

ANSWERS TO FREQUENTLY ASKED QUESTIONS

How do you find patients in Flo? What details do you need to enter?

When a clinician logs onto Flo, the first thing they see is a list of all their patients. Click on a patient's name to see the details for that patient. If they want to see a list of all the patients in their practice or group, they need to click onto the word 'GO' beside the 'Find a patient' box. Then click on the patient's name in the list. To find a particular patient, a clinician could enter either their name or their mobile phone number into the 'Find a patient' box, and that patient's details will appear on screen.

Who is sitting looking at the screen when the messages are coming in?

Probably no-one. It is not a constantly monitored service. It's important to explain to the patient at the outset that they are looking after their own health, and that Flo is just a means of providing the surgery with more information in their records. If the patient is sending readings in, they must be looked at by a clinician at intervals appropriate to the protocol which is being used. Some protocols don't involve any readings, as they are just reminders. For others a clinician might look at the readings once or even twice a week, but for some the interval might be much longer. For instance, if Flo is asking for readings every month there is no point in monitoring the readings weekly. It is a good idea to look at 'all messages' daily for the first two or three working days to make sure the patient is managing to send in messages correctly.

What happens if a patient phones their GP following advice from Flo to contact the GP and the surgery has no appointments?

Before using Flo it's important to involve all members of the surgery team to explain about the Flo system and the action to take in this eventuality should be planned for. The patient's request for an appointment is the result of a clinical protocol embedded in the clinical management plan which Flo has alerted the patient to. Using Flo has probably prevented unnecessary appointments earlier in the algorithm, but it is only possible to use this kind of dual management plan if there is a mechanism in place (for example an appointment at the end of surgery) which enables the patient to have an appointment with a GP or nurse when it is clinically necessary.

Does the system link with GP clinical computer systems?

Not at present, but discussions are taking place at a national level to decide how best to do this. When Flo was first established the amount of data generated by a patient sending in several readings each day was regarded as likely to overwhelm the practice system and GPs asked that Flo data was kept separate. Now, a summary of the Flo data is being considered as the likely information to be included in the patient's practice record.

Meanwhile, the patient's readings can be printed off in the visual format as they appear, and then scanned into the practice system. Some systems will accept the print format more directly. At the bottom of the graph there is an 'Excel' button which transfers all the data to an excel spreadsheet. This can then be printed and scanned or 'dumped' into the practice system. Using the calculation function of Excel, averages of readings can be easily produced, and these can simply be entered manually in the patient's record.

Does the Flo effect wear off on patients after time?

This depends on a number of factors. For some patients using a twice daily reminder to take their inhaler, after three months when the protocol automatically stops, they may phone the practice asking for their messages to continue. Some patients trying to stop smoking find the messages encouraging, and welcome them, but others find them irritating. If Flo asks for a reading, the patient has a positive action to take which is part of them managing their condition: they take their blood pressure, their temperature, SATS, or their weight, and text the readings in. Most patients will continue this regularly for months. However, if a patient is just being asked how much they have exercised in the last week, and they just have to answer a question, they can find it annoying if they receive the same response to their reply each time. As we have developed Flo, we have tried to provide a variety of responses in such circumstances to help prevent the patient becoming bored and disengaged.

Do you have to have 3G?

As a clinician accessing Flo readings you need an internet connection. For most clinicians they will be accessing the internet in their surgery, which is likely to have a normal broadband connection, and this is what is needed for Flo. If you can look at Google, you can receive Flo. But if a clinician wants to sign a patient up to Flo while doing a domiciliary visit, using 3G would probably be the most satisfactory way of accessing Flo in the patient's home.

Do we have evidence that smoking cessation works?

There is considerable evidence in favour of the effectiveness of telehealth for smoking cessation. Two sources are:

Civljak M, Sheikh A, Stead LF, Car J. Internet-based interventions for **smoking cessation**. **Cochrane Database System Rev** 2010, Issue 9. Art. No.: CD007078.

Whittaker R, McRobbie H, Bullen C, Borland R, Rodgers A, Gu Y. Mobile phone-based interventions for smoking cessation. *Cochrane Database of Systematic Reviews* 2012, Issue 11. Art. No.: CD006611. DOI: 10.1002/14651858.CD006611.pub3.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006611.pub3/full>

What are the Flo pathways for hypotension and hypertension?

