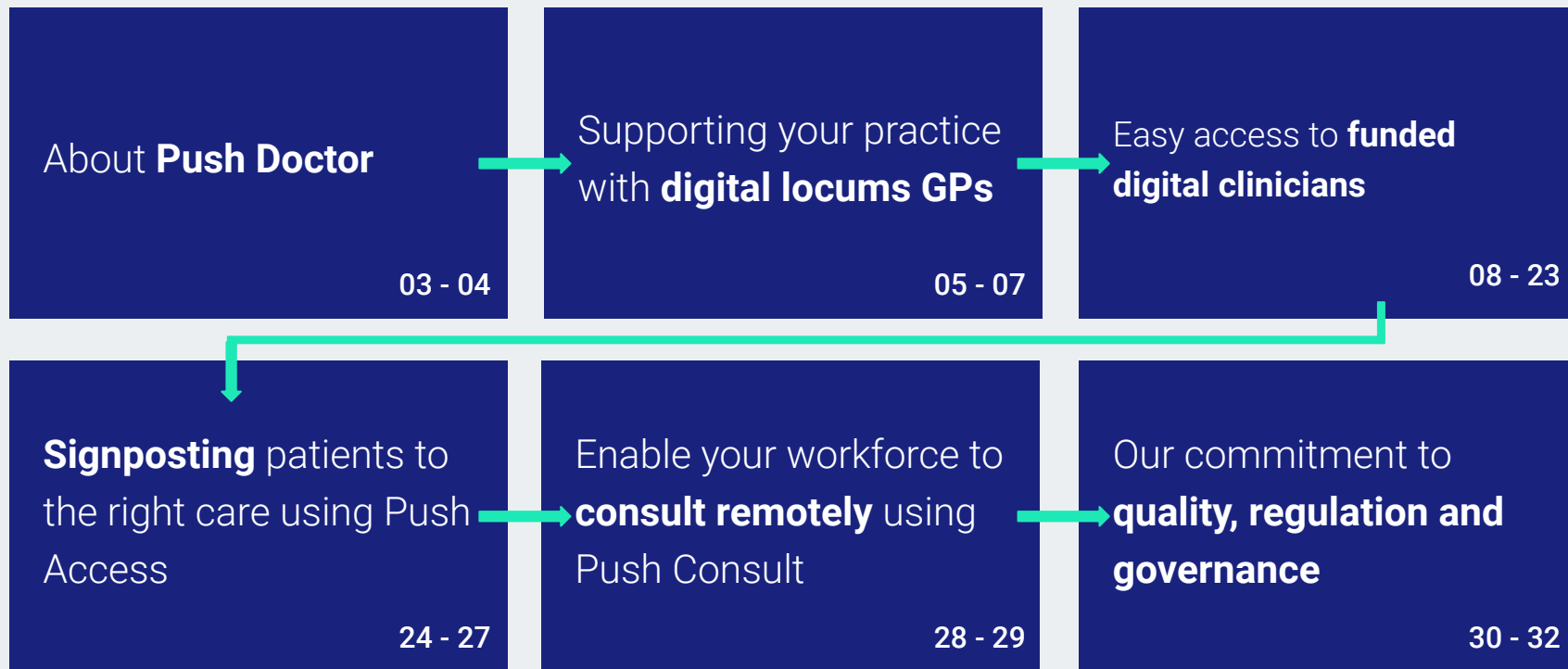


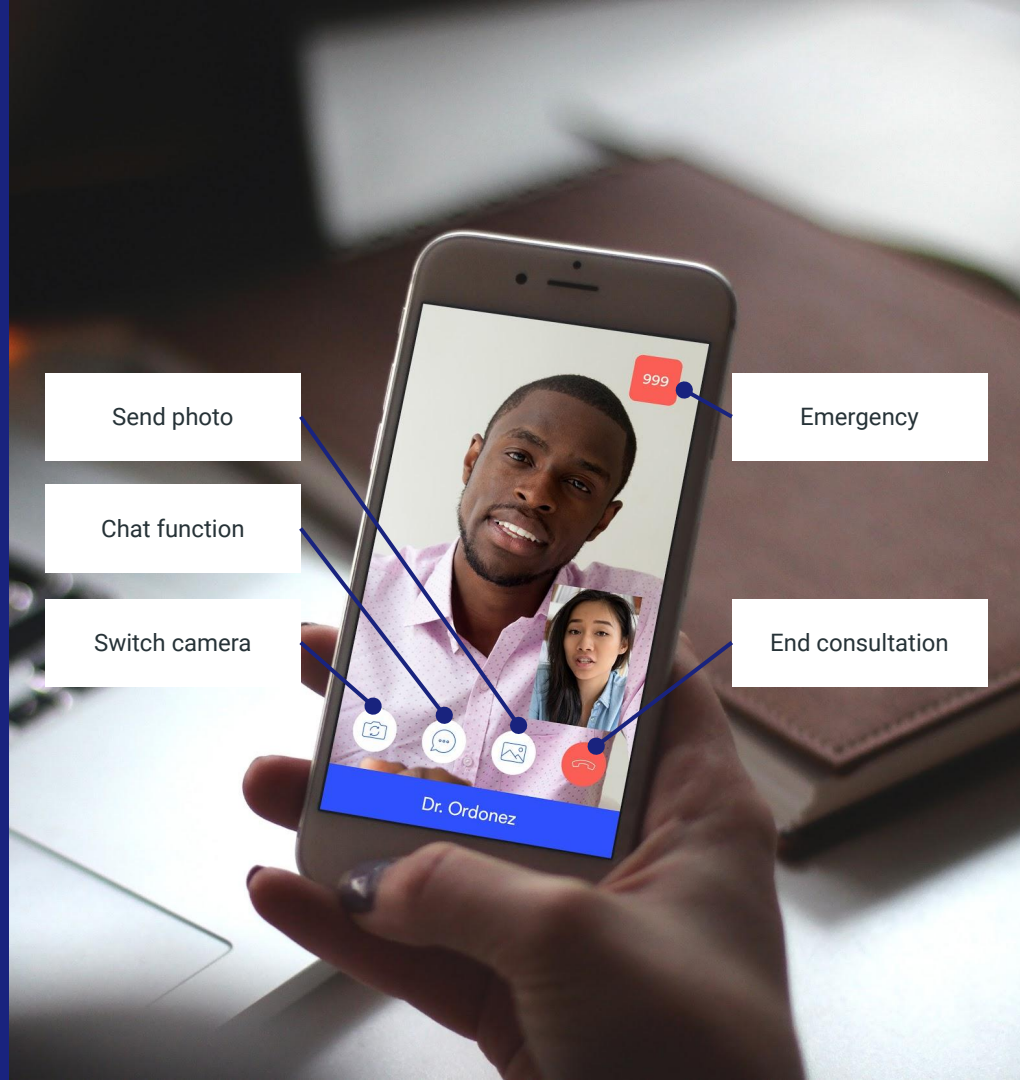
Solutions for a sustainable **future in primary care**

Contents





We enable patients to see a range of clinicians face-to-face **at a time and place that suits them**, on their phone, tablet or laptop.



Why Push Doctor?

Used by over **5.8 million**
NHS patients across the UK

Appointments available on
weekdays **8am - 8pm**, and
weekends **9am - 5pm**

Bookings can be made **7 days
a week, 24 hours** a day

An average app store
rating of 4.7 out of **5**

Fully integrated with **EMIS**
and **TPP systems** for
maximum efficiency in the
surgery

First digital healthcare
provider **rated 'Good' by CQC**
with **'Outstanding'** in the
well-led category



Supporting your practice
with digital locum GPs

More than a third (36%) of GPs are considering early retirement, causing GP numbers to remain stagnant.

The Solution

Digital locums



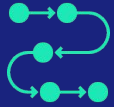
Benefits

- ⊕ Only pay for appointments **you book**
- ⊕ Management, recruitment, training and governance **all included**
- ⊕ Increase capacity **instantly** when your practice needs it
- ⊕ **Support teams** provided for GP's, surgery staff and patients
- ⊕ Prevent GP **burnout** by offloading tasks and workload
- ⊕ Give patients **greater choice and accessibility** when seeing a GP



Easy access to
funded clinicians

Problems a PCN faces recruiting an additional role



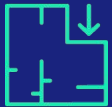
Highly complex process of applying and accessing the Additional Roles Reimbursement Scheme (ARRS)



Difficulty in recruitment, management and clinical supervision of additional roles across multiple practices



Additional tasks of monitoring, reporting and governance of the additional role and its benefits to the practice



Finding space and efficient use of clinicians across multiple practices

Easy access to a funded
First Contact Physiotherapist

It is estimated that MSK
conditions account for
20-30% of the GP caseload*

*<https://www.england.nhs.uk/gp/expanding-our-workforce/first-contact-physiotherapists/>

