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INTRODUCTION

We’ve all experienced that sinking feeling when, having held on for an age, you finally get through to your GP receptionist, only to find the earliest appointment is a week, possibly more, away.

This isn’t to criticise hard-pressed GP practices. Back in the spring, the British Medical Association warned that nine out of 10 GPs were at “very high” risk of burnout, a picture echoed across the NHS, with NHS England’s regular staff survey highlighting worrying levels of stress and illness, both physical and mental.¹

But, as we show in this guide, the combination of our ageing population, the spread of complex and often chronic co-morbidities, funding constraints and staff shortages is pushing the NHS to breaking point. And this is most keenly felt in primary care, even though (as we also highlight) primary care is becoming increasingly multi-disciplinary in its diagnosis and treatment.

Alongside this, our expectations as patients are changing. Increasingly, we expect to be able to access services ‘on demand’, at the click of a mouse or swipe of a smartphone. We want tailored answers to what is worrying us about our health, ideally quickly.

This is where, as Medical Solutions has argued, private GP services can play an important role in supplementing NHS care by providing convenient access to clinicians remotely, over the phone, by video and online.

You may note I’ve emphasised (as does Medical Solutions) the word ‘supplementing’, as I think this is an important point to make.

Private GP services are not about replacing the NHS or replacing access to NHS care. Nor are private GP services a panacea. They’re not going to resolve this country’s pressing public health challenges (obesity, heart disease and diabetes in particular). They’re not going to transform adult social care or magic away waiting times for secondary care.

But, with the help of insurers and intermediaries, these innovative private sector alternatives do have the potential to unlock at least some of the access pressures and pinch-points we increasingly experience when we engage with the NHS. And that can only be a good thing.

THE PRIMARY CARE ‘TIME-BOMB’

We’ve all felt the frustration of ringing up our GP only to find the next available appointment is weeks away. With the NHS straining under growing financial and demand pressures, Laura Tranter highlights how private GP services are increasingly providing alternative, fast access to clinicians.

Last week I called my GP surgery seeking a routine GP appointment. It took between five and 10 minutes to get through to the receptionist who offered me an appointment in three weeks’ time.

This isn’t an unfamiliar story for many of the UK population; more than a third of patients struggle to get an appointment when they need one, according to the July 2019 GP Patient Survey. This, as the survey also highlighted, inevitably drives patients to search online (12%), go to A&E (12%) or not speak to anyone and hope the problem fixes itself (29%).

Why is it so difficult to access an NHS GP appointment?

The problem

The crux of the problem with accessing a GP is fundamentally a supply versus demand issue. The two major drivers of demand are an ageing population and a rise in patients with increasingly complex chronic conditions.

This growing demand pressurises a shrinking supply. The NHS has experienced the most prolonged funding shortage in its history. Compounding the problem has been a drop in the number of full-time GPs. All of which has pushed out waiting times, which is why you and I wait longer for an appointment.

Therefore, as the government grapples with possible solutions, a time-bomb builds in primary care.

What are the cocktail of factors influencing access to GPs?

The UK’s ageing population

<table>
<thead>
<tr>
<th>% population aged 65 and over</th>
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<tbody>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>
| 1974  | 5
| 1984  | 10
| 1994  | 15
| 2004  | 20
| 2014  | 25
| 2024  | 20
| 2034  | 15
| 2044  | 10

Source: ONS

Growing demand

The UK’s population is growing. Due to modern medicine our life expectancy has increased steadily over the last few decades – and the consequence is an ageing population.

In 2016 there were 285 people aged 65 and over for every 1,000 people aged 16 to 64 years, or traditional working age.²

This creates two problems for the NHS. Firstly, as we age, we tend to have more complex health conditions and therefore visit the GP more frequently, costing more. For example, over-65s cost the NHS double, whilst over-85s cost the NHS nearly six times more.

Secondly, with more people of pensionable age there are fewer of us contributing to taxes that fund the NHS.

