HEALTH INNOVATION
North West Coast

NHS

Implementation of Blinx Patient and Care Optimiser (PACO)

Final Evaluation Report – August 2025

A HEALTH INNOVATION NORTH WEST COAST REPORT FOR CHESHIRE AND MERSEYSIDE ICB

HEALTH INNOVATION North West Coast

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EXECUTIVE SUMMARY

Cheshire and Merseyside faces high health inequalities, with widespread deprivation and poor outcomes for major conditions. Rising long-term illnesses are increasing pressure on local health and care services.

In response, NHS Cheshire and Merseyside ICB is aligning with national strategies by commissioning digital tools to improve access, navigation and capacity management. As part of this approach, the Blinx PACO (patient and care optimiser) pilot was launched in 2024 to test a UK-developed digital platform designed to enhance patient access, communication and operational efficiency at a practice level.

Health Innovation North West Coast (HINWC) conducted an independent, mixed-method evaluation grounded in implementation science. The evaluation was delivered in two phases:

- **Phase 1 mapped the existing digital landscape and assessed practice needs.**
- **Phase 2 examined implementation and emerging impact.**

Data sources included surveys and interviews (December 2024 - June 2025), and usage data provided by Blinx (October 2022 - June 2025). Analysis was guided by the Consolidated Framework for Implementation Research (CFIR) and the Proctor's Implementation Outcomes Framework.

This evaluation shows that Blinx PACO is part of a broader transformation in primary care—one that involves not only new technology, but also changes in workflows, behaviours and systems.

KEY FINDINGS

- **There is a close and dynamic relationship between the design and implementation of Blinx PACO. Design choices shape how the platform is used, while implementation feedback informs ongoing refinement. Strong collaboration and local engagement are key to success.**
- **Baseline mapping identify a complex and crowded digital environment, with opportunities to streamline commissioning and reduce digital redundancy.**
- **Blinx PACO is widely viewed as a flexible, user-centred platform that supports triage and communication. High adoption is reported in sites where leadership and local workflow alignment are strong.**
- **Variation in uptake and satisfaction is influenced by workforce pressures, digital fatigue and patient engagement challenges. Non-pilot sites raise concerns around procurement, system integration and long-term funding.**
- **While digital uptake is growing, especially via smartphones, barriers such as digital exclusion, limited staff awareness of platform functionalities and gaps in NHS App integration persist.**
- **Equity considerations, though recognised in principle, are not yet consistently embedded in implementation.**
- **Analysis of 'Did not attend' (DNA) rates and digital health forms across 48 pilot sites shows mixed results. In some practices there is a reduction in DNA rates and high uptake of digital health forms, while others show limited change.**

STRATEGIC RECOMMENDATIONS

1. **Reduce duplication through streamlined commissioning**
2. **Invest in staff training and change management**
3. **Improve usability and integration with core NHS platforms**
4. **Embed inclusive, co-designed approaches to digital access**
5. **Ensure transparent governance and long-term planning**

Early signs of operational benefits, including improved pathways and efficiency gains, are promising. However, achieving equitable and sustainable change will require ongoing support, stakeholder alignment and a sustained focus on digital inclusion. Leadership will continue to play a vital role in driving change, fostering ownership and building confidence among staff and patients. A targeted, equity-focused approach is also essential to address ongoing digital and demographic access barriers and ensure inclusive adoption.

Limitations of this evaluation include the evolving nature of the platform, variability in digital readiness and external pressures affecting engagement during data collection. A health equity lens has been applied throughout, supported by analysis of supplementary materials.

1 CONTEXT

Cheshire and Merseyside faces some of the highest health inequalities in England, with around one in three residents living in the most deprived neighbourhoods and over a quarter of children experiencing poverty. Health outcomes for major conditions such as heart disease, cancer, and respiratory illness exceed the national average, and people in deprived areas may live up to 15 years less than those in wealthier communities. The region also has a rising prevalence of long-term conditions, including diabetes, dementia, and chronic kidney disease, placing increasing pressure on local health and care services[1].

To help address these challenges, NHS Cheshire and Merseyside ICB is aligning its work with the principles of Modern General Practice, as outlined in national NHS guidance and programmes such as the National General Practice Improvement Programme[2], the Delivery Plan for Recovering Access to Primary Care[3] and the NHS National Contract[4]. The ICB's primary care transformation strategy includes strategic commissioning of digital tools for primary care, transformation support, and funding and incentives, alongside efforts to expand clinical pharmacy and strengthen collaboration between primary and secondary care. The ICB currently holds contracts with a range of digital tool providers, mostly inherited from former Clinical Commissioning Groups, with one exception: an ICB-wide contract for online and video consultations procured in early 2022. These tools enable functions such as online consultations, video consultations, care navigation, patient communications, self-booking and demand and capacity management. While the ICB has been able to use Primary Care Access Recovery Plan (PCARP) funding to support these contracts, from 2025/26 this will need to come from baseline budgets[5].

As part of this digital transformation, a 'Blinx PACO' pilot was launched in 2024 to support improved patient access and care across primary care services. Blinx PACO is an integrated platform designed for use at the practice level to enhance patient access, covering a range of functions such as appointment booking, self-referral, triage, and communication with the practice, as well as support recovery planning and management. While the platform presents opportunities to streamline services, its success depends on strong change management and the potential to reduce inefficiency caused by the use of multiple and overlapping technology solutions.

In parallel, the Cheshire and Merseyside Integrated Care System (ICS) has prioritised digital inclusion as part of its wider Digital and Data Strategy. Recognising the socio-demographic diversity of the region and the heightened risk of digital exclusion, particularly among deprived and marginalised communities, the ICS established a Digital Inclusion Group. This group has documented digital exclusion across the region and developed a practical toolkit[6] to support inclusive access to digital health and care services.

1 Cheshire and Merseyside Health and Care Partnership. (2023). Strategy summary 2023–2028. NHS Cheshire and Merseyside. Available at: https://www.cheshireandmerseyside.nhs.uk/media/jtynw5fr/cheshire-and-merseyside-health-and-care-partnership-strategy-summary.pdf

NHS Cheshire and Merseyside. (2024). Population health annual report 2024/25: Stronger partnerships, healthier futures. Available at: https://www.cheshireandmerseyside.nhs.uk/media/fl4a0ud4/population-health-annual-report-2024-25-digital-copy-reduced.pdf

2 NHS England. Available at: https://www.england.nhs.uk/gp/national-general-practice-improvement-programme/modern-general-practice-model/

3 NHS England. Available at: https://www.england.nhs.uk/publication/delivery-plan-for-recovering-access-to-primary-care/

4 NHS England. Available at: https://www.england.nhs.uk/nhs-standard-contract/

5 NHS England. Available at: https://digital.nhs.uk/services/digital-services-for-integrated-care/digital-tools-to-support-modern-ways-of-working-within-general-practice

6 Digital Inclusion in Cheshire and Merseyside - NHS Cheshire and Merseyside. Available at: https://www.cheshireandmerseyside.nhs.uk/about/digital-and-data-strategy/digital-inclusion-in-cheshire-and-merseyside/

BLINX PATIENT AND CARE OPTIMISER (PACO)

What is Blinx PACO and what does it do?

- Blinx PACO is a healthcare digital tool developed by Blinx Healthcare to address challenges in modern general practice. It offers a range of features, including: Quicksend (via the RocketBar or the PACO application), a 'digital front door' for digital or online consultations, scheduled campaigns for call and recall, a care navigator, cross-organisation functions through PACO Connect, quickforms and webchat/video consultations capabilities.

Is Blinx PACO a primary care electronic patient record (EPR) system?

- PACO, as currently used in Cheshire and Merseyside, is not a core GP EPR system like EMIS or SystmOne. Instead, it operates as a complementary tool that wraps around existing systems to provide enhanced functionality not currently being offered by EMIS or SystmOne. However, Blinx PACO is being onboarded by NHS England through the New Market Entrant programme for both GP EPR and out-of-hours/urgent care use.

What is Blinx Healthcare?

- Blinx Healthcare is a UK-based technology company headquartered in Daresbury, Cheshire. Founded in 2013 as an application development company. Blinx initially worked across sectors, including pharmaceuticals, global clinical trials, logistics, energy and transport. In 2020, the company shifted its focus exclusively to developing PACO for the UK health market and now operates under the name of Blinx Healthcare. It is fully UK-owned and hosted.

What is known about the effectiveness of digital tools like Blinx PACO?

- Digital platforms such as Blinx PACO represent a significant step forward in enabling access to, and management of, primary care services. Published evidence on digital tools generally suggests they offer potential benefits in terms of speed, efficiency and workflow enhancement. However, they also face common implementation challenges, including system compatibility, user adoption and the need for continuous evaluation in real-world settings. As of July 2025, there is no publicly-available evidence on the effectiveness or implementation of Blinx PACO in UK primary care.

A key focus is on digital literacy by building the confidence and capability of both staff and patients to use digital tools safely and effectively. This work is essential to ensure that digital transformation reduces, rather than reinforces, health inequalities across Cheshire and Merseyside.

2 EVALUATION DESIGN AND METHODOLOGY

Health Innovation North West Coast (HINWC) has been commissioned by the ICB to independently evaluate the implementation of Blinx PACO in real-world primary care settings. This evaluation explores how the tool operates in practice within a complex environment, characterised by resource constraints, organisational challenges and a diverse patient population. Findings are intended to support future commissioning, strategic planning and digital service improvements in the region.

EVALUATION APPROACH

This evaluation adopts a mixed-method, observational approach that integrates quantitative data with qualitative insights to explore both the implementation and emerging impact of Blinx PACO. It is grounded in implementation science methodologies to better understand the broader context influencing the adoption and use of this solution across Cheshire and Merseyside.

EVALUATION FOCUS

- **Digital tools mapping:** A regional overview of digital tools currently in use across primary care networks (PCNs) and GP practices, providing insight into patient demographics, local commissioning decisions and the digital landscape.
- **Implementation assessment:** Using the Consolidated Framework for Implementation Research (CFIR)[7] to explore contextual factors influencing implementation and the Proctor's Implementation Outcomes Framework[8] to assess outcomes such as acceptability, adoption, appropriateness (definitions in Appendix A).
- **Emerging impact:** Understanding pilot site engagement, patient perspectives and usage patterns, particularly health form submissions and Did Not Attend (DNA) rates, to identify potential impacts on productivity and service efficiency.

CONTEXTUAL CONSIDERATIONS

A detailed scoping exercise was conducted between November and December 2024 to examine the commissioning process for digital tools in primary care. To support alignment, HINWC hosted a logic modelling workshop with Cheshire and Merseyside ICB commissioners and other stakeholders on 11 Nov 2024. The resulting co-designed logic model (Appendix B) serves as a guiding framework for this evaluation.

[7] Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implement Sci. 2009;4(1):1–5.
Damschroder LJ, Reardon CM, Widerquist MAO, Lowery J. The updated Consolidated Framework for Implementation Research based on user feedback. Implement Sci. 2022 Oct 29;17(1):75. doi: 10.1186/s13012-022-01245-0. PMID: 36309746; PMCID: PMC9617234.

[8] Proctor E, Silmere H, Raghavan R, Hovmand P, Aarons G, Bunger A, Griffey R, Hensley M. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health. 2011 Mar;38(2):65-76. doi: 10.1007/s10488-010-0319-7. PMID: 20957426; PMCID: PMC3068522.

Blinx PACO is implemented alongside other tools and traditional care models, with integration levels varying across practices. As a real-world evaluation, a controlled comparison between users and non-users is not feasible. Therefore, the evaluation is structured in two phases:

- **Phase 1: Overview and mapping –** Capturing baseline data on digital tool use, population characteristics, and pilot site expectations and challenges. Findings informed the interim evaluation report submitted to the ICB in March 2025.
- **Phase 2: Implementation outcomes and emerging impact –** Analysing data through Implementation Science Frameworks to assess early effects and derive insights from users' and patients' experiences.

Logic Model

A logic model is a structured framework that outlines the key elements of a programme or project. Helps clarifying what:

- **resources are used (inputs)**
- **actions are carried out (activities)**
- **results are expected over time (outputs, outcomes and impact)**

It supports planning, communication and evaluation, and ensures alignment with project's goals and intended results.

DATA COLLECTION AND ANALYSIS

Data was collected between December 2024 and June 2025 through six sources:

1. **Mapping digital tools survey**[9] (9 Dec 2024 – 6 January 2025), distributed to all 356 GP practices and primary care networks (PCNs) across Cheshire and Merseyside as of 9 Dec 2024.
2. **Baseline and implementation survey** (7 - 20 Jan 2025), shared with all pilot sites as of 7 Jan 2025.[10]
3. **Early outcomes and impact survey** (16 May - 13 June 2025), targeting 48 live and part-live pilot sites as of 6 May 2025.
4. **Patient feedback survey** (16 - 30 May 2025) was shared both digitally and in paper format across 23 selected pilot sites (as of 6 May 2025) to capture diverse perspectives.
5. **Semi-structured interviews** with nine primary care leaders (April - May 2025).
6. **Usage analytics for Blinx PACO** (Oct 2022 - June 2025) capturing appointment availability, missed appointments (DNAs), and submitted health forms at 48 live and part-live pilot sites as of 6 May 2025.

Survey instruments incorporated some suggestions from both the ICB and the Blinx team. All instruments are shown in Appendices C to H. All surveys include consent clauses. Interview participants gave verbal consent. Data collection was affected by winter pressures, competing system priorities and initial rollout delays. Survey data was analysed using descriptive statistics, and qualitative data through thematic coding. Tools used include SurveyMonkey, Excel, MAXQDA.

This evaluation complies with GDPR and did not require ethical approval. Risks, including digital exclusion and health inequalities, were considered, with mitigation strategies implemented to strengthen data validity and inclusivity.

[9] Of the 356 total, 106 practices were in pilot and 249 not in pilot as of early Dec 2024.

[10] Shared with 80 contacts, of which 60 correspond to practice representatives and 20 to PCN staff members.

HEALTH EQUITY FOCUS

Health equity is a central focus of this evaluation, reflecting the region's diverse population and persistent inequalities. Data collection and analysis aim to surface opportunities for more equitable digital access and patient engagement in primary care. While the digital inclusion impact assessment and health equity assessment tools were not formally applied in this evaluation, their development by the ICB was considered in interpreting findings.

EVALUATION BOUNDARIES

This evaluation focuses on understanding Blinx PACO's feasibility in supporting workflow simplification in general practice. It does not assess:

- Practice staff experience
- Clinical outcomes or safety
- Cost-effectiveness
- Functionality of individual features
- Digital Technology Assessment Criteria (DTAC) compliance
- Comparison with other tools
- Direct health equity impact

3 FINDINGS

3.1 MAPPING OF DIGITAL TOOLS USED IN PRIMARY CARE CHESHIRE AND MERSEYSIDE

A mapping survey of digital tools survey was distributed to all 356 GP practices across Cheshire and Merseyside to understand what technologies are used to fulfil certain tasks as of 9 Dec 2024. Responses were received from 63 primary care leaders and practice representatives, most of whom are highly involved in commissioning and transformation. Data reveals the limited digital workforce expertise in primary care, often restricted to small, dedicated teams or absent altogether. This constrains the ability to fully assess system implementation and sustainability.

Findings indicate that the commissioning of digital tools and functionalities is complex and highly saturated. There is an opportunity to streamline decision-making to reduce digital redundancy caused by overlapping tools and functionalities, while supporting ongoing education to ensure users fully understand the capabilities and potential of available technologies.

- **Most widely used tools:** Patchs, Accurx SMS Plus, and AccuBook Self Book.
- **Adoption variability:** Mjog and Apex have lower adoption rates across all functionalities.
- **Function-specific platforms:** Certain platforms such as Apex, Ardens and EMIS Hub, are primarily used for specific functionalities.
- **Higher duplication of tools:** Online consultations and patient communications (SMS / email).
- **Opportunity for digital tools:** Video consultations, cross-organisational appointment booking and demand and capacity management.
- **Commissioning routes:** The main routes recorded are through ICB and individual practices.