Problems this causes in general practice



Patients experiencing an MSK problem will mostly seek **advice in the first instance, from their GP**



Adding demand to an already overworked and decreasing workforce of GPs



Contributing to **challenges of recruiting and retaining** staff in a general practice



With **longer patient pathways** to the right care

The Solution

Digital First Contact Physiotherapist



Benefits

- ⊕ **Quick and easy set up** in practice
- ⊕ **Full recruitment, onboarding, governance** and employment of additional clinician
- ⊕ **Cost effective delivery of a service** with access to the ARRS funding scheme
- ⊕ **Location-agnostic** FCPs working remotely across multiple practices
- ⊕ **Digital transformation** in line with the NHS long term plan (add funding pot)
- ⊕ **98% of MSK patients** can be seen without follow up with a GP

Improved patient pathways

Traditional MSK pathway

- 01 Patient has an MSK problem
- 02 Patient visits GP who offers analgesia and advice
- 03 Patient returns to GP with unresolved problem
- 04 Patient referred to physiotherapy, **6 week wait** Then undertakes 4 weeks of treatment
- 05 Problem unresolved, patient referred to Interface service, **6 week waiting time**
- 06 Patient referred for diagnostic imaging and informed of results **5 weeks + 1 week**
- 07 Referred for surgical opinion. **Total wait time 22 weeks**

Pathway with first contact physiotherapists

- 01 Patient has an MSK problem
- 02 Patient visits GP who offer appointment with a first contact physiotherapist
- 03 Patient receives advice, analgesia, and **4 week exercise** prescription. At the same time referred for imaging and informed of results
- 04 Referred for surgical opinion. **Total wait time 6 weeks**

Easy access to a funded
Clinical Pharmacist

23% of patients that see a GP
could be better managed by a
**Medicine Management
Service***

*Dr O Atkinson (2020), *Avoidable GP Contact Audit*, Gloucestershire Primary Care Training Hub: <https://www.youtube.com/watch?v=PKkTHG01sMc>

Problems caused in general practice and PCN



1 in 4 PCNs are not accessing ARRS funding for a **clinical pharmacist** due to recruitment, management and other challenges



Structured Medication Review and Medicines Optimisation are core PCN deliverables and otherwise fall onto GPs



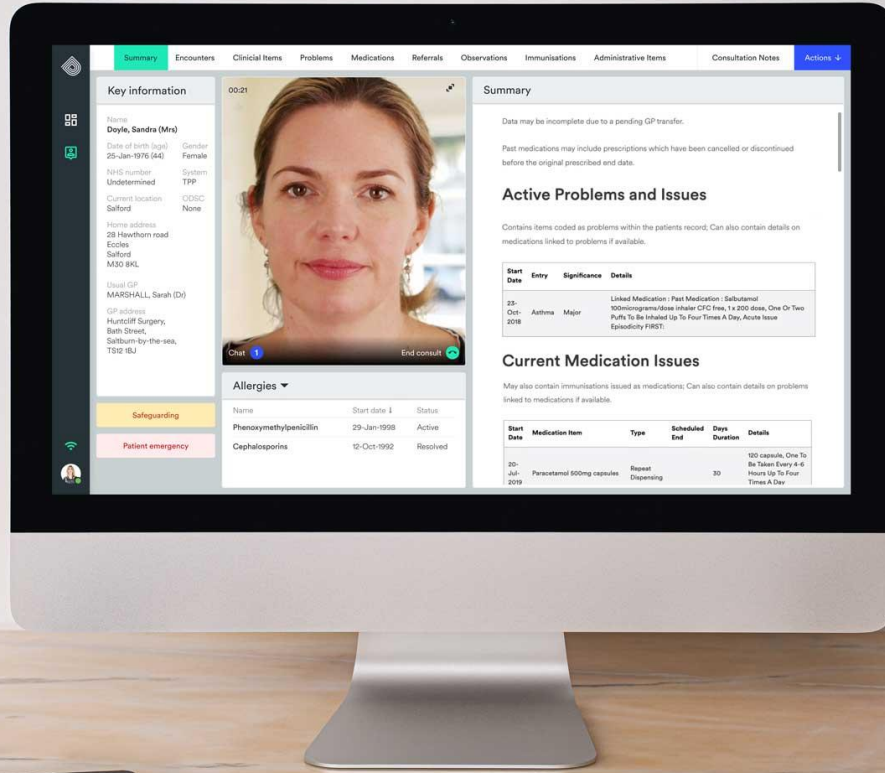
Adding demand to an already overworked and decreasing workforce of GPs