**How spending on health has slowed down**

Average annual increase in government spending on health

![Chart showing average annual increase in government spending on health](chart.png)

Source: IFS

**Shrinking supply**

The NHS budget is one of the most well-protected areas of public funding. However, in the last decade the NHS has experienced its most sustained funding shortage.

Funding has therefore been prioritised, with a focus on meeting the day-to-day costs of clinician salaries and medicines and not spending on vital building renovations, staff training and equipment. But this is creating a false economy and has the potential to ramp up costs for the future.

**Small steps forward**

In July 2018, the government announced a new five-year funding deal that will see spending rise by an average of 3.4% each year in real terms.³

Although encouraging, the new funding is still less than the historic average increase since the NHS was established of 3.7% a year in real terms.⁴

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In September, in the 2019 spending round, the government announced further increases to capital investment, public health and the education and training of the NHS workforce. However, even with these increases, the total Department of Health and Social Care budget will only rise by 2.9% between 2019/20 and 2020/21.

Is it enough?
The view amongst those closely watching and working in the profession concludes that, while this is good news, it will not be enough to meet demand. For example, The King’s Fund has said: “While the new NHS funding deal will ease current pressures, it is not enough to simultaneously restore performance against key waiting times standards and transform services to deliver better care.”

Similarly, the British Medical Association (BMA) commented on the spending round: “After years of underinvestment, the NHS has been left struggling to cope with year-round pressures, leaving patients suffering long waits and doctors and their colleagues with rock-bottom morale. Today represents another missed opportunity from the government to turn this around.”

A clinician shortage
Whilst wrestling with funding shortfalls, the NHS is experiencing a steady reduction in clinicians. A report by The King’s Fund, Nuffield Trust and the Health Foundation in March 2019, Closing the gap, stated that staffing “is the make-or-break issue for the NHS in England”. Despite the government’s plans to recruit 5,000 GPs, the same report estimates in 2019 there were 2,500 fewer FTE (full-time-equivalent) GPs than needed.

The report projects that the NHS will have 7,000 fewer FTE than it needs in five years’ time, a shortfall the authors say will increase to 11,500 in 10 years’ time.

Lowering satisfaction
The impact of an NHS under strain means GP consultation lengths are at an all-time low. A total of 9.2 minutes is the average length of consultation in the UK, which the Royal College of General Practitioners argues is too short to manage the increasing number of people who have multiple long-term conditions.

The rise in patients having appointments for their chronic conditions means that patients with acute or non-complex problems have the most difficulty accessing a GP appointment. An increasing number of patients are not satisfied, with the 2019 NHS England GP survey finding that more than a third (35.3%) of the UK population say they are unsatisfied

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not satisfied with the access to their GP, an increase of 1.2% from 2018.

**What role does the insurance industry have to play?**
The insurer Swiss Re acknowledged this mounting issue in its Health & Term Watch 2018, predicting that “consumers will need to provide for themselves as the welfare state withdraws from supporting any but the neediest”. 9

As many heads turn to the private sector for support, more insurers and intermediaries are working with private GP services to help ensure access to GPs for their members. This includes supporting fast diagnosis to help mitigate claims costs, building brand engagement and using private GP services as tools in their client acquisition and retention strategies.

Private GP services have an important role to play in supplementing the care patients receive in the NHS by providing convenient access to clinicians remotely, over the phone, by video and online.

It is clear access will continue to dwindle and insurers will have to take fast action to support members and seize the rare opportunity to impact members’ everyday lives in a tangible way. __

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THE MODERN-DAY PATIENT

When the NHS was formed more than 70 years ago, the needs and priorities of patients in the GP waiting room were very different to those of today. As Laura Tranter outlines, the expectations of today’s patient in terms of access to support and advice are also much changed.

Back in 1948, the year the National Health Service was founded, a newly born child visiting their NHS GP for the first time was most likely to be presenting with rickets, polio, measles or diphtheria. At that time, poor nutrition and the spreading of infectious diseases were the biggest fears for worried parents. Today, the big concern for child health is excessive eating and lack of activity. The result is that many children now visit GP surgeries overweight or obese. One in ten children is now obese by the age of five; this rises to one in five by the age of 11.