The data reveal potential confusion, with some practices reporting the use of tools for functionalities that the technologies do not actually provide, highlighting the need for clearer guidance and consistent digital literacy support.

Table 1. Heatmap of digital tools and use by functionalities in Cheshire and Merseyside as of 6 Jan 2025

Which digital tool(s) is your practice using for...?	Patchs	eConsult	AccuRX Triage	TPP SystmOne	iPlato	AccuRX SMS Plus	AccuBook Self Book	Mjog	Blinx PACO	Apex	Ardens	EMIS Hub
Online consultations (N=60)	40	6	11	0	11	17	19	4	7	9	17	8
Video consultations (N=57)	19	2	9	1	0	10	0	0	4	0	0	0
Patient communications (SMS/email) (N=54)	27	2	10	1	18	41	22	6	7	1	2	0
Self-booking (N=54)	7	0	1	0	8	5	38	1	8	0	0	3
Patient health forms (N=53)	23	2	4	0	7	27	6	0	7	0	1	0
Care navigation (N=50)	21	2	5	1	4	7	3	0	4	1	1	7
Cross-organisation appointment booking (N=50)	1	0	1	2	0	1	2	0	2	0	0	33
Analytics and reporting (N=50)	10	0	4	1	1	2	1	3	3	16	29	19
Demand and capacity management (N=49)	7	3	1	0	0	0	0	0	3	14	5	16

Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape. Note: Figures include survey data from practices (not PCNs). Cell colour intensity reflects the value magnitude or number of practices reporting the use of a specific solution. Darker shades indicate higher values, while lighter shades indicate lower values. Colours are scaled relative to the range of values in this table.

Practices can use multiple tools for the same functionality. For instance, the word cloud in Figure 1 below represents practices that reported using digital tools for patient communications (SMS/email) as of 6 Jan 2025. Other visual representations of functionalities are in Appendix I with detail of this mapping exercise.

Figure 1. Number of practices reporting digital tools for patient communications (SMS/email) as of 6 Jan 2025

Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.
Note: The word size indicates how frequently each tool was recorded, with the exact frequency displayed next to each tool.

Findings related to patient communication tools indicate signs of saturation across practices. Among 58 responding practices, a total of 144 tools were reported—an average of 2.48 tools per practice. The most frequently used platforms include Accurx SMS Plus (41 practices), Patchs (27) and AccuBook Self Book (22), alongside others such as Informatica, NHS email, and Docmail. Usage is evenly split, with half of practices using one or two tools and the other half using three to four tools. The majority of tools are commissioned through the ICB, and 14 out of 16 practices reported that their contracts were due to expire around mid-2025, highlighting a timely opportunity to streamline and realign communication systems.

3.2 BLINX PACO IMPLEMENTATION

The findings draw mainly on qualitative data. A total of nine semi-structured interviews were conducted with senior primary care leaders. Of these, four leaders were from pilot sites and participated directly in the implementation, four were from non-pilot sites with no direct involvement and one was a clinical non-user who also represented the ICB[11].

Interviews were conducted online using MS Teams during April and May 2025. A thematic analysis was conducted from the transcripts using MAXQDA software.

Interview data were reviewed and analysed following two complementary frameworks:

Framework	Interview data analysis
CFIR to guide a systematic assessment of potential barriers and facilitators of the Blinx pilot	Nine interviews to pilot and non-pilot site leaders
Proctor's Implementation Outcomes Framework to assess implementation outcomes	Four interviews to pilot-sites leaders

[11] An additional interview was conducted outside the formal data collection period and is therefore not included in the findings presented in this evaluation.

The analysis was based on thematic frequency and intensity, identifying patterns not only in how often themes appeared but also in how strongly or emotionally they were expressed. Repeated coding within the same interview was applied when recurring ideas carried new nuance, emphasis or contextual depth, reflecting the evolving meaning across the participant's narrative.

Data was examined using inductive-deductive content analysis. An inductive analysis to capture context-specific factors and leader's in-depth perceptions of Blinx PACO and the pilot followed by a deductive approach guided by CIFR. All coding and thematic interpretation were carried out manually by the HINWC team to ensure contextual accuracy, rigour, and reflexivity in line with qualitative research standards.

Initial analysis resulted in ten core codes, and many sub-codes (see full code system in Appendix J).

3.2.1 AN ASSESSMENT OF IMPLEMENTATION OUTCOMES[12]

Acceptability (product): The perception that Blinx PACO is satisfactory.

Blinx PACO is widely seen as a highly acceptable digital platform, with users frequently rating it nine or 10 out of 10 and celebrating its user-centred, customisable design. Its flexibility in adapting to local workflows and communication needs distinguishes it from other systems like Patches, which some leaders describe as more rigid, enabling practices to streamline triage, reduce administrative burden and support patient self-service. Overall, leaders report staff feeling confident using it, whilst improving communication and efficiency. No major complaints are reported and overall, there is a strong desire to continue using the system post-pilot. However, acceptability is not uniform; some users express cautious optimism, and certain features remain underused due to system limitations, patient uptake or role-specific usage. While no major barriers were reported, the need for ongoing technical support, staff training, and local customisation highlights the importance of implementation context, staff engagement and patient engagement in shaping the platform's success across primary care settings.

"It does more of what you think it can do. It's endless what you could actually put on a digital front door and how you communicate with patients."

"From my point of view, I would continue with Blinx even if the pilot does not continue — it works for us."

Acceptability (pilot): The perception that the pilot is satisfactory.

Views on the pilot's acceptability were mixed, reflecting both strong engagement and underlying tensions. While many participants appreciated the Blinx team's responsiveness, the inclusion of GP voices and the use of multiple communication channels (e.g., newsletters, drop-ins and task groups), others raised concerns about transparency, perceived pre-determined outcomes and inconsistent information sharing. Some felt the pilot implicitly favoured Blinx, especially as alternative tools were phased out. Uncertainty around future funding further contribute to scepticism. This duality highlights the importance of promoting collaborative effort in a complex and multilayered environment.

"They've got informal drop-in sessions, then they've got the formal meetings, they've got the newsletters... everybody can see them, not just those on the Blinx mailing list."

"There is feedback... but that tends to be sporadic. Different people rather than one consistent."

[12] Four interviews to pilot-sites leaders.

Adoption: The intention, initial decision or action to use Blinx PACO.

Adoption of the Blinx platform across Cheshire and Merseyside has progressed steadily but unevenly, with variation in pace, and staff confidence and depth of use across sites. Many practices have taken a phased/staggered approach, starting with features like messaging or call and recall before fully implementing the digital front door (DFD), allowing time for staff to build confidence before transitioning completely. Peer-to-peer learning and local autonomy have supported adoption, particularly among administrative staff, while clinician uptake has been slower due to staggered strategies, clinical workload and competing priorities. Training and support were valued, but structural challenges, such as EMIS integration gaps and comparisons to valued functionalities (especially those in Accurx), continue to impact adoption. Some participants expressed concern over perceived pressure to decommission existing systems, and early inconsistencies in communication and rollout coordination may have hindered broader uptake. Overall, Blinx shows promise, but its implementation highlights the complexity of embedding digital tools in diverse primary care settings.

"Call and recall was the first thing that we worked on... then we worked on the digital front door... then launched the full digital front door."

"We used Blinx for admin and nurse appointments... whilst using Patchs for GP triage... it was really hard work from the practice point of view."

Appropriateness: The perceived fit, relevance or compatibility of Blinx PACO to address inefficiencies in primary care.

Stakeholders generally view Blinx as an appropriate platform for primary care, valuing its customisability, flexibility and ability to align with practice workflows, particularly in settings where teams took ownership of configuring their digital front doors to support efficiency, accurate triage and patient convenience. Some contrasting views emerged, especially when compared to more established systems like Accurx. Participants cited challenges such as the effort required to transition while missing key features of other solutions (e.g., Accumail[13]), a steep learning curve, persistent legacy habits or staff hesitancy for change under pressure. These mixed perceptions suggest that while Blinx is broadly fit for purpose, its effectiveness depends on local context, readiness for change, and the time and support available for implementation.

"One of my big things was anything that is not triaged, let's give the patients access to just do that... it doesn't matter if they book the appointment at 3:00 in the morning."

"It is a lot of work for practices, but it seems to be, that it's worth putting in that time and capacity because the system really does help."

Cost: The cost impact of an implementation effort (money and other resources).

Leaders recognise that financial support and subsidised access through the pilot make Blinx PACO more attractive and justifiable. Some see strategic value in early adoption, engaging without needing to pause other projects. However, leaders consistently frame cost in terms of opportunity cost, citing time, staff capacity and change fatigue as key barriers. The significant effort required to configure, train and embed a new digital system while continuing routine service delivery was a recurring concern. Competing priorities and uncertain digital funding led some to delay full adoption or deprioritise underused features, highlighting the broader tension between digital transformation and the operational constraints of stretched primary care environments.

"The blocker is time and is a massive one, because time to train people, time to set things up, having the time to consider what you want it to do."

[13] Allows for two-way communication with other healthcare professionals and services while integrating directly with the patient record (EMIS/SystmOne) so that all communication about a patient is saved in their patient record.

"They're particularly stretched at the moment, with staff off and things like that, and they just don't feel that they can commit that time at the moment."

"The funding is always a concern because we never know what digital funding we will get or whether we'll have enough funding to pay for digital products."

Feasibility: The extent to which Blinx PACO can be successfully used.

The feasibility of implementing Blinx PACO is shaped by a balance between enabling factors (such as strong leadership, responsive technical support, tailored training and the adaptability of the platform) and challenges related to workforce capacity, user familiarity and change fatigue. Uptake is often driven by proactive leaders and digital champions who have embedded the system into workflows while reassuring staff about the purpose of change. But feasibility concerns also emerge, including time pressures, staff hesitancy due to repeated digital transitions, and uneven rollout experiences. These varied perspectives highlight that successful implementation depends not just on system functionality, but also on timing, communication, and the cultural readiness of practices for digital transformation.

"Super user training and all these modules... really easily accessible and all the support that's been mapped around that. Seems to really be just above and beyond from the Blinx team."

"You tell people: 'You need to find some time to watch the videos', and their responses are like: 'Would we find time? Never got time'."

Fidelity: The degree to which Blinx pilot was implemented as it was prescribed in the original protocol or as it was intended by the technology developers.

The fidelity of Blinx implementation reflects a balance of innovation, adaptability and challenges in maintaining consistency with its intended design. Practices with the time and capacity to customise workflows demonstrate strong ownership, often enhancing local fidelity through tailored, responsive configurations, even when deviating from standard templates. However, concerns arise around variable implementation, unclear messaging about funding, and misalignment with patient expectations/needs. Overall, leaders accept that patient engagement is challenging, and, even when they think there is a well-designed pathway, change is undermined when users misunderstand forms or fail to follow intended processes. In some places, although efforts have been made to gather patient feedback for customisation improvement, low response rates are recurrent and wider disillusionment with the NHS limits insight into "productive" patient experience. Despite this, most leaders report a generally positive view of fidelity as a key implementation outcome.

"On the whole, it's been pitched in the right way."

Penetration: The integration of Blinx PACO within primary care settings.

The penetration of Blinx within primary care practices is steadily increasing, particularly where staff view that it is aligned with national contract requirements and that it is a driver of internal efficiency and pathway improvements. It is becoming embedded in daily workflows, including for example triage, chronic condition, reviews, administrative tasks, leading to more efficient use of clinician time and greater involvement of non-clinical staff through protocol-driven processes. In some practices, this has enabled meaningful transformation in care delivery and access. On the other hand, concerns remain around patient comprehension and use of the digital front door, with issues like online booking, misuse of request routes and missed appointments.

Sustained penetration is seen as reliant not just on system functionality, but also on staff trust, patient clarity, and ongoing support for cultural change.

"We were getting a lot of acute requests in a routine request and routine problems in an acute request... so we changed the structure of our digital front door."

"Although it is taking time out from other priorities... I think it's seen as worthwhile."

Equity: The extent to which the pilot helps reaching specific population groups that may be under-represented or disadvantaged.

The implementation of Blinx PACO shows promising signs of promoting equity through accessible digital features and consistent patient journey design. Several practices are making conscious efforts to ensure alignment of digital and non-digital pathways, helping to prevent the marginalisation of less digitally-confident patients. Specific examples, such as support for neurodivergent patients (e.g., ADHD, autism) or people of working age affected by chronic illness, illustrate how digital tools can empower underserved groups by reducing reliance on traditional phone-based or face-to-face interactions.

"We've tried to make everybody's patient journey as similar as possible... it levels the playing field a little bit."

"I don't know necessarily how [the risk stratification tool] ties into specific populations or diversity. I'm sure it does, but I've just not got that level of understanding."

"I think once [the patients] realise how simple it is to use... what you actually find is a lot of them have access to the Internet."

These advances contrast with a broader lack of awareness around structural health inequalities and the risk of digital exclusion. Comments suggest a limited understanding of how tools like risk stratification link to diverse population needs, with equity rarely mentioned in the context of implementation or data insights. While individual practices show initiative, there appears to be no consistent strategy or monitoring mechanism to identify or address digital barriers affecting older adults, non-English speakers and people with limited internet access. There is room for increased education and awareness among all system leaders about health inequalities and digital exclusion, particularly important in high-deprivation areas like Cheshire and Merseyside. Overall, equity considerations remain reactive and fragmented, raising concerns that underserved groups may still be left behind if digital solutions outpace inclusive practice design.

Sustainability: The extent to which Blinx PACO is maintained or institutionalised within primary care.

The sustainability of Blinx PACO as a long-term digital solution depends on its ability to adapt to evolving user needs. Ongoing developments (e.g., chronic disease modules, automated campaigns and waiting lists and NHS App integration) are viewed positively as signs of continuous improvement. Some leaders value its "one-stop shop" approach and active user feedback driving agile updates. Conversely, critical gaps remain, particularly the lack of secure external communication tools (such as Accumail) and incomplete EMIS (or SystmOne) integration, which impact workflow efficiency and satisfaction. Reliance on manual processes for tasks such as managing settings on bank holidays also limits scalability. Sustainability is further challenged by uneven adoption across practices and resistance from users tied to other systems like SystmOne or those with strong preference to Accurx.

"I've always wanted a one stop shop for everything... I believe Blinx captures that."

"That's potentially very exciting for us in terms of improving our numbers for our Quality and Outcomes Framework and recall."

"We will lose that functionality because that's [Accumail] not available in Blinx."

3.2.2 AN ASSESSMENT OF CONTEXTUAL FACTORS, POTENTIAL BARRIERS AND FACILITATORS[14]

CFIR provides a menu of constructs arranged across five domains that can be used as a practical framework to help guide systematic assessment of potential barriers and facilitators. Understanding these help tailor implementation strategies by recognising outcomes and making actionable recommendations.