Contributing to **challenges of recruiting and retaining** staff in general practice

The Solution

Digital Clinical Pharmacist



Benefits

- ⊕ Eligible patient cohort for medicines optimisation defined by the PCN, to **flexibly match to local needs**
- ⊕ **Service cost includes** recruitment, management, governance and clinical supervision
- ⊕ **ARRS-reimbursement** minimises cost
- ⊕ Supports in achieving **QOF & IIF funding**
- ⊕ **Reduced** need for GP/nurse time, which comes at a higher cost to practices

Examples of 'patient cohorts' for dCP intervention



Condition specific cohorts

COPD, Type 2 Diabetes, Asthma



Patient-specific cohorts

Housebound, Polypharmacy, Learning Difficulties



Medication specific cohorts

Quality Improvement in antibiotic, opioid or anticoagulant prescribing



Service specific cohorts

Medication Reconciliation, Enhanced Health in Care Homes, Cardiovascular Disease Prevention

Easy access to a funded
Minor Ailments Pharmacist

1 in 3 patients that see a GP
could be better managed by a
minor ailments service*

*Dr O Atkinson (2020), *Avoidable GP Contact Audit*, Gloucestershire Primary Care Training Hub: <https://www.youtube.com/watch?v=PKkTHG01sMc>

Problems seen in General practice



Patients suffering from a minor ailment, that could be managed with OTC treatment, will mostly seek **advice, in the first instance, from their GP**



Patients choose a GP to avoid the **inconvenience** of visiting a physical pharmacy and being redirected to a GP anyway



Adding demand to an already overworked and decreasing workforce of GPs



Contributing to **challenges of recruiting and retaining** staff in a general practice