Mental health concerns are also steadily increasing. One in eight patients (12.8%) aged between five and 19 had at least one mental health disorder when assessed in 2017, according to NHS Digital.

As an adult in 1948 you most likely sought medical advice for an injury or fracture. Today, heart disease, stroke and complex chronic conditions are common threats to adult health.

It may sound surprising, but there is some good news in what these statistics tell us. Modern medicine has significantly reduced, and in some cases eradicated, our propensity to suffer from infectious diseases.

The knock-on effect is that we are living longer, on average 13 years longer than in 1948, but therefore we are also seeing an increase in chronic conditions associated with old age. Arthritis, Parkinson’s and dementia are a bigger problem for the NHS today than they were 70 years ago.

A chronic problem
The most concerning issue the NHS faces with the modern-day patient is the dangerous pairing of obesity and...
age, which is driving the increasing diagnosis of complex chronic conditions.

A total of 15 million people in the UK have been diagnosed with at least one chronic condition. According to July’s NHS England GP Patient Survey, more than half (52.4%) of the estimated 365 million NHS consultations that take place are now for patients who suffer from one or more long-term physical or mental health condition, disability or illness. Patients with chronic conditions are now consuming 70% of the NHS budget.

Two of the most prevalent and also most preventable conditions are hypertension (high blood pressure) and diabetes.

Hypertension is the leading risk factor for heart and circulatory disease in the UK; around 50% of heart attacks and strokes are associated with high blood pressure. The British Heart Foundation estimates that 27% of adults (over 14 million of us) have high blood pressure, but only 9.7 million have been diagnosed by their GP and are receiving treatment.

Diabetes is more common than ever before; one in 15 people in the UK has diabetes and this figure has more than doubled in the last 20 years. Diabetes UK promotes the fact that early diagnosis is vital. Yet it calculates that around one million people in the UK have undiagnosed type 2 diabetes.

The main cause of developing type 2 diabetes is obesity, which is responsible for between 80-85% of all cases. Diabetes UK, in turn, predicts that by 2025 more than five million people will be living with diabetes and yet more than half of all cases of type 2 diabetes could be prevented or delayed.

From treating illness to managing wellness

As a consequence of these rapid changes in patient health, a fundamental mindset shift has taken place.

From the NHS being focused on treating presented ill health in 1948, the focus today is much more on managing patient wellness and the prevention of chronic conditions. A key element within this is ensuring patients have the support and information they need when they need it; equipping them with the information to help drive positive behaviour change.

Another remarkable statistic from the GP Patient Survey is that more than one patient in five with a long-term condition says they do not receive enough support to manage their condition, and this has increased since 2018.

Whilst the NHS provides important support services, sometimes these require patients to take time out and travel to a support group. This may be inconvenient, so attendance can be very poor. For example, only 5.3% of people with diabetes living in the UK attend their structured education courses each year. With a wealth of health information at our fingertips, some of which can be contradictory, it can seem impossible to know which guidance to follow that suits your particular health concerns, medical history and lifestyle.

It is clear the modern-day patient is susceptible to suffering from more health complexity than ever before. Unlike the simpler ‘present and treat’ days of 1948, patients today face very different challenges when it comes to managing conditions effectively and reducing the risk of multi-morbidity (or diagnosis of multiple chronic conditions).

Access to convenient supplementary support and advice as well as diagnosis of acute conditions and information tailored to your condition outside the time constraints and pressures of the NHS experience can be a key part (and, indeed, often a growing expectation) of this changing landscape.

LAURA TRANTER
HEAD OF MARKETING
MEDICAL SOLUTIONS
A practising GP for 23 years, Medical Solutions’ Chief Medical Officer Dr Chris Morris outlines how, for him, the role of the GP has changed and evolved over time, and what this says about the changing needs and expectations of patients.

I can still remember the morning, aged eight, when seeing my own family doctor for an earache became the catalyst moment in my journey to become a GP.