Hypotension:

If a patient has a reading between 70-80/ 50-60mmHg (systolic/diastolic) they are told that it is low and to take it again and follow the advice in their dual management plan which is to contact a doctor if their BP falls below 70/50 and remains there.

If a patient texts in a reading below 70/50mmHg they are told that it is 'out of safe range' and are referred to the management plan which asks them to take it again in an hour, and if still as low, to call a doctor urgently today.

Hypertension:

If the patient's BP is $\geq 135/85$ mmHg (without CKD or diabetes) or $\geq 125/75$ (with CKD or diabetes) they are told that their BP is high and they should follow the advice in their dual management plan, previously agreed with their GP or practice nurse, which is to continue with their tablets, think about whether there was any trigger to raise the BP.

If the BP is 135/85 – 149/94 (or 125/75-149/94 for CKD or diabetes) they should see if it settles and attend the usual BP review.

If the BP remains between 150/95 – 170/105 they should make an appointment with the GP or nurse in the next few days.

If the BP is $\geq 200/105$ the patient receives an alert message that their BP is outside the safe range and to contact a doctor today as agreed in their dual management plan. An alert symbol is recorded in the Flo system which will be seen the next time the patient's clinician logs onto Flo. Some clinicians may choose to have alert messages sent to their email address or mobile phone but the default settings in Flo do not expect this to be the routine. Flo is intended to be a service where patients take responsibility for their own care, based on the dual management plan, and readings submitted to Flo will not necessarily be viewed more than once or twice a week. They provide more information for clinicians in surgery the next time the patient is reviewed.

How has Flo influenced consultation rates in practices?

Generally patients have found Flo reassuring and they have consulted less. Much depends on the confidence individual patients have in the dual management plan and the way in which this is explained and agreed with the patient by their clinician is crucial to its effective use. Some patients have found that using Flo has increased their understanding of their condition so they can manage their condition better.

Would you expect 50 patients to be signed up by a practice?

This would depend on the size of the practice. In a practice with only one GP we have had over 30 patients recruited in 2-3 months and in another with four GP partners we have had over 80 patients recruited. But remember that each of the protocols is for a different period of time and that there may be 10 – 20 patients on Flo at any one time with 50 patients signed up in total over a 6 – 12 month period.

What percentage of patients drop out?

This depends on the condition which you are using Flo for and how well you engage the patient during the initial consultation. Many patients with hypertension like to be able to be involved in taking their blood pressure as it helps them to feel more in control. Patients or parents using inhaler reminders often ask to be reinstated when their reminders stop after three months. Drop out rates in these situations are probably less than 10%.

Smoking cessation is different as some people find the messages encouraging and supportive while others, who are starting to relapse, can find Flo to be too ‘nagging’ and the messages highlight their feelings of guilt at their failure to quit smoking. Drop out rates here may be 40-50%.

Is Flo available in different languages?

At present, Flo is usually offered in English, but if a practice has a particular ethnic group who need texts in other languages which use the same alphabet characters then you can contact the AIM team and we will try to see if it is possible to translate the messages for you. However, remember that the clinician also needs to understand the messages. Usually, someone else in a household is able to help with the text messages in English for a relative who has poor English language skills.

Is Flo suitable for housebound patients?

Flo is a great help for housebound patients who would have difficulty getting to the surgery and for whom visits by medical staff are time-consuming. However, there must be good lines of communication between the patient and the healthcare team as, without sight of the patient, the usual cues as to the patient’s condition is limited. The initial introduction to Flo needs to be especially carefully done with emphasis on the need for the patient to use healthcare services in the usual way should they feel unwell. Flo is not a monitored service and if someone who is housebound needs more intensive oversight by clinicians, a different telehealth service may be needed with, for example, community nursing support. Flo is not a replacement for usual medical care but rather a different way of delivering the same quality of service. Despite these reservations, many housebound patients feel Flo is a friend who is keeping an eye on them and they enjoy having regular text messages.

How do you explain to patients when they should return their BP monitor?