The Solution

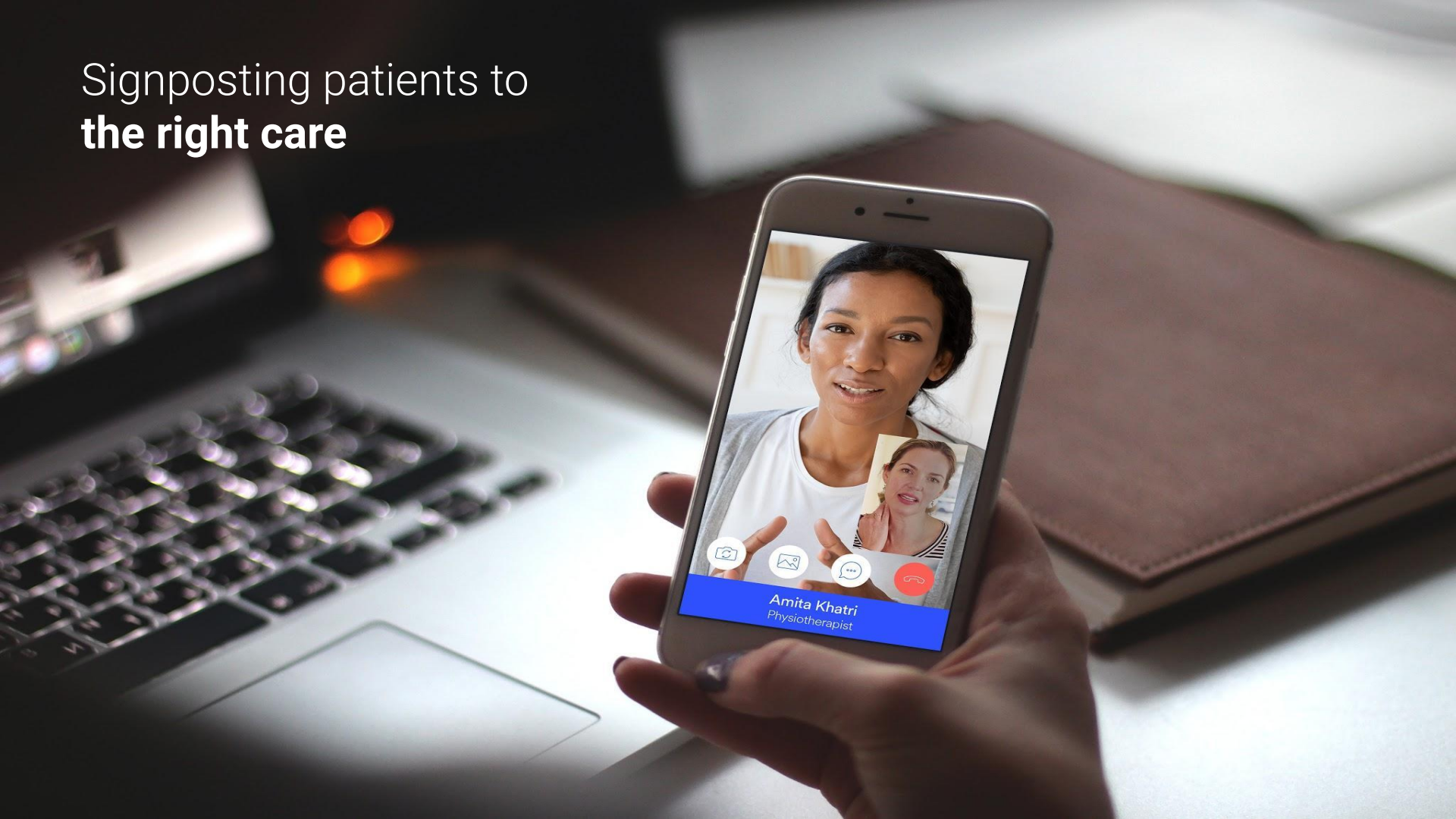
Digital Minor Ailments Pharmacist



Benefits

- ⊕ **Entirely free** service. Costs covered by central **CPCS funding** for minor ailments
- ⊕ **Reduced** need for a GP/nurse appointments at a higher cost to the practice
- ⊕ If required, the digital pharmacist can send the patient a **digital GP appointment** without referring back to the surgery
- ⊕ **95%** of patients seen by a Minor Ailments Service need **no further referral**

Signposting patients to
the right care



Problems of triage in General practice



One size doesn't fit all with different practices wanting to work in different ways



Existing solutions give Practices control, but **don't reduce Practice workload and burden**



Patient experience is undesirable with busy phone lines and convoluted online forms with slow reaction times



Majority of Patients presenting at Practice pushed towards overburdened GP or Nurse as the 1st point of contact

The Solution

Push Access

The image displays three mobile phone screens showing the Push Access app interface. The first screen, titled 'SEND A REQUEST', explains the process of sending a help and advice request to a GP surgery. It includes a confirmation checkbox for urgent requests and a 'Confirm' button at the bottom. The second screen, titled 'Which one of these best applies to you?', presents six categories of health issues in a grid: 'I feel unwell and need advice', 'I have joint, bone or muscle pains', 'I'm struggling with my mental health', 'I need to request a Fit Note', 'I need a repeat prescription', and 'Other'. The third screen, titled 'HEALTH QUESTION', asks 'Does your problem affect your neck, back, bones, joints or muscles?' with 'Yes' and 'No' response buttons and a 'Restart' option at the bottom.

Benefits

- ⊕ A **flexible approach** to triage that works with the needs of individual practices
- ⊕ **Reduce the burden** on the practice with better signposting of patients
- ⊕ **Signpost patients** to the right clinician straight away, improving recovery time and reduces total patient appointments
- ⊕ **NHS assured** solution included in the new DFOCVC framework

Compare triage options

Controlled bookings

Push Access Lite

- + Requests sent directly to the surgeries designated inbox
- + Write back to the record

Push Access Signposting

- + Augmented clinical questions
- + Signposting with recommended clinician and patient symptoms sent to the surgeries designated inbox
- + Write back to the record