A kind, if somewhat stern, doctor examined me and reassured my mother that it was an ear infection and, with antibiotics, I would get better in a few days.

I was impressed that he knew what was wrong with me and how to fix it. In that moment I knew I wanted to be a GP, not a doctor but a GP. Ten years later, on my first day at medical school – and out of 120 fresh-faced students – I was the only one who wanted to be a GP.

I realised I would be working as a GP by the age of 28, which seemed young as GPs did not have diverse careers in those distant days. I was keen, however, to help patients in different ways. I knew the Army offered a broad training programme for GPs and so, without hesitation, signed up.
For 10 years I served predominantly in the UK but also had the opportunity to serve in Hong Kong and the steaming jungles of Belize. A highlight of my Army career was helping to set up the British military’s role in the UN humanitarian mission in Bosnia at the outset of the conflict there. Leaving the Army as a qualified GP, I decided to train in psychiatry for a year before starting to work as an NHS GP.

From cradle to grave
In 1999, I started my role as an NHS family doctor. This, of course, is a role many patients still cherish – the ideal of the GP who looks after you and your family from cradle to grave, all day every day.

The NHS was built around this relationship when it was founded in 1948, and the model more or less stood the test of time, at least for 56 years.

By 1999, however, the family doctor role was changing. A rise in chronic diseases (for example diabetes, heart conditions and respiratory illnesses such as asthma and COPD) and advances in medicine gave GPs the means to treat such conditions, despite being unable to provide a cure.

More patients needed care 24 hours a day and this care prolonged their lives. So, it became a case of more people, more treatment, more often.

In 2004, it was clear the traditional role of ‘the family doctor’ was unsustainable and so, with little fanfare, the role GPs had in the NHS radically changed.

A new GMS (General Medical Services) contract was written, focused on caring for the rise in patients with chronic conditions. To achieve this, we (90% of GPs in the UK) gave up our 24-hour responsibility for our patients. In its place, this care in the evenings, overnight and at the weekends was to be provided by collective groups of GPs and sometimes by nurses. The GP role became what you are probably familiar with today.

But this change was not the end and the evolution of the GP role continued. Not only were our patients living longer, GPs were now working longer, and other career opportunities arose.

The NHS increased its use of GPs in leadership and managerial roles, initially in Primary Care Trusts and now in Clinical Commissioning Groups (CCGs).

As demand increased, patients began to access GPs through other routes. In 2001, I joined a private company called Medical Solutions that had started to provide GP telephone consultations to businesses. Patients could access a GP by phone 24/7 to support this growing demand.

Twenty years ago, it was rare for a patient to be able to book a telephone consultation with a GP. Yet by this time mobile telephones were already becoming widely owned and shops were open 24 hours a day, so why not also provide 24/7 convenient access to GPs should patients need it?
‘Omni-channel’ care
Today, in my NHS role as well as conventional face-to-face consultations, I increasingly consult with my patients via new channels, sometimes by telephone, text message and email.

However, although these new channels can help, they do not solve the waiting time problem. A remote consultation does not in itself allow patients to jump the queue or offer a fast track to treatment.

Patients in their seventies with several chronic conditions are now commonplace. They require extensive care which GPs on their own are no longer best suited to provide. Nurses have worked with us for many years and now we also have clinical pharmacists, paramedics and physician associates in the practice, all caring for those with chronic conditions, the house-bound and those who are suddenly taken ill.

General practice has evolved almost beyond recognition in the 25 years since I left the Army. It is inevitable this evolution will continue both in the public and private sector, given the increasing demand for appointments, the changes in healthcare, the opportunities that developments in technology (including greater communication channels) will bring, and the growing needs of our ageing population.

The ‘journey’ will continue, and I’ve certainly relished every step of it – ever since I was sitting in my GP’s surgery aged eight years old.