It’s important to explain when the BP monitor is first loaned to the patient what the purpose of the process is. If it is to help stabilise BP more quickly then once the BP is stable the patient can expect to hand the monitor back to the practice.

What do you do if a patient has a high BP over the weekend and the practice clinician doesn’t look at the screen until the Monday morning?

Flo is not a continually monitored service and no clinician will know instantly if a patient’s BP is raised. When the patient is enrolled it is important to explain to them that they should follow their dual management plan which gives them clear instructions about what they should do to if their BP is raised. The patient has to take responsibility for their health in the usual way. If they are not able to do this they may not be suitable for Flo.

Can a patient stop receiving messages?

Yes, by the patient simply texting STOP, all messages from Flo will cease. However, if the patient wants a temporary break, for instance when going on holiday, they should text AWAY or HOLIDAY to Flo and this will pause all messages until they text HOME when they return.

What happens to the patients once the protocol period has elapsed?

The messages stop being sent. Usually, at that time the patient will be asked some evaluation questions to find out if they liked using Flo. When the patient realises that they are no longer receiving messages they may ask to be reinstated and, if that is appropriate, this is easy to do – the responsible clinician can just ‘add a service’ from the ‘edit patient screen.

Can you remove a clinician from the Florence system?

No. Flo keeps records of all that has happened to patients using the Flo system and it is therefore necessary to keep a record of all clinicians who have used Flo. These records remain securely in the computer system for seven years.

For the evaluation, how will the data be gathered?

The data is gathered anonymously through the Flo system - we want to know how many patients are signed up to Flo, which protocols are used, for how long, and whether those patients using Flo appear to achieve expected outcomes. In addition, we ask patients for their views about their experience of Flo using three questions at intervals. The AIM team can see this data as a series of numbers. They do not have access to any patients’ names.

There are, however, two pieces of information we need to ask practices to provide:

For patients on Protocol AIM 01 - How many patients did the clinician consider to be hypertensive at the end of the 7 days and were consequently added to the practice’s hypertension register?

For patients using Protocol AIM 06 - What was the smoking status of these patients at 3 months?

This information will be requested from the practice monthly by the CCG Telehealth Administrator.

How do we edit the patient protocols and what can we individualise for each patient?

Once you’ve enrolled a patient and added a protocol go to ‘edit patient’ and click on the heading for the message you want to alter. You will then see some blue writing describing the message and when it will be sent. Click on the blue writing and you can see when the message will be sent out, how often and at what time. You can change this within some limits. For instance, if the message is due to be sent out every day you can un-click some days to allow the patient to have a break from messages at weekends. Or you can alter the time the message is transmitted if the patient gets up late or only works at night. Sometimes you may want to send the messages at very different intervals than was anticipated when the protocol was first composed and for this you may have to ask your system administrator/telehealth facilitator to help by going into the Flo system. However, if you want to change the timing by a considerable degree it may be that a different protocol needs to be devised to meet your needs.

The parameters for readings can be changed by scrolling down from the message schedule screen to ‘Alerting’. Here you can change the values for what the computer regards as ‘normal’. This would involve a clinical decision so should not be done without agreeing the change with other clinicians.

The messages themselves can be changed, too. You might want to say ‘Hello Doris’... or use some different words which you feel your patients would prefer and you can easily change this as a clinician without needing extra help from your facilitator.

Can patients reply in an unstructured format to Flo?

No, the system is designed to collect specific information from patients or to send information to them. The clinician can send a personalised text message but the patient cannot reply so clinicians will not be inundated with unwanted communication from patients.

Flo will record the message from the patient (so you have a record in the Flo system) but will tell them that she doesn’t understand the message, and won’t take any action.

Is there any confirmation that the patient received the message?

Remember, Flo is not a 24 hour-a-day monitoring service and is not designed to be the vehicle by which

life-threatening situations are dealt with.

The messages are all recorded in Flo, so you will know what has been sent, but not what has been received. If you were to send a text message from the screen, for instance asking them to take some medication, you could ask them to contact the surgery to confirm they have received the message.

Some protocols may trigger a message to take rescue medication, and in this instance, the patient should sign on the consent form that they will contact the surgery within 2 days of taking this, so their prescription can be renewed, and this would ensure that you know they received that instruction.