Open bookings

Recommended

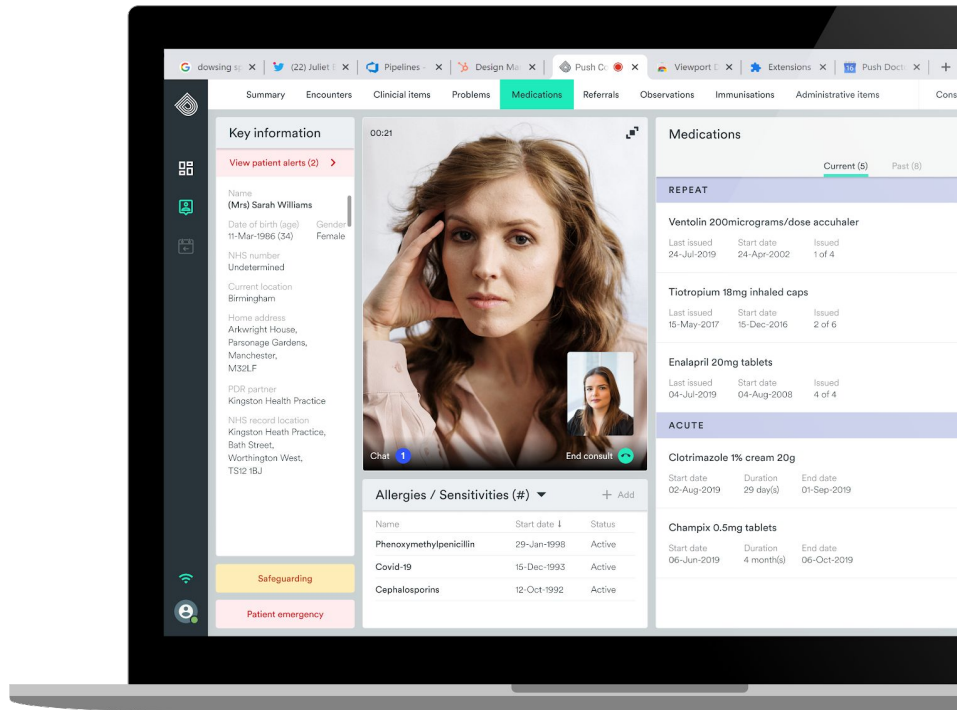
Push Access Signposting

- + Augmented clinical questions
- + Automated decision tree signposting patients to recommended clinician
- + Direct instant access for patients to book with online clinicians
- + Write back to the record

Enable your workforce to
consult remotely



Introducing Push Consult



Benefits

- ⊕ **Enabling Healthcare Professionals** to consult remotely with their patients
- ⊕ **GP Connect integration** allows authorised clinical staff to share and view GP practice clinical information and data between IT systems
- ⊕ **View a read-only** version of the patient's detailed GP practice record
- ⊕ **Send consultation summary back** to the patient's GP practice in a PDF form, detailing the consultation outcomes and actions taken
- ⊕ Patient medical information available to all appropriate clinicians **when and where they need** it saving time and providing consistent care.

Our commitment to quality,
regulation and governance



Quality Assurance

We pride ourselves on our robust governance structure. It sets us apart and ensures our service is maintained to the highest quality.

Inspected and rated

Good



Clinical governance meetings: We'll meet you on a monthly basis to review the service, any incidents reported and any questions you may have.



Clinical flows integration: Interoperability is a minefield, we know. That's why we take it all out of your hands, making sure our standardised processes integrate seamlessly with yours.



Datix reporting: We actively encourage partners to report all incidents, and we investigate each one thoroughly. It's how we continuously improve our service and ensure no stone is left unturned.



Signposting: Patient safety is key. If our doctors are ever in any doubt about the care they can provide digitally, they will always signpost patients back to in-person care.

Trusted by Independent regulators



Who are they?

- ⊕ **CQC:** In our last review, we achieved an overall rating of 'Good', with 'Outstanding' in the Well-Led category.
- ⊕ **ISO:** We are ISO 27001 certified, meaning we are internationally recognised against the standards of Information Security.
- ⊕ **ORCHA:** We are the only digital workforce provider to achieve over 80% compliance with NHS standards for health apps.
- ⊕ **NICE:** We carry out regular assessments to ensure we comply with all National Institute for Health and Care Excellence guidance.

Glossary of terms

Push Consult

Video platform that enables Healthcare Professionals to consult remotely with patients, view their detailed GP record and send back consultation reports.

Push Access Lite

Help and advice questionnaire the patient fills out that can be sent into a practice admin inbox and reviewed by the practice admin team.

Push Access Signposting

Augmented questions signposting patients to the right clinician and collecting symptom data to pass through to a digital clinician or admin team.

ARRS scheme

Additional Role Reimbursement Scheme is a funding pot for PCNs to recruit and fund additional clinicians.

CPCS

Funding that a pharmacy can claim when patients presenting with a minor ailment are signposted from a GP surgery to a pharmacist.

Push Portal

Appointment platform allowing practice admin teams or clinicians to see availability and invite patients with a unique link to a video appointment.

Get support today

Contact us:

Via email at info@pushdr.com

Via the [website](#)

<https://partners.pushdoctor.co.uk/>