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**DR CHRIS MORRIS**

HAS BEEN A PRACTISING GP FOR 23 YEARS, A REMOTE PRIVATE GP AT MEDICAL SOLUTIONS FOR 18 YEARS AND A TRAINER OF NHS GPS FOR THE PAST 15 YEARS. HE SERVED AS A MEDICAL OFFICER IN THE ARMY FOR 10 YEARS AND CLUB DOCTOR FOR QUEENS PARK RANGERS FOOTBALL CLUB FOR FOUR YEARS. ALTHOUGH STILL PRACTISING IN AN NHS SURGERY (AS HE HAS DONE FOR MORE THAN 20 YEARS) HE IS ALSO NOW CHIEF MEDICAL OFFICER AT MEDICAL SOLUTIONS
**‘THE PHARMACIST WILL SEE YOU NOW’**

As our population ages and becomes increasingly obese, more people are living with chronic conditions requiring multiple, long-term medications and complex physical and mental health support. The only way to cope with this soaring demand is for access to primary care to become increasingly multi-disciplinary, as Dr Chris Morris explains.

Every day NHS GPs and practice nurses see more elderly and obese patients, many of whom will have a chronic condition and some will have several chronic conditions (or multi-morbidity).

We know these are key reasons for a ‘gridlock’ in primary care, as these patients require extensive care and treatment. It has become clear to many people that GPs on their own are no longer best suited to provide the range of complex care these patients require.

A multi-disciplinary team on the frontline of primary care is now considered by many to be the best way to manage an increasingly complicated range of conditions, symptoms, medications and treatments.

So, why is this and what support can these allied professionals provide?

**Clinical pharmacists**

Nearly half (48%) of UK adults have taken at least one prescribed medicine in the last week and 24% are taking three or more, according to NHS Digital. \(^1\) The National Institute for Health and Care Excellence has reported that between 30% to 50% of medicines prescribed for long-term conditions are not taken as intended. \(^2\)

This is where clinical pharmacists can help. Clinical pharmacists are experts in the management of medications. They can ensure patients’ medications are optimised for their condition, medical history, lifestyle and symptoms.

Clinical pharmacists frequently undertake medication reviews with patients on multiple medications to review what they are taking, when and how often they need to take them. Most importantly, they help patients to understand why they need to take their medication and what would happen if they stopped.

Clinical pharmacists are usually able to prescribe and are now trained in diagnosing minor illnesses. For example, they can advise patients with coughs, sore throats, rashes and headaches.

Finally, patients on medications for many years can find their medications are suddenly in short supply or not available at all because of manufacturing changes. Clinical pharmacists are able to advise on alternatives.
Physiotherapists

Some chronic conditions, such as osteoarthritis and chronic back pain, can create debilitating physical symptoms for patients. Physiotherapists can help with all of these conditions. But they can also help with interventions such as inpatient rehabilitation after a heart attack by providing appropriate exercises that promote circulation. They can offer support with breathing techniques for patients with chronic obstructive pulmonary disease (COPD) and cystic fibrosis.

Patients will probably be used to going directly to a physiotherapist privately. Surgeries are embedding physiotherapists as part of their ‘first contact team’, where they use their particular skillset to support fast assessment of musculoskeletal conditions.

Mental health therapists

The treatment of physical and mental health has largely been disconnected in the NHS since its inception in 1948, with a clear distinction being made between ‘mind’ and ‘body’.

However, it is clear today that the two are inextricably connected. GP practices are therefore being encouraged to place mental health therapists within practice surgeries. The goal is, very simply, to house mental and physical health under one roof.

Mental health therapists can focus on common mental health problems, such as anxiety and depression, especially where this occurs in patients with long-term physical conditions such as diabetes, respiratory or heart problems.

It is estimated more than four million people in England with a long-term physical condition also have a mental health problem, and many of them experience poorer health outcomes and a lower quality of life as a result.

Paramedics

Paramedics are trained in both minor and life-threatening illnesses and are used to seeing patients in their own homes. They are therefore ideally placed to help patients while working alongside GPs in the surgery, in their own home and in care homes.

A ‘Long Term Plan’

This broader range of clinicians is a key vehicle in the NHS Long Term Plan aimed directly at the management of patients with complex conditions.