You could add words to the message sent by Flo in any protocol to ask the patient to confirm they have received a message – remembering that all messages have a maximum character count of 160 including spaces.

Or a protocol could be set up for particular circumstances, eg early stage dementia, where a message is sent to a patient, and a reminder is repeated until the patient sends a code (perhaps a #) to cancel the reminders.

What about situations where mobiles are shared within a family?

When you set a patient up on the Flo system you would explain the system to the patient and they would agree that messages are sent to the phone number they give you. If this is a phone used by the whole family, and the patient is not happy for other members of the family to see those messages, Flo is not suitable. However, in some instances it has been useful for other members of the family or carers to receive messages on behalf of the patient where the patient is not able to send text messages or has language difficulties and, if they agree to this, there is no problem.

Is there a carers' consent form available?

No, but the consent form will be available on the website in Word format so you could change it where appropriate.

Is it safe for clinical data to be sent via a mobile phone network?

The question here may be around the confidentiality of data and, as we know from current events, all mobile phone and internet traffic is potentially open to hacking – yet without such technology the NHS would not be able to function, so we have to live with that potential.

Alternatively, the question may be whether sending clinical results requiring clinical actions may be unreliable because of the uncertainty about local signal/whether the message has been received etc. Flo is not being used as a stand-alone diagnostic tool. Any response to a reading sent in via the mobile phone is only a reinforcement of what the patient already has been given, written down in their agreed management plan. The patient also agrees that if they feel unwell they should follow their normal method of obtaining medical help and advice.

Using Flo is a way of supporting jointly managed care, where the patient takes responsibility for following a dual management plan explained by the clinician and agreed with the patient which is reinforced by messages from Flo, with readings being sent to the surgery for inclusion in the patient's record, so that there is more information available on which to base clinical decisions in the long term. If you want information to be acted on urgently by a clinician, Flo is not the right vehicle for this.

Does using Flo create much patient anxiety?

Generally, patients are less anxious when using Flo than going to the surgery and the feedback we have is that patients find sending readings via Flo is preferable to going to the surgery. Of course, there will be an occasional patient who worries unnecessarily and one of the messages from Flo is that if you become anxious about sending readings in have a break for a day or two. Patients can always opt out of the service. The ones who opt out early tend to be smokers and this may be because they have difficulty quitting and Flo reinforces their feelings of guilt and failure. The patient information leaflets for the conditions included in the AIM for Health project include photographs of a phone together with the kind of

messages a patient can expect and how to reply. This may help to alleviate some of the anxiety felt by patients at the idea of sending text messages to Flo.

Occasionally, patients feel anxious because they realise how high their blood pressure is. Although we might prefer that our patients are not unduly stressed if their understanding of their condition leads to them being more consistent in taking their medication they will achieve a good overall outcome, despite a temporary increase in anxiety.

How many services can be added at one time?

Any number could be added but you should think carefully about why you would want to do this and whether the patient would become overwhelmed by messages. The protocols have been designed to meet the needs of patients with one condition and, where co morbidities exist, it may be better to have a specific protocol to ensure that the patient does not receive too many messages, for example, hypertension with obesity. However, to add a simple reminder could fit reasonably well, such as poorly controlled hypertension and a medication reminder. A reminder every 3 weeks to inform the practice if the patient changes their mobile phone number might also be appropriate.

Do you really think older patients are capable of using mobile phones?

Age discrimination should not prevent people of any age accessing medical services. Just as some people have low expectations of their physical ability when in their fifties while others of a similar age participate in sport, so many people in their eighties and nineties are able to text, email and Skype their grandchildren. Each patient should be regarded as an individual and clinicians should be open to patients' preferences as to whether or not they want to use Flo.

Can patients access their own data and see the graphs on Flo?

The system has not been designed for this as the advantage of mobile phone technology means that patients are not tied at home to static landlines or PCs. Flo works with the cheapest basic phone. However, with smart phones and tablets becoming more widely used this may be a development for the future. Meanwhile, there is some provision on the reverse of the suggested hypertension dual management plan for patients to record their own readings.

Does using Flo affect how you prescribe medication to your patients?