The five CFIR domains are:

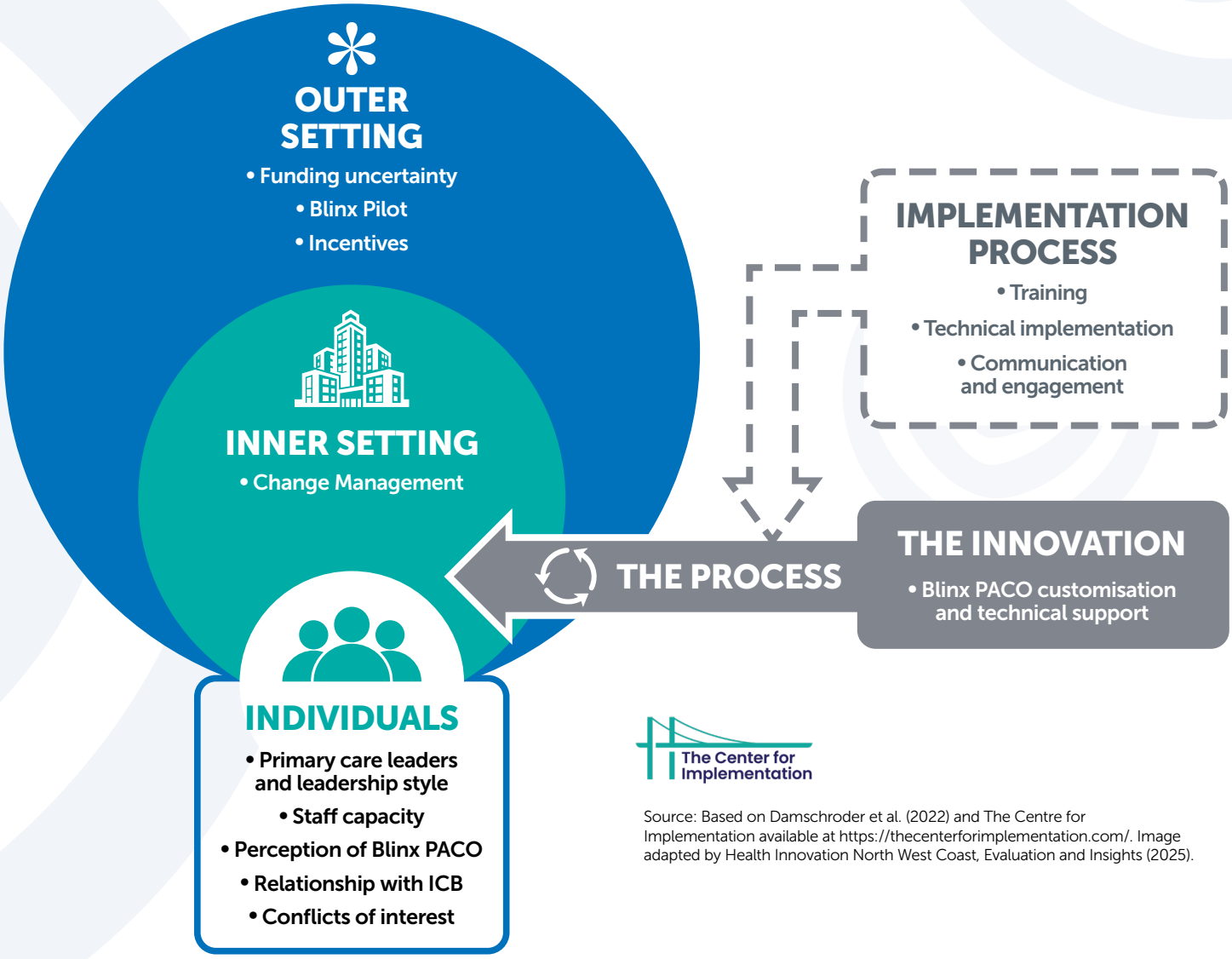
1. **Innovation: The use of Blinx PACO as a digital solution or technology with customisation undertaken to deliver healthcare services in primary care.**
2. **Outer setting: External influences on pilot implementation, including funding uncertainty in primary care, Blinx pilot and incentives for digital transformation.**
3. **Inner setting: Change management in primary care settings.**
4. **Characteristics of individuals: A leader's beliefs and behaviour affecting the delivery of services, and design and implementation of digital transformation, including their leadership style, strategy to manage staff capacity, perception of Blinx, experience using other technology, relationship with the ICB and existing conflicts of interest.**
5. **Implementation process: Including factors like training, technical implementation, communication and engagement.**

The largest number of comments during interviews focused on the intertwined relationship between the design and implementation of Blinx PACO as a digital tool. This refers to how design choices (how the platform is structured, functions, and intended to be used) are closely linked to, and influence the process of implementation and vice versa. In other words, design shapes implementation, and implementation, in turn, shapes or challenges the design.

The extent to which this cycle becomes a productive working dynamic depends on effective collaboration, engagement and responsiveness from everyone involved.

[14] Nine interviews to pilot and non-pilot site leaders

Figure 2. The CFIR domains of the Blinx PACO pilot implementation



The Center for Implementation

Source: Based on Damschroder et al. (2022) and The Centre for Implementation available at https://thecenterforimplementation.com/. Image adapted by Health Innovation North West Coast, Evaluation and Insights (2025).

INNOVATION

Customisation and technical support: A focus on customisation, continuous product development and peer learning

Interviewees' perspectives on customisation and technical support for Blinx PACO show a clear divide between pilot and non-pilot participants, as well as a spectrum of views even within pilot sites.

Pilot users, particularly those highly engaged in setting up their own digital front doors (DFDs), value the flexibility and technical support Blinx offered. Some welcome the platform's adaptability to local workflows and its responsive support team, especially in the early phases of the pilot. For these users, co-creating health forms for patients, developing advanced searches that allow long-term monitoring, and establishing patient communication pathways give them ownership and confidence in the system.

"It's more intuitive in that you can set up your front door how you like to fit in with your practices, staff, structures and processes." (Pilot site)

The same customisation capability is also described as a burden, particularly when it requires significant time and technical skill. Some leaders report feeling overwhelmed by the setup workload or unsure how to design the DFD for patient understanding.

Some non-pilot users think of Blinx with cautious optimism: impressed by what they've seen through peer learning, but wary of technical issues, slow onboarding and loss of functionality compared to legacy systems like Accurx, and or even lack of integration with EMIS or SystmOne.

"It wasn't very user-friendly with EMIS... you have to open several windows to make it integrate." (Non-pilot site)

Blinx PACO continuous development is both a strength and a source of frustration. While it fuels innovation and responsiveness, it also introduces uncertainty, especially where core features are still missing or not yet fully developed (e.g., NHS App integration, Accumail functionality). Peer learning has played a notable role in building trust and interest among primary care leaders, but some non-pilot sites still feel disconnected or inadequately supported.

Notably, a few 'pilot' interviewees flagged a concern that technical support, while initially highly responsive, appeared to have become less so as Blinx scaled up its operations and took on more sites. This perceived shift has led to some uncertainty about the platform's ability to maintain the same level of hands-on support as adoption expands.

Recommendation:

- **Maintain structured, scalable support for customisation and onboarding through technical assistance, clear guides and peer learning. As Blinx Healthcare grows, retain the personalised support valued by early adopters while formalising co-design processes and reducing burden on practices. To ease frustration with continuous development, introduce clear product roadmaps, timelines and boundaries between testing and stable releases. Prioritise delivery of core functionalities expected from legacy systems and improve integration with existing EPR systems.**

OUTER SETTING

Pilot and evaluation: A focus on market analysis and dissemination of evidence impact. Assurance of funding stability and greater flexibility to use funding available for digital transformation.

Interviewees generally appreciate the structured approach to evaluation, noting that it marks an improvement over previous rollouts, which lacked similar engagement and feedback loops.

"It's actually quite refreshing... we didn't have this level of interaction or evaluation with Patchs... so this is actually quite nice to have." (Pilot site)

There is recognition that newsletters featuring clear, practical examples of benefits help practices reflect on their own use of the product. Yet even among pilot sites, concerns remain about whether Blinx is being fully used and whether comparative insights from other products are being adequately considered. This reflects a desire for more robust market analysis to ensure that decisions are not based solely on the claims of a single provider. While this appetite for comparison is clear, many acknowledge that true 'like-for-like' comparison is difficult due to fragmented functionality across different digital systems.

Non-pilot participants, are even more cautious and even sceptical. While many are open to adopting Blinx if the pilot proves successful, they emphasise the need for clear, evidence-based evaluation outcomes before they can commit to participate in the Blinx pilot. Concerns about funding continuity are relevant. Some warn that tools initially funded by the NHS often lose support over time, leaving practices with unfunded systems that they have become dependent on. This creates an aversion to adopting new technologies without long-term financial guarantees or flexible procurement mechanisms.

"There's some concerns... how are we also looking at all the alternative products on the market... it's not just Blinx." (Pilot site)

"Let the people who are already doing Blinx...do the pilot and then we'll wait to see what the results are." (Non-pilot site)

For both pilot and non-pilot participants, transparency and evidence dissemination, accompanied by clear reassurances on future funding, are essential for broader acceptance.

Recommendation:

- **The ICB should prioritise the transparent dissemination of evaluation findings across all practices, including comparative insights with other market products. To support confident adoption, a clear funding strategy should be published outlining short- and medium-term commitments or providing flexible options for practices. This will help mitigate risk aversion and foster informed, sustainable digital transformation.**

Incentives and enablers: A focus on pathway improvements, tech integration, financial incentives and national contract

Interviewees from pilot sites show general optimism when discussing incentives and enablers, focusing mostly on improved efficiencies, pathway redesign and contractual alignment. While they acknowledge an initial investment of time, many see value in changes that improve clinical workflow, enable administrative delegation, increase staff engagement when customising the product, and improve patient access.

"If we can see someone in 10 minutes because they've already sent all their information in... it leads to improved efficiencies in terms of appointments, meaning we can see more people." (Pilot site, pathway improvements)

"It will actually help with some other priorities... you've got to change in some way." (Pilot site, national contract alignment)

The national contract is seen as a key driver, supporting the adoption of integrated technologies, such as Blinx, which consolidates functions previously handled by multiple providers. In contrast, non-pilot interviewees, particularly those without direct incentives or funding, voiced frustration over fragmented tech ecosystems, limited interoperability and a perceived lack of choice. While some were comfortable with their current tools, citing staff familiarity and functionality, others questioned the rationale for replacing working systems with potentially less effective alternatives, especially in the absence of additional financial support. These contrasting perspectives reflect a broader tension between centrally-driven mandates and local autonomy, with pilot sites appearing more empowered and resourced to adapt constructively.

"Wouldn't it be great if we had one system that covers the whole lot? But we don't. I'd be saying: scrap the lot." (Non-pilot site and ICB)

"My key underlying system is EMIS, so why isn't EMIS providing a good phone consultation module? Why do I have to have Accurx?" (Non-pilot site)

Recommendation:

- **Enable equitable access to digital transformation by combining financial incentives, contractual clarity and system integration support across all sites, not just pilot sites. National mandates should be matched with local autonomy, clear communication and interoperability planning to avoid disenfranchising non-pilot practices and to unlock sustainable adoption.**

INNER SETTING

Change management: A focus on leadership, change readiness and barriers

Comments on change management reveals striking contrasts between pilot and non-pilot sites, especially in terms of leadership approach, views on change readiness, and capacity and human barriers.

Pilot sites show greater adaptability, often underpinned by transformational and hands-on leadership, dedicated time for staff engagement, and staggered rollouts that allowed teams to gradually integrate the tool into daily routines. Leaders in pilot sites often position themselves as change champions, breaking down processes and co-designing workflows with staff. However, even within these sites, change fatigue, time pressures and a degree of staff hesitation remain significant hurdles, particularly when the transition occurred soon after Patchs rollout.

"It was a plan from day one... bringing the team with you and having that conversation so they know why you're doing and what you're doing." (Pilot site)

"So I gave them a hard deadline and said: on this date, I am deactivating your Accurx... in the end, I didn't need to because they all just got the hint and started using Blinx." (Pilot site)

Conversely, non-pilot sites express a mix of scepticism and caution, often rooted in previous poor experiences with system rollouts (normally associated to Patchs), lack of capacity or absence of tailored support. Overall, their reluctance seems shaped by defensive leadership styles and concerns about funding uncertainty. Many non-pilot interviewees pointed to a lack of readiness to decommission existing tools or to manage onboarding while under constant clinical pressure, whilst post- pilot funding remains unclear. Although some express openness to future adoption, they emphasise the need for clearer incentives, protected time and proven success in similar settings. The cumulative effect of ongoing digital transformation without structural support has eroded enthusiasm and trust, underscoring the need for a more human-centred and system-aware approach to change.

"It's going to change again, so why bother learning it?" (Pilot site)

"I'm not going to go with the first 10% [testing a new solution] because I've seen too many people get their fingers burnt." (Non-pilot site)

Recommendation:

- **To ensure successful digital transformation, embed change management into routine practice operations through phased rollouts, protected time and consistent leadership engagement, while actively addressing change fatigue through co-designed support and transparent communication.**

INDIVIDUALS

Perceptions of Blinx PACO: A focus on perceived effectiveness, its comparison to other solutions, and user satisfaction and likelihood to recommend.

Interviewees' perceptions of Blinx PACO vary significantly between those involved in the pilot and those who are not.

Pilot sites often emphasise the system's comprehensive nature and its ability to consolidate functions previously spread across tools (e.g., Accurx, Patchs and iPlato). They report improvements in workflow efficiency, patient digital empowerment/education and inclusive access, particularly for neurodiverse or working-age patients with chronic conditions.

Satisfaction levels are generally high among pilot users, who rate their experience positively and express a strong likelihood of recommending the platform. Some non-pilot participants also show interest in adopting Blinx, especially after learning about its functionality through peer engagement with pilot sites.

"I like the fact that patients can book their own appointments without involving any of my team... that's massive." (Pilot site)

However, familiarity and comfort with legacy systems like Accurx influence ongoing reluctance among non-pilot sites. Some describe certain Blinx functionalities as "clunky" and question its added value, especially among SystmOne users, or frame Blinx PACO as "just another platform" in an already crowded digital landscape. Compared to Accurx, which was seen as fast and reliable, Blinx is occasionally described as requiring more effort or lacking intuitive use.

"It's not quite as quick as Accurx because you've got to enter in the patient details." (Pilot site)

"It's just the same [as current tools], just on a different platform. And it's only because we're used to these platforms that we've stuck to them." (Non-pilot site)

Even among pilot users, concerns are raised about interface issues. Some report faults with the Rocket Bar, limited visibility of message delivery or missing features (e.g., automated appointment reminders). Nonetheless, these were often contextualised as part of ongoing development or customisation.

Recommendation:

- **Improve user experience by refining the Blinx PACO interface, ensuring feature parity with other tools or functionalities and promoting its value through peer-led learning and demos.**

Relationship with ICB: A focus on communication, support and initial engagement, and the need for greater transparency

Pilot interviewees generally express a cautiously positive view of the ICB's communication and support, highlighting improvements compared to previous initiatives and noting that the ICB has been responsive to feedback since the pilot started, particularly in providing clearer rollout schedules and involving GPs in decision-making.

"From the ICB point of view, I think the pilot shows that they have learnt from what happened over COVID. They [the ICB] are listening [the feedback], by organising , the board meetings, the drop in clinics." (Pilot site)

"I've felt I've been kept well informed of what's going on." (Pilot site)

One interviewee, who serves as a clinical voice representing the ICB, highlights a key lesson from the pilot: the advancement of knowledge and awareness around digital clinical safety. This is a valuable area of learning, not only for the pilot sites but also through cascading insights to practices outside the pilot. This represents a positive externality of the programme, with potential system-wide benefits. Understanding digital clinical safety requires deeper insight into the risks of what happens when technology fails and the safety benefits these tools can offer. This growing awareness marks an important step toward embedding clinical safety as a core component of digital transformation in Cheshire and Merseyside.

Some appreciate the ICB acting as a conduit between practices and Blinx, with a sense that lessons from past experiences related to the Patchs rollout, have been learned to some extent. However, these views are not universal, some pilot participants report inconsistencies, especially regarding contract costs and a lack of full clarity on funding commitments, which has led to some confusion and mistrust.

Outside the pilot, perspectives are more mixed and critical. Representatives note ongoing communication challenges, with frustrations around unclear messaging, shifting criteria for participation, and perceived top-down decision making that limits practice autonomy.

"Our understanding was that if we agreed to be part of the pilot, then our costs for the contract would be covered. ...then later on, it was like, 'Oh, no, we didn't say that' ." (Pilot site)

"I didn't like... when you call it a pilot, it has to be a pilot, not expecting people to give up your existing providers, which nobody would like to do." (Non-pilot site)

"There's been no openness in that [why Blinx over other technologies]. And I don't think that's right either... somebody higher up in the ICB just decided to go ahead and take on this pilot." (Non-pilot site)

Transparency remains a major concern across both groups, with some feeling that decisions have already been made, despite framing the initiative as a pilot, and that financial governance and rationale (based on value added from existing solutions) behind choices have not been clearly communicated. This lack of transparency undermines trust and fuels scepticism about the true openness of the engagement process.