This is viewed for many as a positive, logical approach to managing the changing needs of patients. However, the Long Term Plan encourages more patients to be managed ‘out-of-hospital’ in primary and community care. But, with primary care already in crisis, this could simply be creating a bigger problem.

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5 ‘Long-term physical conditions and mental health’, The Mental Health Foundation, https://www.mentalhealth.org.uk/a-to-z/l/long-term-physical-conditions-and-mental-health
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Both the health and technology industries love their acronyms. They befuddle us with letters that represent anything from deadly diseases through to seamless access through to billions of lines of data.

But what does all this jargon mean? How can we connect it all together and, just as importantly, where can we derive value for members as a result?

Technology has a vital role to play in healthcare. It is central to the scaling and optimising of industries — and healthcare needs to do this in order to meet growing demand.

**BIG DATA, MACHINE LEARNING AND AI (ARTIFICIAL INTELLIGENCE)**

The healthcare industry is an enormous producer of patient data. Data scientists have been applying statistical frameworks to gain insights from big data for many years.

These frameworks have developed into more sophisticated ‘machine learning’ that use neural networks (processes designed to recognise patterns, not dissimilar to how the
human brain works) to better understand the manifestation of conditions and to take the next step from treatment to prevention.

The goal is to predict which patients are more susceptible to conditions. These predictive analytical tools are more frequently referred to as ‘AI-based symptom checkers’.

The effectiveness of these tools varies widely. They are as accurate as the data fuelling them. The complexity of patients’ conditions, medical history, race, lifestyle and living conditions are only a handful of factors that influence their propensity to suffer a particular illness.

It is clear AI-based symptom checkers are likely to have a role to play in the future of healthcare. However, two very significant problems remain in the way.

The NHS – the biggest UK producer of big health data and famously the world’s biggest purchaser of fax machines – does not have the system infrastructure to support seamless data flow as its internal systems do not interact with each other.1

The aim is ‘interoperability’, or seamless data flow between systems. But this could take many years to achieve.

The second looming problem AI has to battle is data security. Patient information, next to financial information, is one of the most strictly regulated and protected datasets in the world. Compliance to data laws are clear cut and the punishments severe.

These barriers to progress have created a void between the elegant theory of AI and mainstream adoption in the health industry.

**ENHANCED UI (USER INTERFACE) – VOICE AND VIBRATION**

It is crucial that healthcare is accessible to all, including those with visual and hearing impairments.

Web accessibility standards have come on leaps and bounds in terms of providing screen readers and variable font size to help those with visual impairment.

Voice and vibration user interfaces (UI) have done more to empower patients. By pairing communication and information channels (such as ‘chat bots’ and health information databases) these innovations could help form an all-inclusive healthcare ‘ecosystem’.

**PROGRESSIVE WEB APPS (PWAS)**

PWAs are built from a centralised code base and ‘live’ on the web. This enables broad access across any device with an internet connection, and closely replicates the essential inclusive reach the health sector needs.

The technology of PWAs has improved drastically in recent years and they can now emulate features more frequently found in native (app store) apps such as geolocation and speech recognition.

Easily distributed via a link and personalised to the provider’s branding, providers can ‘own’ their relationship with their members without sacrificing the value-added to other health brands.

Whether you choose web-based or native health apps, it is important to consider who owns the brand relationship with the member.

**API INTEGRATION**

An API (application programming interface) is a software intermediary that enables two platforms (in other words two apps) to talk to each other.

There are usually three main cases for APIs.

1. **To help solve a problem.** PayPal, for example, offers an API to allow you to process credit card payments.

2. **Request information or data.** Weather apps, for instance, need real-time weather information; the Met office enables others to query their data.

3. **Access features of a hardware device.** A good example here is activity trackers that use smartphone geolocations to calculate distance travelled or steps taken.

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Why should the healthcare industry pay attention? We know it is an enormous creator and consumer of data. APIs are the key to creating standard protocols for sharing data in a secure manner. This could mean integrating an appointment booking system into a provider member zone. Or it could mean the sharing of functionality and knowledge.