Our SHINE study on hypertension, published in the BMJ, found that patients' hypertension became more quickly controlled using Flo so it does help to reduce unnecessary over-prescribing. Also, if hypertension is poorly controlled and you suspect that it is because of poor compliance it is worth first trying a medication reminder protocol with Flo, rather than just increasing the dose of antihypertensive.

Can a patient text anything they want?

Yes, but each time Flo tells them that she doesn't understand the message so the patient cannot use this as a vehicle to communicate with the clinician. Nevertheless, all messages, including these unsolicited messages, are recorded in the 'all messages' section of the patient's screen and it is worth checking this especially at the start of a programme to make sure the patient is managing to send appropriate responses.

If a patient has additional symptoms, can they tell Flo about it?

As in the answer above the patient cannot send unsolicited text messages. It may be that the patient has more complicated medical problems than are suitable for Flo or that a different protocol is needed. For instance, some more intricate protocols are being piloted for patients with heart failure where they are asked about weight, swollen legs, cough and whether they feel they are going to black out if they stand up. As these patients have developed considerable understanding of their condition these questions seem to be helping them manage their condition, and allow them to remain at home rather than attend clinic, while providing clinicians with day-to-day information about their progress.

What kind of business case can be made for continuing Flo after the end of the free AIM year's licence?

Think what you have used Flo for. If you have managed to prevent hospital admissions by keeping patients managing their long-term conditions in the community there will be such savings that you can easily justify the modest expense of Flo. Or, if by controlling BP sufficiently well, you have delayed by six months the progression of CKD to the point where dialysis is required, the savings for one patient would more than cover the cost of Flo for all the CCG's patients for a year.

Would we see messages received about our patient who was being treated by another clinical group?

Yes, information is shared between all clinicians who are involved with treating a patient. If a patient is registered on Flo and another clinician tries to enrol the patient for an additional service Flo issues a warning that the patient is already registered and asks that the clinician has specific permission of the patient and informs the clinician already treating the patient of the involvement of an additional clinician. The patient is at the centre of Flo and everything that is happening to the patient is available to those clinicians who need to know.

Does having a raised BP worry patients?

It can worry them especially if they don't understand what is happening to them. Much of the treatment currently provided for patients does not inform them about their BP readings in a meaningful way. By having a management plan patients learn what a high reading is and what action the patient should take according to the level of the BP. Most find it reassuring to understand what triggers a raised BP and to know what they should do. Several have commented how using Flo has helped them to understand their hypertension for the first time.

Some patients may prefer to be ignorant of their condition, however, and these are unlikely to manage well with Flo.

Can you write your own protocols?

Yes – there are around 900 in use around the UK. However, we would recommend that to start with you should try Flo using our pre-prepared protocols to get used to the way patients respond and for clinicians to get used to using the system. Once you have learned how Flo best suits your clinical practice you can certainly develop new protocols yourself if there are no suitable alternatives already in use elsewhere (which you are welcome to use). The Simple Telehealth community help each other with ideas and advice. If you want to write protocols, you will need to contact Phil O'Connell to gain administration rights to Flo.

Can you use a landline?

Yes but only if you buy a handset which will accept text messages. These are available in many shops, although they are more expensive than standard phones. This could be useful if the patient lived in an area with consistently poor mobile phone signal.

A future development may be to use a landline with spoken messages but this is not a cheap alternative and such a system would involve the patient being at home to receive the phone call whereas with a mobile phone they can be anywhere.

How do alerts work? What if we aren't in surgery that day – e.g. at a weekend?

An alert gives you a visible sign that a patient has had a reading which is outside the normal range so that you could look more closely at that patient's readings when you monitor your patient list. You could set an alert to be sent via email or text to you as well. But why would you want to do that? If you feel that a patient needs to be monitored constantly, and you need to act on readings which are out of normal range, then Flo is not the right system for that patient. Flo is there to support the patient to manage their own health and, by providing readings which can be viewed in surgery from time to time, allows the clinician to have more information for long-term decisions about the management of the patient's condition.

Can community team members log patients on to the FLO system such as community nurses, smoking cessation services, etc.?

Yes, however, they would need to set patients up in their own group (team) then they can go through the “add patient” routine and Flo will connect them through built-in governance.