Recommendation:

- **To build and sustain trust across all sites, the ICB should prioritise transparency by clearly communicating the pilot's scope, funding arrangements and decision-making processes. Provide consistent, timely information and ensure all stakeholders, whether in or out of the pilot, feel genuinely included in engagement efforts, with clear options and explanations about implications for commissioning specific tools.**

Conflicts of interest: A focus on trust and confidence in ICB decisions, anti-competitiveness, automation risks, change readiness and constant change.

The discussion around conflicts of interest reveals stark contrasts in perception between pilot and non-pilot sites. A pilot participant express a heightened awareness of potential conflicts but convey a stronger sense of integrity in how these are being managed—for instance, through a deliberate decision not to be employed by Blinx while bringing a clinical lead voice to the pilot. Still, concerns exist about anti-competitiveness and practice-level autonomy within practices and PCNs. Staff also report hesitancy linked to perceived efficiency gains that may displace roles or increase workload, illustrating a broader innovation-readiness tension. While some embrace the potential for patient self-service, others worry that expectations are outpacing operational capacity.

"I am very deliberately not employed by Blinx... there was a conversation about whether I was going to be paid through Blinx and I declined. I said I didn't think that was the correct way to go about it." (Pilot site)

"Patients don't care what system we use... they just want to access their GP and book an appointment." (Pilot site)

"Let's give the patients access to just do that... it doesn't matter what time they do it." (Pilot site)

Outside the pilot, concerns are far more pointed and systemic. Non-pilot sites express distrust in ICB decision-making processes, often citing anti-competitive procurement that undermines market choice and fuels feelings of exclusion. Many fear a growing reliance on automation could marginalise the human aspects of care, lead to job displacement, and reduce quality through fragmented systems. Criticism of the ICB's strategy is often framed as resistance to top-down imposition of a 'one-size-fits-all' solution that fails to accommodate local preferences. Together, these concerns reflect a need for the ICB to rebuild confidence through transparency, participatory governance and greater respect for local context.

"You didn't ask the right clinicians... people didn't look at the whole picture." (Non-pilot site)

"You kind of feel a bit... discriminated against, that they're putting all of their eggs into one basket and funding something that we don't actually need or want." (Non-pilot site)

Recommendation:

- **Ensure fair procurement through transparent conflict-of-interest protocols, inclusive decision-making and engagement with diverse clinical perspectives.**

IMPLEMENTATION PROCESS

1. Training: A focus on staff capacity, accessibility and strategic planning

Insights on training and staff capacity reveal clear contrasts between pilot and non-pilot sites, especially in planning, accessibility and the effectiveness of training strategies.

In pilot areas, strategic co-ordination is evident: staff rotas have been adjusted to accommodate training, team leaders actively managed training schedules and a "train-the-trainer" super-user model has been implemented. In contrast, non-pilot sites often cite training challenges as a reason for not participating, over-reliance on self-directed learning, and lingering negative perceptions from previous digital rollouts.

"Seems to really been just above and beyond from the Blinx team." (Pilot site)

"Our digital champion will sit with you, show you how to use it... encourage more people to actually get on and use it." (Pilot site)

Accessibility has played a crucial role. On-demand videos and role-specific modules are widely valued in pilot sites, offering flexible, scalable training options. In-pilot leaders suggest that without dedicated time, in-person support and strong leadership endorsement, staff across all sites may struggle with motivation and practical application due to current pressures. The disparity in experience suggests that structured planning and localised support significantly improve engagement within pilot areas. Yet, the broader challenge of finding time and managing digital overload remains a barrier across pilot and non-pilot sites, underscoring the need to embed training into daily operations rather than treating it as a one-off requirement tied to a specific digital tool.

"To me that's no good [to need training] because everyone needs training and it affects everyone." (Non-pilot site)

Recommendation:

- **Embed training within routine operational planning by mandating protected time for all staff, expanding face-to-face or locally-supported training options beyond pilot areas, and ensuring digital champions are equitably available across regions.**

2. Technical implementation: A focus on user-centred design, usability and helpful functionalities

The Blinx PACO impact survey was distributed to 48 practices that were live or partially live as of 6 May 2025, resulting in 33 responses from 24 practices. This response set provides a useful snapshot of how Blinx PACO is being implemented and perceived across a diverse range of primary care settings.

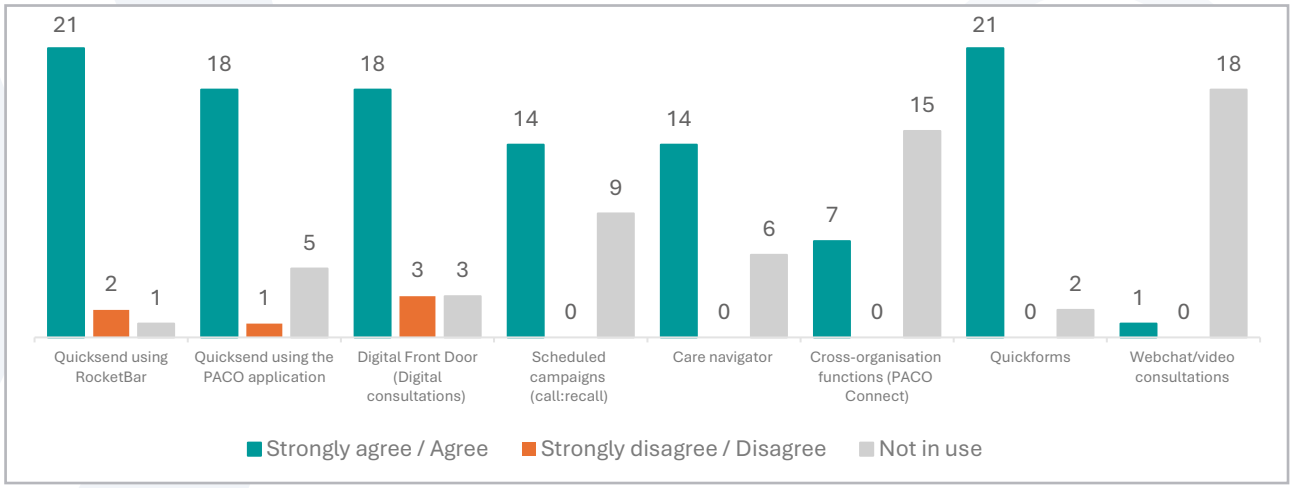
Analysis of use reveals strong uptake of core features such as Quicksend using RocketBar, Digital Front Door (Digital Consultations), Quickforms and Quicksend via the PACO application, indicating these tools are embedded in routine operations of pilot sites.

Other features like webchat/video consultations and cross-organisation functions show very limited or no use, suggesting gaps in relevance, awareness or readiness. While some practices are already using the full range of functionalities, many report partial use due to factors such as phased rollout, limited time and capacity, technical integration challenges and user confidence. Not all practices identify barriers, suggesting that in some cases, partial use reflects local priorities rather than problems with the system itself.

Most respondents indicate that their practice has been using Blinx PACO fully for more than four weeks, suggesting that many pilot sites are now in the routine-use phase. Variations in reporting categories and a small number of non-responses suggest a need for clearer survey framing in future rounds. Practices also shared which functionalities they found most aligned with their needs, again favouring core communication tools while noting limited engagement with features requiring more complex workflows or external collaboration.

Feedback on areas for improvement is available in Appendices K and L, pointing to potential enhancements in functionality, usability and integration.

Figure 3. Leaders' perception of whether Blinx PACO addresses the specific needs of the practice (practices= 24, surveys=24)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot. Note: Statement in survey is: "The functionality of Blinx PACO addresses the specific needs of the practice".

Interviewees share mixed, but generally constructive, views on Blinx PACO's technical implementation, with a strong emphasis on user-centred design, usability and functional adaptability.

As described in other sections, pilot users value the system's ability to support their specific workflows, describing Blinx as highly customisable and practice led. The DFD and flexible messaging functionalities have been widely accepted for enhancing patient communication and operational efficiency. Many note that the platform allows practices to tailor patient-facing processes and clinical data collection tools to their needs — a significant improvement over other systems like Patchs or eConsult. Leaders in pilot sites have played a critical role in developing, iterating and promoting these pathway improvements[15], demonstrating a proactive approach to embedding user-centred design into local workflows.

"It is not a 'one shoe fits all'... Blinx is you build it, you adapt it to your process." (Pilot site)

"Once the practice is on board... the usability of the system is really good and people have spoken really positively about that." (Pilot site)

"The fact that we build the health forms and we put our own questions in... That is the massive plus for Blinx." (Pilot site)

[15] For instance: "We were getting a lot of acute requests in a routine request and routine problems in an acute request. And so we did a bit of work looking at why that was, and was that was that to do with the words that we were using. We also had a meeting with the PPG about that. So following that we changed the structure of our digital front door a little bit. So that rather than acute and non urgent, we have same day or soon and planned and routine because tt seemed that was a more understandable split. We also have the same day routine has an appointment within the next 7 to 10 days tag on it, so that patients have an idea of how long the context of the time that we're talking about when we're sort of saying that's going to be a non urgent problem". (Pilot site).

However, even among pilot sites, integration limitations (particularly with EMIS and the NHS App) continue to create friction. While users appreciate the potential of ongoing development, they also acknowledge the workload and complexity involved in setting up, designing and auditing custom processes. Non-pilot users, while cautiously optimistic, flag issues around interoperability, the learning curve, and time required to create and maintain a user-friendly interface, particularly when migrating from established systems.

"It wasn't very user friendly with EMIS... you have to open several windows to make it integrate." (Non-pilot site)

"If we then had to create all of that content within a new system, that would take time." (Non-pilot site)

"It would be really nice to have a slightly slicker integration with your EPR." (Non-pilot site)

Recommendation:

- **Prioritise system integration with EPRs (i.e., EMIS, SystmOne) and the NHS App to reduce duplication and enhance usability across varied technical environments. Continue investing in user-centred tools and guided implementation support to help new adopters design efficient DFDs without being overwhelmed by complexity. Support this with strong peer learning and shared resources.**

3. **Communications and engagement: A focus on choice and autonomy, multi-level communication, including ICB, Place, PCN and practice**

Interviewees continue to reveal a striking contrast between pilot and non-pilot sites in terms of communication and engagement experiences. Pilot participants generally feel empowered by a decentralised model that placed practices in control of their pace, customisation and setup of Blinx PACO. Many highlighted a sense of choice, autonomy and peer support, particularly when engagement was underpinned by active PCN-level collaboration and multi-level communication mechanisms (e.g., newsletters, digital leads groups, open meetings). Some leaders also make a conscious effort not to impose decisions, even when more uniform adoption would have made their operational role easier.

"It does feel like individual practices have made those decisions... very much a choice whether they wanted to be part of that or not." (Pilot site)

"Our PCN manager has set up a task group... we meet and we share ideas and discuss obstacles." (Pilot site)

By contrast, non-pilot participants express more scepticism and mistrust, often shaped by previous negative experiences with top-down technology rollouts (e.g., Patchs implementation when Accurx was working well for most). These stakeholders reported inconsistent or minimal internal communication within their PCNs or place leads, limited transparency around decision-making and a sense of inevitability about Blinx being imposed across the ICB. In some cases, communication breakdowns led to misperceptions, such as needing to drop all legacy systems to join the pilot, which discouraged participation.

"Because even though it's a pilot... some people feel they won't have a choice of what products they use." (Pilot site)

"As a practice, we were not asked... the decision was made at the PCN meeting, but not by consulting with all partners." (Non-pilot site)

However, some interviewees acknowledge the complexity of co-ordinating communication across a multi-layered primary care system, where ICBs, Places, PCNs and practices operate with varying capacities, priorities and structures. Within this context, a few feel communication has been "as good as it could be" under the circumstances, recognising that perfect alignment is unlikely in such a large-scale transformation effort. These reflections highlight that while variation and inconsistency exist, they are partly inherent to the system and not always indicative of poor intent or planning. Moreover, embedding change in both staff and patient behaviour takes time, further complicating efforts to achieve consistent messaging and adoption across the system.

Crucially, these perceptions point to the need for more intentional, consistent and multi-channel communication strategies, especially at the intersection of ICB, Place, PCN and individual practice levels.

"It [Accurx] was taken away and Patchs came in place... we were not choosing to change, the ICB put these things in place." (Non-pilot site)

"As a practice, we were not asked... the decision was made at the PCN meeting, but not by consulting with all partners." (Non-pilot site)

Recommendation:

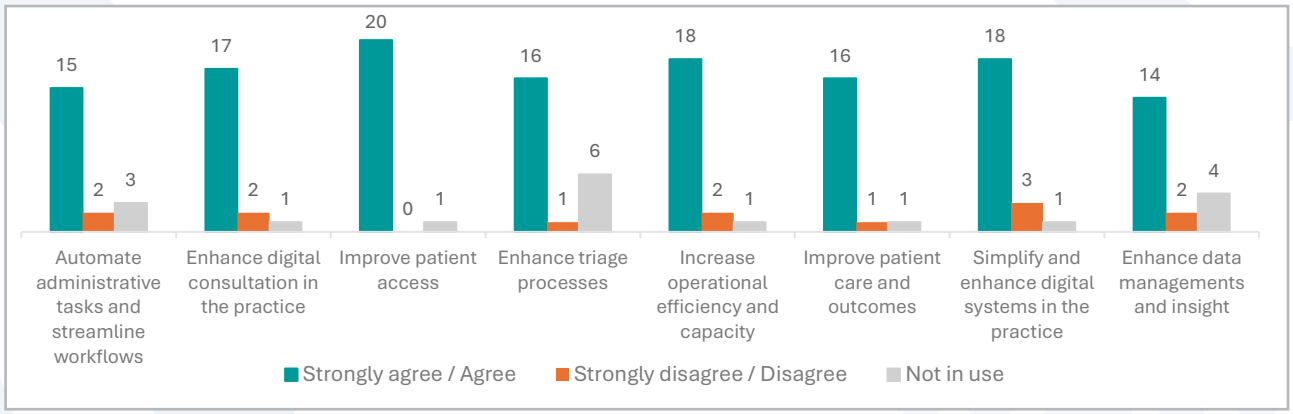
- **Enhance communication through all system levels, making clear that adoption is voluntary, with transparent messaging on support, system compatibility and autonomy. Address past concerns about forced system rollouts by clearly communicating that Blinx implementation is voluntary and iterative.**

3.3 EMERGING IMPACT

3.3.1 PILOT SITES EXPERIENCE

The findings below are drawn from the Blinx PACO impact survey, completed by 24 live and part-live practices as of mid-April 2025. Most respondents indicate that Blinx PACO is meeting or is likely to meet expectations within the first three to six months, particularly in areas such as patient access, operational efficiency and online consultations. However, uncertainty remains around areas like patient care outcomes and data management, with some respondents unsure or reporting functionalities not yet in use, highlighting variability in uptake and alignment with local needs.

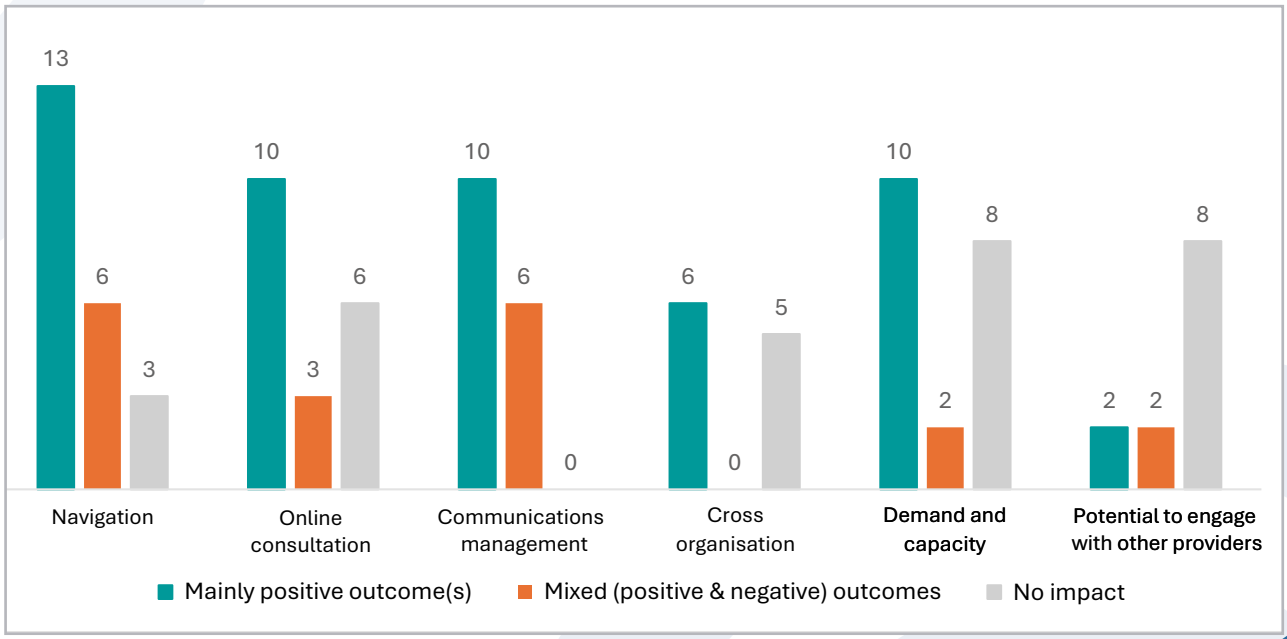
Figure 4. Leaders' perception of whether expected benefits of Blinx PACO have been, or will be, met within 3-6 months (practices = 24, surveys = 24)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.
Note: Statement in survey is: "The benefits expected have been met so far or are likely to be met within the first 3-6 months of using Blinx PACO."