Providers can access centrally maintained health information databases, so allowing patients to always receive the most up-to-date medically validated health information in the look and feel of a provider’s brand.

The power of API integration enables the creation of completely bespoke, modular digital health solutions. But two important questions to ask healthcare providers are: what APIs do you have and how can we integrate these?

FINDING VALUE FOR MEMBERS
Finally, it is clear the way we interact with healthcare is continually evolving. It is also clear technology will play a role in this change.

The flexibility of technologies such as APIs, PWAs and enhanced UI enables us to create solutions that meet member needs and values. These solutions include convenient access to GPs, personalised solutions that build brand relationships with members, and one-access platforms that create seamless ease of access to a range of support services. They also have endless development opportunities.

There are two key factors that must be considered when implementing new technology.

First, solutions must be easily accessed by all. Second, providers and clients must not forget that the user is a patient. When we move from being a consumer to a patient, we can become vulnerable and worried and therefore, along with technology, we will still value human contact and being able to speak to someone.
Why did you choose to partner with Medical Solutions?
Medical Solutions came recommended by a partner of ours. We chose it because of the scope and quality of the solution.
We really liked what we saw – a very impressive set-up and great people to work with.
Medical Solutions aligned with our brand promise of “life made better” and we liked the “trust and clarity of offering” – it was just a fantastic, symbiotic relationship.

What were the objectives and your expectations?
We had high expectations but the actual proposition exceeded those. We didn’t think we’d find a genuine 24/7 service – it was a wonderful surprise.
When you need access to medical advice, it’s usually in the middle of the night or early morning – that’s when you want to speak to someone.
If you use yourself as a yardstick – “what would you want for yourself?” – it absolutely fitted the bill.

What feedback have you received?
Staff have stood up at Guardian FS weekly team meetings praising the service.
They used it when travelling and were genuinely surprised how quickly they got to speak to a doctor and the quality of service – giving them peace of mind and confidence should they need it again in the future.

What do you think your members most value in the Medical Solutions’ service?
Anybody with an ill child will welcome the opportunity to get speedy advice from a GP.
You cannot minimise how important that is for a parent; the anxiety you go through is huge. Insurance is a family business; you don’t often think about what you need to protect until you have children. The family offering is very, very meaningful.

What would you like to highlight about Medical Solutions?
Is Guardian FS the only company offering a GP service? No. But I think if we didn’t have cover such as this in our armoury, it might make it harder for an adviser to recommend our product.
There is evidence that having support services are part of the reason why an adviser might choose an offering. A provider without a GP service is less likely to be on an adviser’s pick list.

What are the plans for the future at Guardian FS? And how can Medical Solutions help?
Future Guardian FS product launches will include income protection (IP). Once you get into the IP arena, you are dealing with disability and any support you can give is going to be valued.
I love the look of your next tool Medi-SMART*. I love the idea you can be prescribed/buy something over the counter and think, “should I take this because I’m already on another treatment, what are the potential problems?”.
Sometimes you drop into the pharmacy and they ask, “do you have 10-15 minutes to go through this?”. But you never do. It’s good to get involved in the ongoing health, wellbeing and support of our customers. That’s the thing I like best.

One final thing about Medical Solutions. We found a company we liked, it had the right “vibes”, a great fit for us. You care about what you do, the customer is at the core, it is all about support, making people’s lives better.

* Medi-SMART is Medical Solutions’ new dedicated medication helpline providing access to experienced clinical pharmacists.
Tom Gidaracos,
Acting Chief Executive at CS Healthcare

“A lot of other providers came in [to meet us] and the platforms were more complicated, the apps were more complicated, while Medical Solutions was straightforward.”

“The implementation was extremely easy. Medical Solutions provided us with marketing material such as branded leaflets which was super helpful as we didn’t have to do anything from a marketing perspective. The app was rapidly developed, with no complications. We tested it on our side, we gave feedback and the implementation was instant.”

For more information visit www.medicalsolutions-uk.com
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