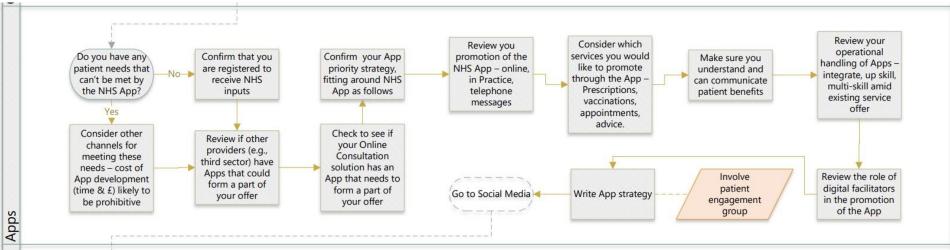
Apps

It is easy to think of Apps in themselves as a separate entity although this isn't very helpful. In most cases, apps are an extension of a website offer and simply another, more convenient way of accessing a service or communicating with an organisation. In the context of an enhanced patient access to GP digital services, it is the convenience that matters.



Process 8. Managing Apps

Quick Check: What role are Apps playing?	Yes	No
Is the NHS App an integral part of the offer to patients?		
Is the NHS App actively promoted, reflecting the ease of use (and therefor operational demand deflection) opportunity it presents?		
Are the Apps of third-party suppliers (e.g., online consultation providers) fully understood?		
Answered no to any question? Consider making some changes		

It is worth challenging views around the creation of PCN/practice specific Apps – especially as the NHS has specific guidance on their use and expected standards around data security. For this reason, along with the associated cost and investment needed, sticking with pre-developed, pre-approved, compliant Apps makes sense.

Some communication products may come with their own Apps too. It is great if the user seeks these out at their own convenience but bear in mind that multiple Apps can quickly create a complex environment.

The NHS App, by comparison meets the required standards, is continually updated, links to all approved patient record systems and generally contain the information the patient needs, including the ability to manage their prescriptions. There is also plenty of free to use promotional material and the App is in general use across the country, offering a sense of consistency for transient patients. Patients can register for the App from their home, using driving licences and passports to confirm their identity, so there is no need for the 'walk-in' identifier process associated with some online tools.

The Nexer Review of Patient Access found:

"... Vendors rarely run usability studies of their software, and when they do, they are highly unlikely to include participants with impairments, or those that use assistive technologies."

Source: Nexer Group Research commissioned by Health Innovation Manchester