In terms of early outcomes, most respondents report positive impacts in navigation, communications management, and demand and capacity planning, suggesting Blinx PACO is improving core internal functions. However, benefits appear more limited in areas such as cross-organisational working and engagement with other providers, where several practices report no impact or uncertainty. These results indicate that while the system is delivering tangible benefits in practice operations, some of its more collaborative or strategic features may require either more time to get embedded or additional support, integration, or clearer communication to unlock their full potential.

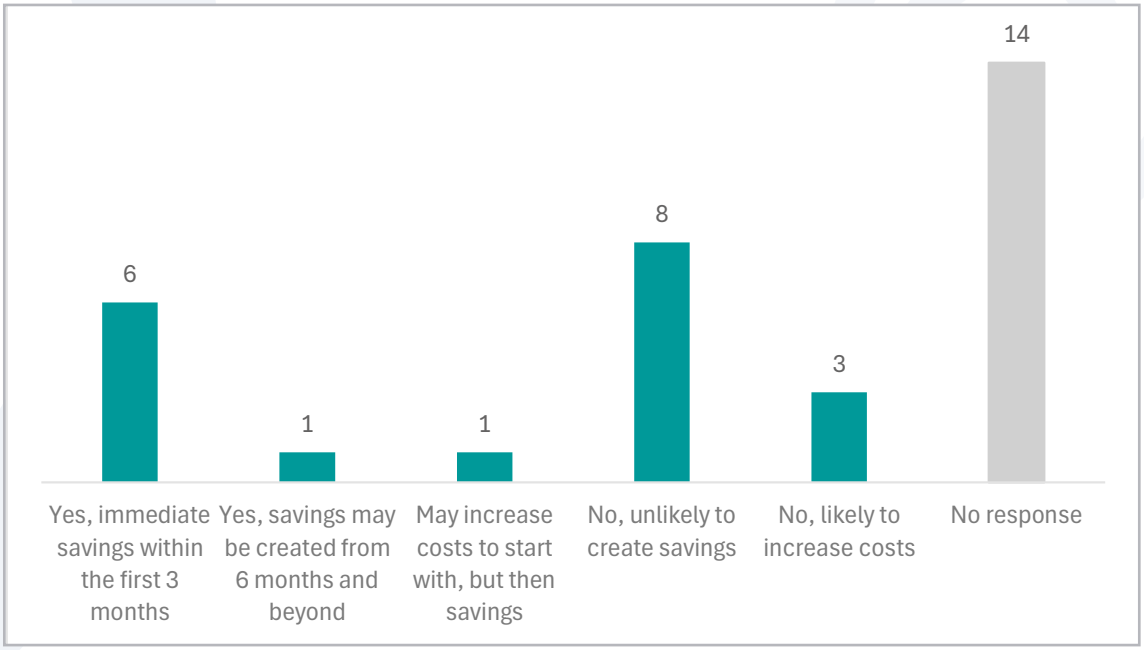
Figure 5. Perceived impact of Blinx PACO on practice operations (practices= 23, surveys=23)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.

Decision making of decommissioning existing systems among practices show mixed standpoints. Fifteen have already decommissioned comparable tools or were planning to do so within six months, signalling progress toward consolidation due to use of Blinx PACO. However, 12 practices did not respond, and several report either no plans to switch or uncertainty, suggesting that transition timelines remain uneven, likely due to local dependencies, implementation decisions or external constraints. Similarly, views on cost and efficiency savings are divided. While some practices report early savings, a larger group either anticipate no savings or increased costs. Many are unsure and point to the need for continued evaluation and shared learning around the value of using Blinx PACO.

Figure 6. Potential cost or efficiency saving(s) associated with the use of Blinx PACO or Blinx PACO Connect (practices= 24, surveys=33)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.

Finally, while most practices have not identified unintended consequences, six report mixed positive and negative effects, and three identify positive changes only. This highlights the importance of ongoing reflection and feedback to capture both risks and benefits. Overall satisfaction is moderate, with a weighted average of 6.8 out of 10. Likelihood to recommend scored 7.1 out of 10, based on feedback from 20 practices. These results reflect cautious optimism, with room for improvement, particularly in system awareness, functionality integration, and support to unlock broader benefits across all settings.

3.3.2 PATIENT EXPERIENCE

The survey, with 11,270 anonymous responses across 23 selected pilot sites, reveal a sample skewed toward older adults, women and White respondents, with younger age groups and ethnic minorities underrepresented. This demographic imbalance has implications for interpreting digital access and healthcare usage, underscoring the need for more inclusive engagement strategies. Despite limited representation, there is notable linguistic diversity, with 66 unique languages reported. Most

participants express a commitment to healthy lifestyles, though many do not feel their health is good, pointing to a gap likely influenced by ageing and chronic conditions, particularly among the older population.

Findings included here should be interpreted with caution as all responses were collected online, despite efforts to reach digitally-excluded patients by offering paper questionnaires in GP surgery waiting rooms. Online data collection may have skewed the sample towards individuals who are already more digitally included, limiting the visibility of experiences from those facing digital exclusion. While these findings do not represent the broader patient population in Cheshire and Merseyside, they provide insights about patients' preferences, experiences and sources of support when trying to use digital services. More detail can be found in Appendix M.

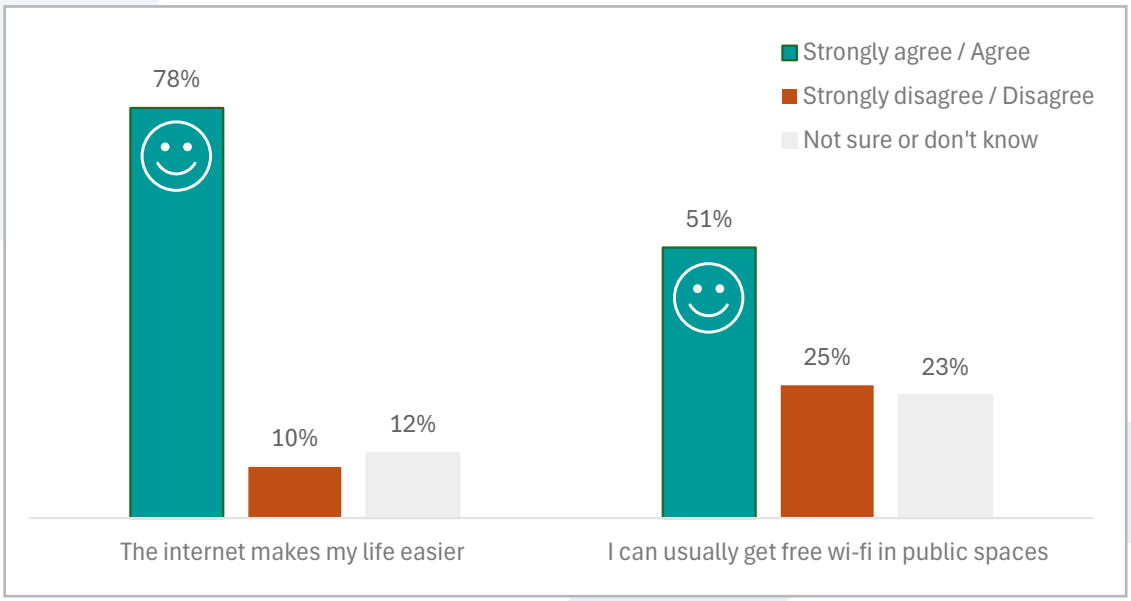
"I already use my digital services from my GP surgery very satisfactorily."

"Wasn't aware that appointments could be booked online. This would be a welcome step forward if they were."

"I feel in a huge state of stress trying to get through to any doctor, it is a complete nightmare and I often give up in despair! What was wrong with the old system of appointments?"

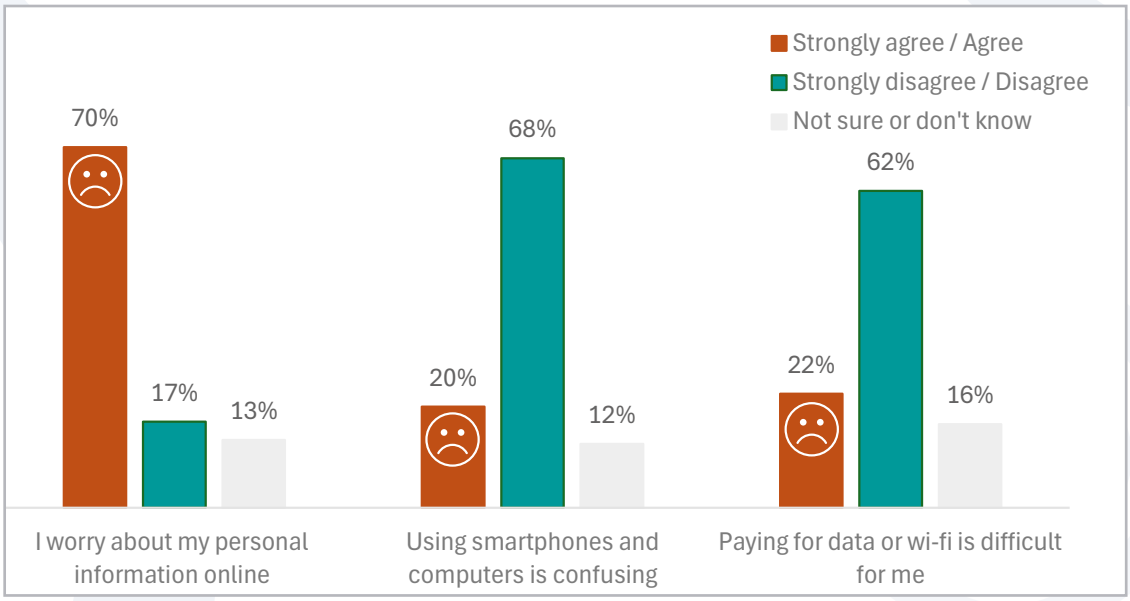
Digital access patterns reveal that smartphones are the primary means of internet connectivity, though digital exclusion persists for around 2.6% of respondents. Barriers included limited digital skills, affordability and awareness of connectivity options. Although most respondents acknowledge that the internet makes life easier, concerns around data privacy and usability persist. These insights highlight the importance of mobile-friendly, accessible services and the need for tailored digital inclusion strategies, especially for those with lower confidence or fewer resources.

Figure 7. Digital Inclusion: Perception about going online and users' access (% of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

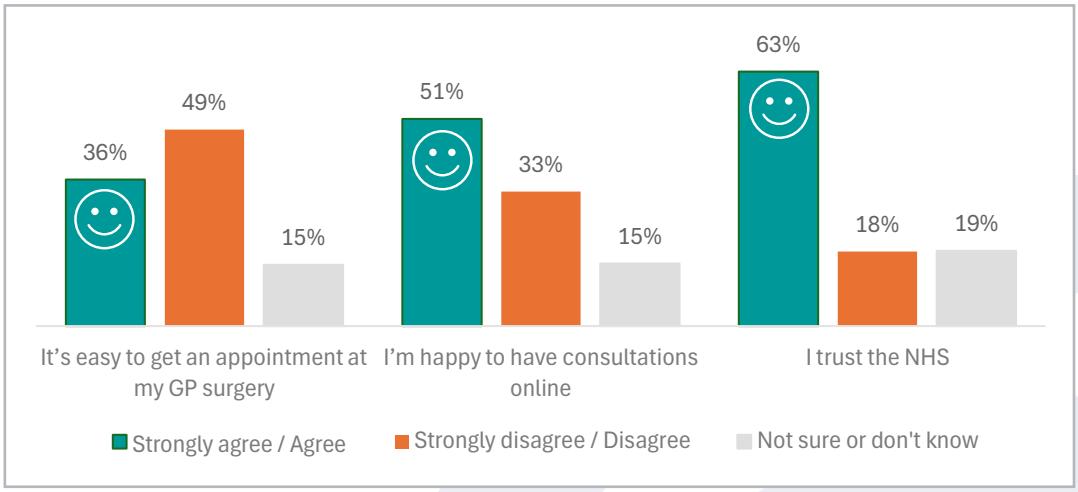
Figure 8. Digital Inclusion: Perception about users' barriers to going online (% of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

Trust in the NHS is relatively strong, yet perceptions of access to GP services, particularly ease of getting appointments, were more mixed, with nearly half of respondents expressing dissatisfaction. A high proportion of users reported frustration with the limited capacity and availability to book appointments, with some also pointing to issues in ordering repeat prescriptions. These difficulties are often associated with lack of integration between Blinx PACO and the NHS App. Notably, some patients are aware of interoperability issues, contrary to what some healthcare leaders assume, viewing them as inefficient for both themselves and clinicians.

Figure 9. Perceptions on NHS services: access, online consultations and trust (% of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

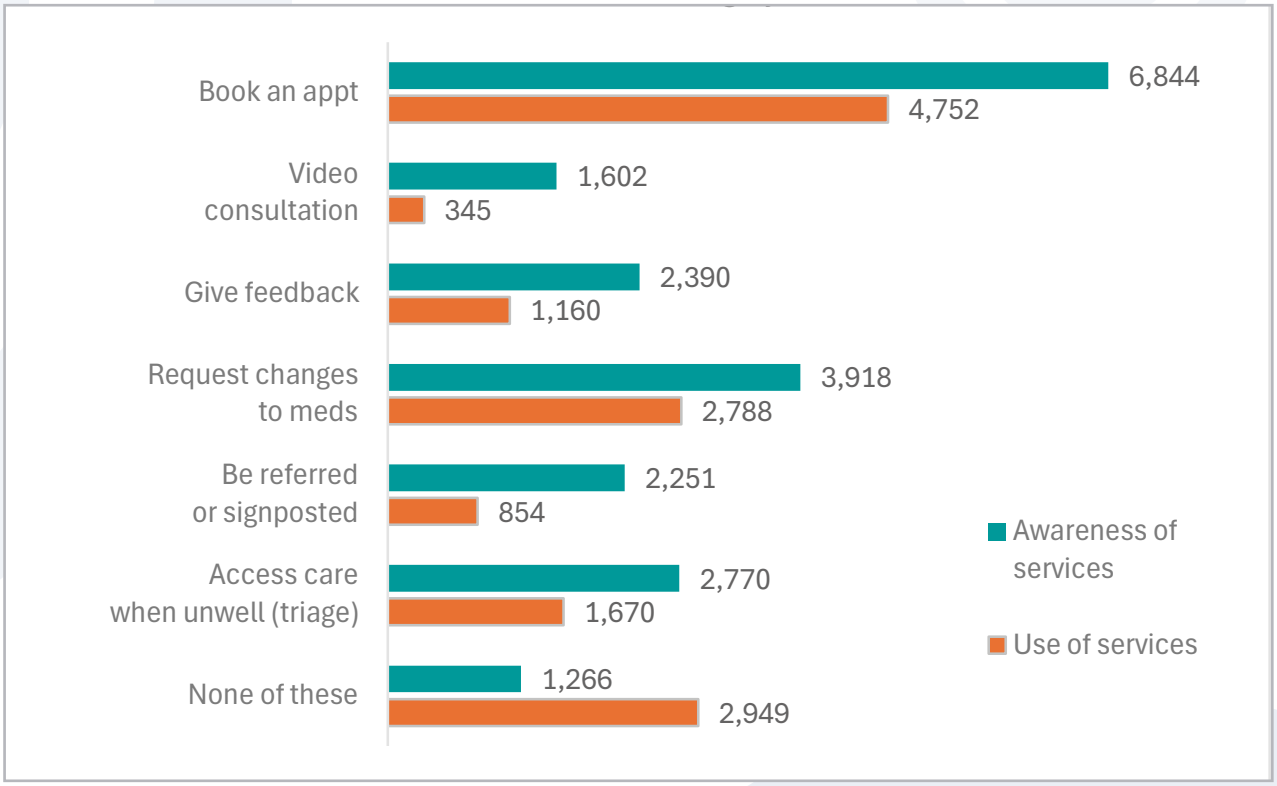
"I have tried and failed on too many occasions to get the appointment I need as it is always full despite logging on at 8am."

