots that are under-represented by clinicians. We can help address these inequalities and deliver an improved experience of care for our patients,” Dr Aldawoud said.

Also commenting on geographical workforce challenges, Dr Shah added: “The cloud offers the ability to flex the clinical workforce over large geographies, particularly in parts of the country where’s it’s more difficult to recruit clinicians and where there are gaps in the rota. For instance, we know that teams in South West England can struggle to recruit enough people, but there are other parts of the country that are saturated. In these instances clinicians in the more saturated parts of the country are giving their time to other areas where, at that moment in time, their need is greatest.”

4.0

The Future’s in the Cloud

NHS Director Cleveland Henry says the NHS needs to “up its digital game”. Game on.

We’re in a time of transition. The delivery of integrated urgent care is no longer rhetoric – it’s a reality, with the deadlines ever-more pressing. And in this new world of integrated care, we need to help our clinicians to join-up in flexible teams formed around the needs of the patient and not driven by a physical location. Recognising that GPs are the frontline of NHS transformation, we need to urgently address the work we’re asking of them and the number of GPs available to do it. Flexible / remote working is one of the answers, as we move towards a model where we value prevention as much as a cure.

Many progressive organisations have already recognised that cloud communications represents a simple, resilient, secure and cost-effective solution to a complex problem. And with the support of a trusted cloud communications partner, GPs can finally achieve a healthy equilibrium – joined-up patient-centric care that relieves the burden on A&E departments, delivered in a way that defends the role of the GP for generations to come.
NHS Director Cleveland Henry says the NHS needs to “up its digital game”.

Game on.
Appendix
UK doctors call for flexible working through the cloud

**Work life balance**

1 in 5 UK doctors feel their current work life balance is poor and almost half believe current demands are unsustainable.

83% want more done to improve their work life balance.

45% believe that securely making and taking patient calls from home could be the answer.

**Flexible working is better for all**

48% of doctors said they would be able to provide more personalised patient care by working flexibly.

43% of doctors believe they’d be able to spend longer with their patients and 42% said they’d reduce waiting times by working flexibly.

34% of doctors would expect to make clinical cost savings by introducing flexible working.

83% believe that securely making and taking patient calls from home could be the answer.

**Open all hours**

77% of doctors would extend their consultation hours if they could securely take patient calls remotely while...

73% would provide an out of hours service, helping to reduce current pressures on A&E.

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*Survey undertaken by Sesui Ltd in October 2017 with a sample of 101 UK doctors*
About Sesui

Sesui is the bright British innovator and creator of award winning call management software – Sesui Cloud Call Manager.

Established in 2003, Sesui works with the public and private sector to tailor make cloud communications solutions, covering everything from virtual contact centres, Internet calling services and PCI DSS compliance, to caller insights and disaster recovery. It specialises in complex problem solving, with Sesui Cloud Call Manager offering a range of customisable features, from basic NTS to everything needed to get a full-scale contact centre up and running within a matter of hours. In 2016 Sesui became a proud recipient of the Queen’s Award for Enterprise in Innovation, adding to a string of industry awards.

You can read more on their new website www.sesui.com