"Since moving to this area and Danebridge, I have been impressed with the services Danebridge have introduced me to that I didn't know existed on NHS."

"I prefer the digital services now offered. It is easier to see a doctor."

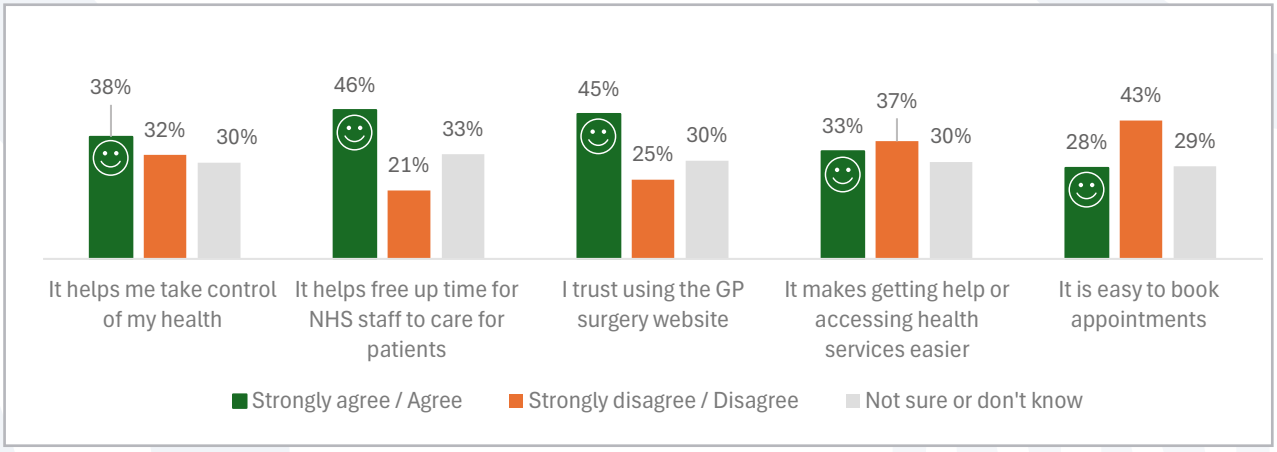
While awareness of digital services was relatively high among respondents, usage lagged—particularly for features like video consultations. In-person access continues to be the most common way of interacting with GP surgeries, or in combination with phone and online methods. This indicates that many patients still value face-to-face contact, possibly due to trust, habit or clinical needs. However, the growing use of blended access pathways points to increasing comfort with hybrid models. The gap between awareness and use suggests that technical, cultural or trust-related barriers are limiting engagement. Some patients also report change fatigue and a lack of awareness about the full range of services available to them online. Others note they would be more inclined to engage digitally if systems were easier to use.

Figure 10. Awareness and use of online GP surgery services (No. of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

Figure 11. Perceptions of digital services offered through GP surgery website (% of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

Three key messages emerge from the qualitative analysis of patient comments:

1. **Patients largely perceive the NHS App as the digital front door to healthcare, often expressing confusion about which services are accessible through the app versus the GP practice website.**
2. **Many patients notice and are impacted by the lack of system interoperability, challenging assumptions that these issues go unnoticed by users.**
3. **Appointment booking remains a significant pain point, with repeated concerns about availability, despite some positive experiences being reported.**

"I use the NHS App (e.g., to book medicines). I have not been able to book an appointment through the app, the recorded phone message implied you should go to the app and the app said to contact the surgery! To be honest if I do want to contact the surgery I want to phone and speak to someone."

"I hate to book any appointments online so I don't make appointments. It gives me anxiety and I struggle with the process. I would like to pick up the phone and have a face-to-face appointment."

To enable inclusive, patient-centred digital transformation, there is a need for clearer signposting, improved integration across platforms, and patient-informed design that ensures digital services are intuitive, reliable and responsive to diverse needs. Addressing this requires improvements in website usability, reassurance about data security and targeted digital support, particularly for patients from underrepresented groups and those with limited digital literacy. As many people rely on familiar, informal sources for help navigating digital services, strengthening both informal networks and formal support systems is essential to bridging the gap between awareness and effective use.

Recommendation:

- **Develop a targeted, equity-focused strategy that addresses persistent demographic and digital access barriers. Engagement should prioritise digitally-excluded groups (such as ethnic minorities, older adults, and those with limited digital skills, confidence or financial constraints) through tailored outreach, non-digital survey formats and trusted community networks. Digital services should be genuinely accessible and affordable, mobile-friendly, easy to use and supported by clear information on data security. As many patients still prefer face-to-face care, practices should maintain flexible, hybrid access models. Strengthening both formal and informal digital support (via GP staff, local initiatives and carers) is key to ensure that digital transformation is equitable and patient-centred.**

3.3.3 PATTERNS OF USE THROUGH HEALTH FORMS AND 'DID NOT ATTENDS' (DNAs)

DNA DATA ANALYSIS

Blinx provides monthly appointment data from October 2022 to June 2025, with gaps in July to September in 2023 and July to September in 2024. The dataset includes the total number of appointments available per site and the number of missed appointments (DNAs).

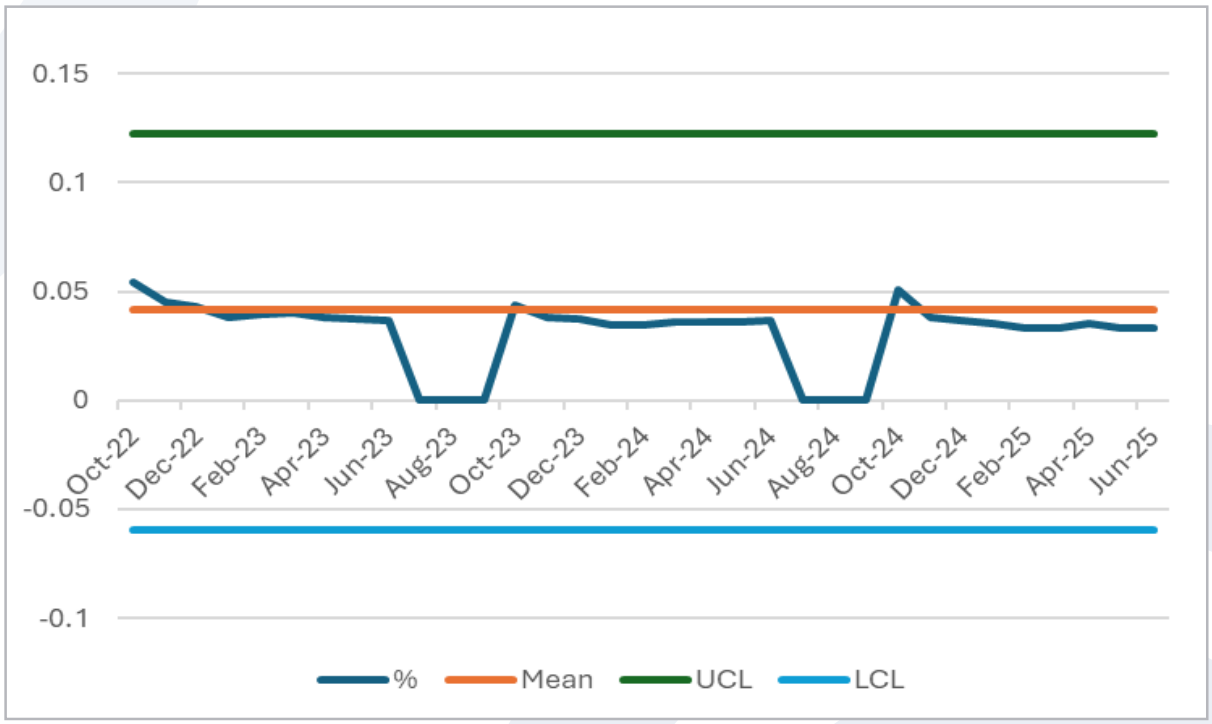
The analysis uses statistical process control (SPC) charts, with the baseline mean and control limits calculated from the first nine months of data (October 2022 to June 2023), which precedes the implementation of Blinx PACO in late 2024. Upper and lower control limits (typically set at ±3 standard deviations from the mean) are used to detect statistically significant variation. Patterns (e.g., a series of consecutive points below the mean; a single point outside the control limits; or non-random trends) can indicate a statistically significant change in the process. For example, a shift of data points below the mean following implementation may suggest a significant reduction in DNAs associated with Blinx PACO.

Findings vary across sites. Some show a reduction in DNAs, suggesting a positive association with Blinx PACO, others show no statistically-significant change, and a few show an increase. A more robust analysis requires a complete dataset and confirmation of each site's go-live date. For illustrative purposes, a selection of sites are shown in the graphs below.

This variation highlights the importance of local context and implementation readiness when scaling digital tools. It suggests that system-wide adoption alone is not enough to deliver consistent outcomes and must be supported by tailored implementation plans, adequate training and ongoing monitoring to achieve meaningful impact.

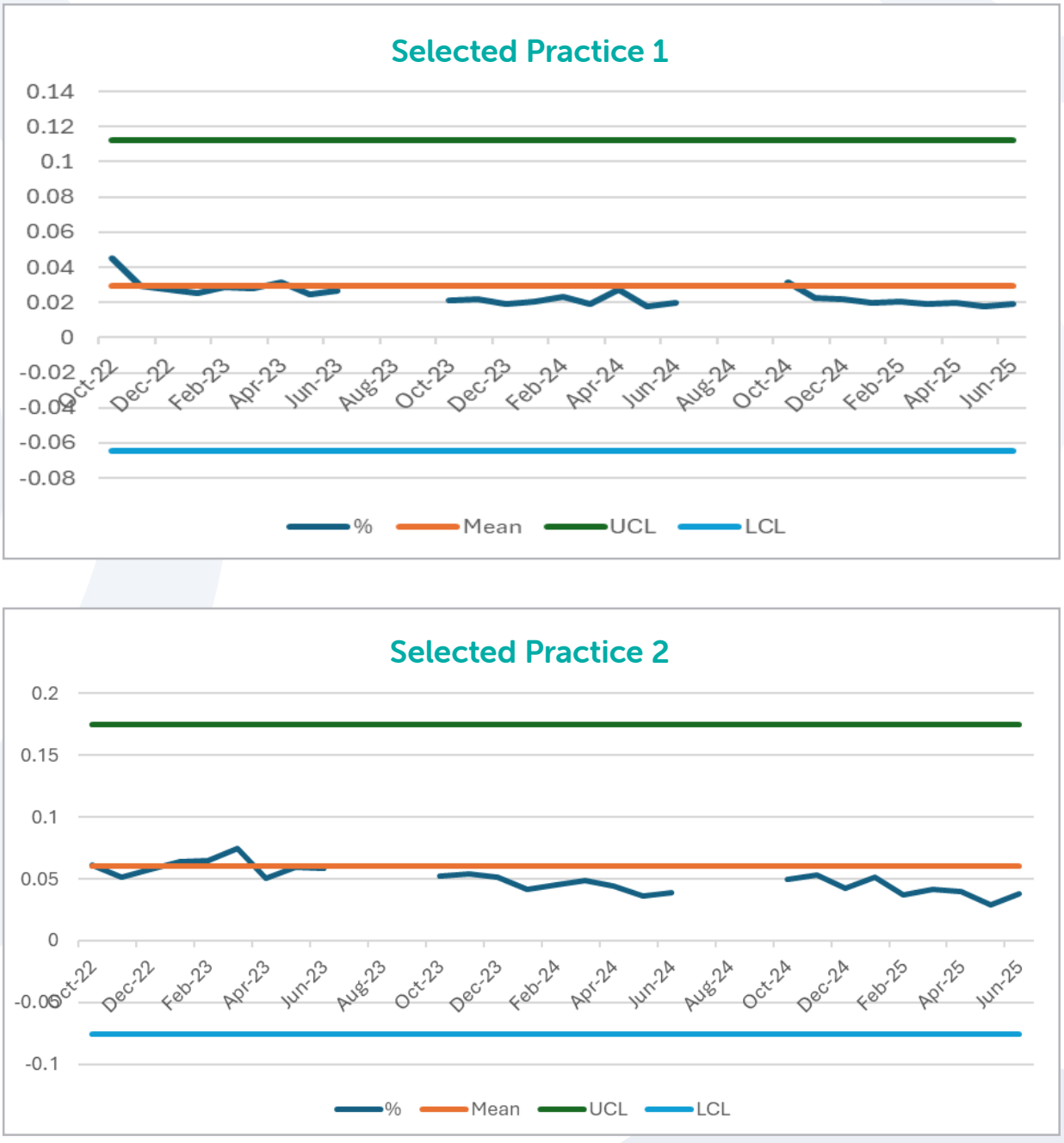
The charts below present data from pilot sites. Each SPC chart corresponds to an individual practice. Practice names have been anonymised to protect confidentiality.

Figure 12. DNAs statistical process control SPC charts. All pilot sites, October 2022 to June 2025 (N=48 sites live or part live pilot sites as of 6 May 2025)



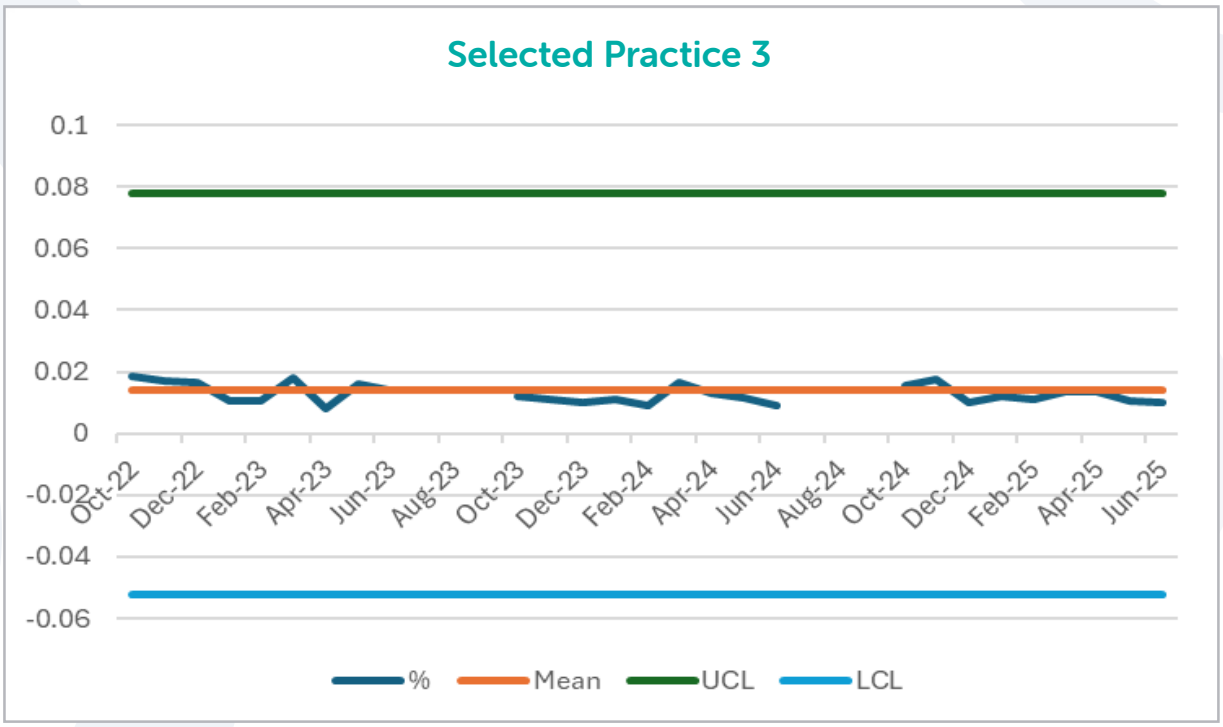
Source: HINWC (July 2025) with Blinx monthly appointment data (October 2022 to June 2025). Information provided by Blinx on July 2025. Notes: Data gaps correspond to July to September in 2023 and 2024.

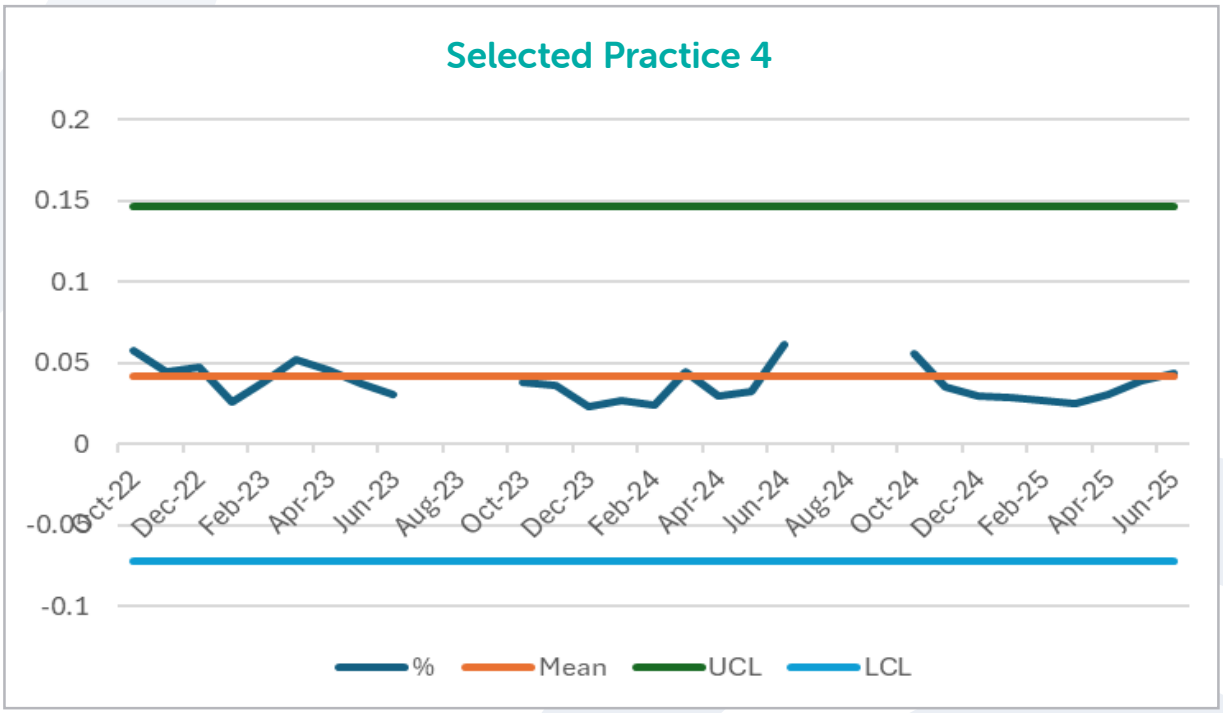
Figure 13. DNAs statistical process control SPC charts. Selected pilot sites with statistically significant shift (October 2022 to June 2025)



Source: HINWC (July 2025) with Blinx monthly appointment data (October 2022 to June 2025). Information provided by Blinx on July 2025. Notes: Sample of 48 live and part-live pilot sites as of 6 May. Data gaps correspond to July to September in 2023 and 2024.

Figure 14. DNAs statistical process control SPC charts. Selected pilot sites with no statistically-significant change October 2022 to June 2025





Source: HINWC (July 2025) with Blinx monthly appointment data (October 2022 to June 2025). Information provided by Blinx on July 2025. Notes: Sample of 48 live and part-live pilot sites as of 6 May. Data gaps correspond to July to September in 2023 and 2024.

HEALTH FORMS

Health forms in Blinx PACO fall into two categories: administrative or clinical. Appendix N outlines the types of forms available and the total number submitted through the DFDs across 48 live and part-live pilot sites as of 6 of May 2025.

Practice engagement with online forms varies significantly. Some sites achieve engagement rates equivalent to 35% of their registered patient population, though this analysis does not account for how many unique patients this represents. Notably, six sites report form usage exceeding 10% of their list size, indicating a relatively high level of digital interaction in those areas.

From 1 October 2025, GP practices are contractually required to keep their online consultation tools open during core hours (8am–6:30pm) for non-urgent appointment requests, medication queries and administrative requests, as outlined in the 2025/26 GP contract. This policy change is expected to drive greater uptake of digital forms across all practices.

Variation in engagement highlights the need for consistent support, tailored training and clear patient communication to ensure digital tools are embedded and equitably adopted. For system-wide adoption to succeed, practices must be supported, not just to meet contractual requirements, but to optimise use in ways that benefit both patients and staff. With the right support, online forms can improve access, streamline workflows, and meet evolving policy goals.

4 RECOMMENDATIONS

This evaluation identifies key areas to improve the implementation, usability and equity of Blinx PACO. While benefits are emerging, challenges remain around integration, uptake and sustainability. The recommendations aim to support NHS Cheshire and Merseyside ICB and system leaders by combining local insights with national priorities to enhance adoption and impact.

1. **Streamline and strategically align digital tools**

Reduce duplication across digital platforms, especially for online consultations and patient communications, to ease operational burden. Uneven uptake of Blinx PACO and limited impact on cross-organisational working highlight the need for strategic commissioning and locally co-designed implementation plans, tailored to digital maturity and practice readiness. Clear, supported transitions from legacy systems are needed to reduce uncertainty and align with national priorities.

2. **Invest in workforce capacity, training and change management**

Implementation success relies on sustained investment in staff time, training and engagement. Outcome variability reflects differing familiarity with the system. Protected learning time, phased and role-sensitive training and leadership development in digital change are essential. Co-designed support with frontline staff will ensure alignment with local priorities and capacity.

3. **Enhance system usability, customisation and support**

Patients and staff report ongoing challenges with system navigation, integration and clarity on available services. Continued improvements to Blinx PACO, such as integration with EMIS/SystmOne and the NHS App, should be supported by responsive technical help and clearer guidance. Formalising user co-design and feedback loops will enhance usability and enable tailored DFDs.

4. **Promote equity through inclusive design, patient engagement and blended access models**

Survey data reveal under-representation of ethnic minorities and persistent digital exclusion, especially among older adults, non-English speakers and those with limited connectivity. A proactive, equity-focused approach should embed inclusive design, blend digital and non-digital pathways and involve patients in service design. Building informal support networks (e.g., family, friends, communities) and investing in formal support (e.g., digital champions, practice helplines) are essential to translate awareness into meaningful inclusion. Broader efforts should also raise awareness of health inequalities and digital exclusion among decision makers, particularly in high-deprivation areas.

5. **Build trust, governance and long-term sustainability**

Moderate-to-high satisfaction and 'willingness to recommend' co-exist with concerns over decommissioning and funding uncertainty. Transparent governance, clear funding models, and inclusive decision-making are essential to build trust. Sharing evaluation findings widely and addressing platform duplication will reduce change fatigue. Sustained policy alignment and flexible funding are needed to ensure Blinx PACO evolves to meet system needs.

5 LIMITATIONS

The evaluation of Blinx PACO implementation, as with other digital solutions, faces challenges[16] due to the complex and evolving digital landscape in primary care. Practices in Cheshire and Merseyside are adopting customised versions of Blinx PACO alongside existing platforms, resulting in varied patterns of integration and engagement. Both staff and patients demonstrate differing levels of understanding and use of the tool, raising concerns around consistency, accessibility and digital inclusion.

The platform's dynamic nature, including iterative updates and practice-level customisation, further complicates efforts to assess its reliability and effectiveness across time and settings. These complexities are compounded by a challenging commissioning environment, ongoing organisational pressures and varying levels of digital literacy among patients and staff, which may exacerbate existing health inequalities.

To mitigate these risks, the evaluation has applied a health equity lens throughout data collection and analysis, aiming to identify barriers and support equitable access. Surveys and interviews were designed to capture insights from both patients and primary care leaders, with particular attention to those with complex needs or limited digital skills. Findings have been contextualised within the specific evaluation period, with detailed documentation of the platform's functionalities and system features as they existed at the time of reporting. This approach ensures that conclusions are relevant, accurate and reflective of real-time use. Recommendations have been tailored to address gaps in understanding and support needs across PCNs and practices, including proposals for training and further guidance.

A range of documents, while not directly part of the evaluation methodology, were considered through a desk-based review to support the analysis and interpretation of findings. These included the Digital Inclusion Impact Assessment and Health Equity Assessment Tools, Digital Clinical Safety documentation, DTAC compliance information, and materials related to NHS App integration. These resources helped inform the evaluation team's understanding of the broader implementation environment and the alignment of Blinx PACO with national frameworks and standards.

Data collection was affected by several factors, notably the festive period and winter pressures during late 2024 and early 2025. Variability in stakeholder engagement, potential conflicts of interest, and self-selection bias in survey responses required the evaluation team to maintain a high level of transparency and vigilance. Although only two conflicts of interest have been formally declared to the evaluation team from clinical leaders, the evaluation team monitored these issues closely in collaboration with the ICB. Regular communication, clear disclosure mechanisms, and ongoing dialogue with pilot sites were central to maintaining the integrity of the evaluation.

Finally, while the digital health landscape is rapidly evolving, particularly with the growing adoption of artificial intelligence (AI) tools, the evaluation team has received confirmation that no AI technologies are currently integrated into Blinx PACO.

[16] The Health Foundation blog. Available at: https://www.health.org.uk/news-and-comment/blogs/evaluating-digital-first-primary-care-the-challenges-ahead. Accessed January 2025.

6 DISCUSSION

HINWC emphasises that the true value of innovation and technology lies not simply in the digital tools themselves, but in how effectively they are implemented and used within specific environments and settings. Realising the full potential of digital transformation in primary care in Cheshire and Merseyside requires more than innovation alone: it demands strategic alignment, capacity-building and system-wide readiness.

For the ICB, and all teams leading digital change, this means developing a clear commissioning vision, underpinned by a practical, well-resourced plan for supporting the adoption of a technology solution, like Blinx PACO. Such a plan should detail the necessary investment, training and ongoing support required to enable meaningful and sustainable implementation. Alongside this, updated clinical safety and regulatory frameworks will be critical to ensure that Blinx PACO is safe, effective and responsive to local needs. In this context, the ICB's growing focus on digital clinical safety and equity is both welcome and timely.

Evaluation evidence shows the intertwined relationship between the design and implementation of Blinx PACO. Design choices (how the platform is structured, how it functions and how it is intended to be used) are closely linked to, and influence the process of implementation, and vice versa. In other words, design shapes implementation, and implementation, in turn, shapes or challenges the design. The extent to which this cycle becomes a productive working dynamic depends on effective collaboration, engagement and responsiveness from everyone involved.

Equally important is the cultural and social dimension of digital transformation in primary care. As national conversations evolve, particularly around a digital primary care NHS roadmap and the future role of AI-enabled tools such as ambient scribing, issues of governance, training and trust will become even more important[17]. Digital clinical safety and efforts to strengthen digital literacy must be embedded at all levels, with appropriate training to build understanding and confidence among staff and patients.

Fostering leadership skills at practice and system level is essential to maximise both staff and patient engagement, and to fully realise the potential of digital technologies. Effective leaders help others understand the need for change, provide clear direction and reassurance and foster a sense of ownership in implementation and decision making.

The inclusive design of Blinx PACO, which has involved co-design with practice staff and leaders, is a promising step toward addressing real-world access challenges. Whilst patients continue to report difficulties in booking appointments and accessing the services they need, alongside the high deprivation in the region, further efforts are needed to proactively engage with under-represented groups and those who are digitally excluded. To ensure equitable access and benefit, it is crucial to develop a targeted, equity-focused strategy that addresses persistent demographic and digital access barriers.

While the pilot aligns with ambitions in the NHS 10 Year Health Plan, delivering on those ambitions will require sustained attention to evolving care pathways, strengthened digital capabilities, and the infrastructure and culture needed to support long-term transformation.

[17] The Health Foundation. Available at: https://www.health.org.uk/features-and-opinion/blogs/10-year-health-plan-we-need-to-move-from-techno-optimism-to-techno Accessed on: 20 July 2025.

APPENDIX A: IMPLEMENTATION OUTCOMES

Acceptability	The perception among implementation stakeholders that a given treatment, service, practice, or innovation is agreeable, palatable, or satisfactory.
Adoption	The intention, initial decision, or action to try or employ an innovation or evidence-based practice.
Appropriateness	The perceived fit, relevance, or compatibility of the innovation or evidence-based practice for a given practice setting, provider, or consumer; and/or perceived fit of the innovation to address a particular issue or problem.
Cost	The cost impact of an implementation effort (money and other resources).
Feasibility	The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting.
Fidelity	The degree to which an intervention was implemented as it was prescribed in the original protocol or as it was intended by the program developers.
Penetration	The integration of a practice within a service setting and its subsystems.
Sustainability	The extent to which a newly implemented treatment is maintained or institutionalised within a service setting's ongoing, stable operation.

Source: Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. Adm Policy Ment Health. 2011 Mar;38(2):65-76.

APPENDIX B: LOGIC MODEL

Implementation of Blinx Patient and Care Optimiser (PACO).

Objectives: To understand implementation and emerging impact including barriers and enablers to the implementation of Blinx and map existing use of digital tools in primary care settings in Cheshire and Merseyside.

INPUTS

- Communication beyond pilot practices & PCNs
- Governance setup
- API connection from GP practices
- EMIS / TPP connections
- Onboarding practices onto Blinx
- Time for staff training
- Commercial (contracting)
- Resources including clinical leadership
- Contract cost
- Communication and engagement with IT Providers
- Deployment groups
- Integration with existing IT systems
- Clinical Safety admin
- DPIA admin
- Project Management resources (ICB, Blinx, Practices)
- Hosting on practice websites
- Policy/process development
- Patient engagement
- Set up newsletter
- Set up SharePoint area for sharing
- Data sharing agreements
- Stakeholder/Distribution lists
- Agreed Schedule for Onboarding
- Stakeholder Engagement
- Identified Key contacts in practices
- Outsourced clinical safety costs
- Governance for Programme
- Comms & Engagement with Practices & PCN's
- DTAC review
- Implementation Plan
- Launch Events

ACTIVITIES

- Maintenance of hazard logs
- Communication with Patients – ongoing
- Configuration (upfront and ongoing, staff access, staff skill set vs clinic type, slot duration, pt cohorts etc)
- Data Load (EPR data extraction to Blinx)
- Practices switch on data sharing on EMIS
- Training / Review
- Management of the comms hub
- Practice customisation of digital front door
- IT Provider support
- RBAC (Role based access control)
- Data extraction & reporting - practice/ PCN/ICB level
- Ongoing optimisation/ improvements - ensures GPs are using Blinx in the best way, learning from others, making improvements to make Blinx work better for them
- Optimisation of features and usage
- Customisation of patient forms
- Business processes redesign
- Migration of activity from other products to Blinx
- Monthly Programme Board for the pilot (1year)
- Monthly drop in session
- Communication with stakeholders
- Send out newsletter/ comms
- Define baseline metrics for reporting
- Creation and maintenance of cross-org appointment books in PCNs
- On site go live from Blinx with GP practices
- UAT (User Acceptance Testing) from Blinx prior to Go live with Practices
- Incident reporting and management
- Ongoing onboarding/ training of locums / new starters
- Slot Configuration
- Super users attend bootcamps
- Weaning off overlapping systems
- Super User list required from each practice
- GP practices to request marketing materials from Blinx

OUTPUTS

- Practices onboarded
- Training scheduled vs. training still required before go live
- Improved uptake of LTC appoints
- Reduced use of overlapping systems
- Improved utilisation of ARRS appointments
- Increased uptake of annual review and vaccination invitations
- Numbers of appointments booked via DFD (digital front door)
- Reduced admin time spent on bookings / telephony
- Decrease in DNAs
- Increased number of patients seen within 2 weeks
- Positive impact on patient access
- Positive impact on patient outcomes
- Number of patient self-booked appointments
- Positive impact on practice efficiencies
- Positive impact on NHS pound
- Improved Scheduling and Capacity Planning
- Positive feedback from patients
- Improved QOF attainment
- Cost savings from disinvesting in other, similar systems
- Reduced SMS costs (as more messages sent via email in Blinx)

OUTCOMES (ST)

PATIENTS

- Improved triage of patients
- Better patient Choice
- Improved Accessibility

STAFF

- Reduced admin burden
- Optimal use of clinical resource
- Time Saved: >3min per pt interaction
- improved efficiency and workload equity
- Improved team morale
- Negative impact on practice time - set up

THE WIDER HEALTH & CARE NETWORKS

- Disinvestment from other systems with overlapping features
- Reduced variation (delivery of care and access)
- Reduced DNAs
- Medicines Optimisation
- Reduced prescribing variation
- Reduced use of translation services
- Improved patient concordance with management plans
- Lower locum costs

OUTCOMES (LT)

THE WIDER HEALTH & CARE NETWORKS (cont'd)

- Increased, data-driven QI activity within PCNs
- Improved cost-efficiency
- Workforce Optimisation
- Reduced hospital utilisation
- Reduced use of NHS App - negative?

APPENDIX C: INFORMATION SHEET – GP PRACTICE / PCN IN PILOT SITES

EVALUATION OF THE PRIMARY CARE DIGITAL TRANSFORMATION PILOT INFORMATION SHEET - GP PRACTICE / PCN IN PILOT SITES

Cheshire and Merseyside ICB (C&M ICB) is giving GP Practices (practices) and Primary Care Networks (PCNs) the chance to explore ways of improving primary care by introducing Blinx PACO. Blinx PACO (stands for "Patient And Care Optimiser") was created by Blinx Healthcare. This new digital solution supports practices or PCNs in managing patient demand and improving access to care. It helps simplify everyday processes by tackling common challenges like high patient demand and the need to use multiple digital tools. The aim is to make primary care more efficient and easier to navigate.

ABOUT THE EVALUATION

Health Innovation North West Coast (HINWC) has been commissioned as an independent evaluation partner to evaluate how Blinx PACO is being used and its impact. We will gather insights to help C&M ICB learn more about this solution, analyse its implementation, and inform decisions about future investments in digital tools for primary care.

As a practice or PCN representative, your input is key to this evaluation. You are invited to:

1. **Complete two online surveys**

- **Survey 1 (Early December): Asks about the digital tools your practice or PCN is using, demographics, and commissioning landscape. Practices and PCNs not involved in the pilot will also be invited to participate.**
- **Survey 2 (Late December): Asks how Blinx PACO is working for your practice or PCN.**

Each survey takes about 20 minutes to complete. You will be asked to give consent in each survey, and links will be provided in the accompanying email. Your answers will be kept private / anonymous.

2. **Participate in an online discussion**

In early January, some pilot practices will be invited to take part in an online discussion with the evaluation team. This will be a chance for you to share your experiences of using Blinx PACO, give feedback, and suggest improvements.

The evaluation findings will inform decisions about sustainable digital investments in primary care.

If you want to register your interest or if you have any questions, please contact the evaluation team:

Alex Hernandez, Senior Programme Manager – Alex.Hernandez@healthinnovationnwc.nhs.uk

Omobolanle Olagunju, Project Support Officer – Omobolanle.Olagunju@healthinnovationnwc.nhs.uk

Thank you for helping us learn from this pilot and shape the future of primary care.

APPENDIX D: SURVEY 1 - MAPPING DEMOGRAPHICS, DIGITAL SYSTEMS AND COMMISSIONING LANDSCAPE

SURVEY 1 - TRANSFORMING PRIMARY CARE: MAPPING DEMOGRAPHICS, DIGITAL SYSTEMS, AND COMMISSIONING LANDSCAPE

EVALUATION SURVEY TO GENERAL PRACTICES AND PRIMARY CARE NETWORKS IN CHESHIRE AND MERSEYSIDE

Thank you for supporting the evaluation of the Primary Care Digital Transformation pilot, commissioned by Cheshire and Merseyside ICB.

This survey aims to explore the use of digital tools, population demographics, and the commissioning landscape across GP practices and PCNs in Cheshire and Merseyside.

The independent evaluation is being conducted by Health Innovation North West Coast.

The survey is completely anonymous and takes approximately 15 minutes to complete. By participating, you consent to the use of your anonymous responses in the evaluation of this pilot.

1 I consent to participate in this evaluation with the understanding that the findings will be used to develop insights and recommendations for future digital transformation in primary care in Cheshire and Merseyside

- Yes
- No

2 Are you representing a PCN or a GP Practice?

- Practice (continue to question 3)
- Primary Care Network (PCN) (continue to question 5)

3 What is the name and ODS code of the General Practice you represent?

Please select from the dropdown list below, which details each practice name(s) with its associated postcode and ODS code. (Further information on practice names and ODS codes can be found on the NHS Digital ODS Portal).

[ODS - Name Drop down list]

4 What is (are) your role(s) your role in the Practice?

Please select all options that apply.

- Practice Manager
- Assistant Practice Manager
- Office Manager
- GP

- Digital Lead
- Receptionist
- Care Coordinator
- Practice Nurse
- Other Health Care Professional
- Other, please specify

5 What is the name and ODS code of your Primary Care Network (PCN)?

Please select from the dropdown list below, which details each PCN name with its associated ODS code. (Further information on PCN names and ODS codes can be found on the NHS Digital ODS Portal).

[ODS - Name Drop down list]

6 What is (are) your role(s) in the PCN? Please select all options that apply

- PCN Manager
- Clinical Director
- Deputy Manager
- Digital Data Coordinator
- Digital Transformation Lead
- Other, please specify

7 Overall, how would you describe your level of involvement in driving digital solutions' commissioning and transformation decisions within your practice or PCN? Please select the option that applies.

- No involvement
- Little involvement
- Moderate involvement
- A lot of involvement
- Huge involvement

8 Does your practice or PCN have a dedicated digital team or role? Please select one option that applies.

- Yes, we have a dedicated large and highly skilled team
- Yes, we have a dedicated and highly skilled team, but it is small
- Yes, we have a team, but their expertise is limited or focused on specific tasks (e.g., data entry or user support)
- Yes, we have a dedicated and skilled role
- No, we do not have a dedicated digital team or role
- Unsure or Not Applicable
- Other, please specify

The next series of questions will ask how you use the software in your practice or PCN and how the software is commissioned. The questions will be about which of the following functionalities you use in each software:

- Online consultation
- Video consultation
- Patient Communications (SMS / email)
- Self-booking
- Patient Health Forms
- Care Navigation
- Cross-organisations appointment booking
- Analytics and Reporting
- Demand and Capacity

Online consultations - Mapping of the digital solutions used NOW in your practice / PCN

Please provide responses to a series of questions regarding online consultations of the digital solutions currently in use within your practice or PCN. We will also inquire about the commissioning route

9 Which digital tool(s) is your practice / PCN using for online consultations? Please select all options that apply. Please do not include those solutions that are not being used now.

- Patchs
- eConsult
- AccuRX Triage
- TPP SystmOne
- iPlato
- AccuRX SMS Plus
- AccuBook Self Book – patient health forms
- Blinx PACO - patient health forms
- Mjog
- Apex - patient health forms
- Ardens
- EMIS Hub
- Other, please specify

10 What is the commissioning route for each of the digital tools used for online consultation selected above?

- ICB
- Practice
- PCN
- ICB and Practice (where ICB commissions core functionalities and Practice additional functionalities)

- ICB and PCN (where ICB commissions core functionalities and PCN additional functionalities)
- Unsure
- Other, please specify

11 Please provide the contract expiry date (if known) for each of the digital tools selected above.

Note: Qs 9-11 were repeated for the following functionalities: Video Consultation, Patient Communications (SMS / email), Self-booking, Patient Forms, Care Navigation, Cross-organisations appointment booking, Analytics and Reporting, Demand and Capacity, Other, please specify

12 Has your practice or PCN previously used a system but discontinued it (NOT currently in use)? Please select all options that apply.

- Patchs
- eConsult
- AccuRX Triage
- TPP SystmOne
- iPlato
- AccuRX SMS Plus
- AccuBook Self Book – patient health forms
- Blinx PACO - patient health forms
- Mjog
- Apex - patient health forms
- Ardens
- EMIS Hub
- Other, please specify

13 Overall, how effective have the digital solutions been for the practice / PCN's needs? Note this includes the tools being currently used or those that have been used in the past. Please select one option that applies to each digital solution

- Very effective
- Effective
- Neutral
- Ineffective
- Very ineffective
- Have not used it/ don't know

14 How would you rate the ICB's communication with GP practices and PCNs about digital strategy and transformation? Please select one option that applies.

- Communication has been effective and appropriate
- There is room for improvement in communication (continue to question 16).

15 How can the ICB improve the way it communicates with GP practices and PCNs about digital strategy and transformation? Please select all options that apply and provide additional suggestions, if possible.

- Regular updates via email or newsletters
- Dedicated points of contact for GP practices or PCNs
- More interactive sessions, such as webinars or QandA forums
- Provision of simplified and concise communication materials such as leaflets or slide decks

16 Does your GP practice or PCN or anyone in it have any potential or known conflicts of interest related to the use or commissioning of digital solutions? Examples of conflict of interest may be that a partner in a practice has a role with a company that provides primary care digital products or has a decision-making role with a commissioner such as sitting on an ICB board. Please select one option that applies.

- No, there are no known conflicts of interest
- Yes, potential conflicts of interest exist, but they are managed appropriately
- Yes, conflicts of interest exist and have not yet been formally addressed
- Unsure or not applicable
- Other (please specify)

If no, continue to question 18.

17 Can you please provide more detail about potential or known conflicts of interest? Please give information about how and when it has been declared

18 Does your GP practice predominantly serve, or make reasonable adjustments for, a population group with protected characteristics at a higher rate compared to the average in the Cheshire and Merseyside region? Please select all options that apply.

- Underserved groups (e.g. low-income backgrounds, living in areas of high deprivation)
- Black, Asian or multi-ethnic populations
- Older adults
- Young people and adolescents
- Patients with long-term conditions (e.g. diabetes, COPD, hypertension, etc)
- People with disabilities
- Patients experiencing homelessness or unstable housing situations
- Mothers and children (e.g. prenatal and postnatal care)
- Patients facing digital exclusion

19 Is your GP practice or PCN participating in the Blinx Pilot? Please select one option that applies.

- Yes, we are using Blinx PACO now (existing)
- Yes, we are planning to start using Blinx PACO soon (new)
- No, but we may consider using Blinx PACO in the future
- No, we have decided not to be part of the pilot

If yes, terminate survey. If no, continue to question 20.

20 Why is your GP practice or PCN not participating in the pilot? Please select all options that apply.

- Staff members are too busy
- Current solutions work well
- Staff are resistant to change
- Technical constraints or lack of resources
- I was not aware of the Blinx PACO pilot
- Didn't know enough about Blinx PACO
- Existence of conflicts of interest
- BMA collective action
- We didn't think Blinx PACO would meet our needs
- Concerns about ongoing funding
- Concerns about risk of loss of existing digital tools
- Other (please specify)

END OF SURVEY

APPENDIX E: SURVEY 2 - UNDERSTANDING BASELINE

SURVEY 2 - TRANSFORMING PRIMARY CARE: UNDERSTANDING THE BASELINE AND EARLY RESULTS OF THE BLINX PACO PILOT

EVALUATION SURVEY TO GENERAL PRACTICES AND PRIMARY CARE NETWORKS IN CHESHIRE AND MERSEYSIDE PARTICIPATING IN THE PILOT

Thank you for your ongoing support in evaluating the Primary Care Digital Transformation pilot, commissioned by Cheshire and Merseyside ICB.

This is the second survey as part of an independent evaluation conducted by Health Innovation North West Coast.

The survey seeks to better understand the expectations of practices and Primary Care Networks (PCNs) when they joined the pilot. Additionally, it aims to assess the early impact of Blinx PACO, specifically for practices utilising all its functionalities.

Your responses are completely anonymous, and the survey will take approximately 15 minutes to complete. Please note that not all questions may apply to your practice or PCN. You can edit your answers on any survey page before submitting your response.

By participating, you are providing consent for your anonymous feedback to be used as part of this evaluation. Thank you for sharing your valuable insights!

1 I understand that by agreeing to participate in this pilot, I have also consented to be involved in its evaluation

- Yes
- No

2 How did you find out about the Blinx Pilot? Please select all the options that apply.

- Cheshire and Merseyside Integrated Care Board (ICB)
- A colleague or practice network
- Email or official communication from the PCN or other organisation
- A conference, seminar, or event
- A representative of Blinx or a related partner
- Online channels (e.g., website, social media, newsletters)
- Other, please specify

The following questions will gather information about the expected benefits, enablers and barriers/ challenges identified at the time of joining the Blinx PACO pilot.

Please note the questions apply to sites using Blinx PACO now (existing) and those planning to start using Blinx PACO soon (new) who have joined the pilot.

3 What are the top three benefits your practice or PCN expected to achieve from using Blinx PACO at the time of joining the pilot? Please select up to three options that apply.

- Automate administrative tasks and streamline workflows
- Enhance digital consultation in the practice
- Access to PCARP funding
- Improve patient access
- Enhance triage processes
- Increase operational efficiency and capacity
- Improve patient care and outcomes
- Simplify and enhance digital systems in the practice
- Enhance data management and insights
- Unsure or other, please specify

4 If you'd like to provide additional details, please feel free to do so here. This question is optional. [Open Box]

5 What were the three main factors or enablers your practice or PCN identified as crucial for maximising the potential of Blinx PACO at the time of joining the pilot?

Please select up to three options that apply.

- Accessibility, usability, user experience, and patient engagement
- Staff training, support, and willingness to adopt and test new technology
- Leadership, vision, and communication of goals and benefits
- Engagement and collaboration with the ICB and Blinx
- Resources (time, funding, personnel), change management, and practice buy-in
- Availability of technical support and infrastructure
- System trust, technical reliability, data privacy, security, and regulatory compliance.
- Potential to engage and collaborate with other providers

6 If you'd like to provide additional details, please feel free to do so here. This question is optional. [Open Box]

7 What were the three main challenges your practice or PCN anticipated needing to address to maximise the potential of Blinx PACO when joining the pilot?

Please select up to three options that apply.

- Accessibility, usability, user experience, and patient engagement
- Staff training, support, and willingness to adopt and test new technology
- Leadership, vision, and communication of goals and benefits
- Engagement and collaboration with the ICB and Blinx

- Resources (time, funding, personnel), change management, and practice buy-in
- Availability of technical support and infrastructure
- System trust, technical reliability, data privacy, security, and regulatory compliance.
- Potential to engage and collaborate with other providers

8 If you'd like to provide additional details, please feel free to do so here. This question is optional. [Open Box]

9 At the time of joining the pilot, did your practice or PCN anticipate securing staff engagement with Blinx PACO implementation as a critical challenge?

Please select the option that applies.

- No, staff were already engaged at the time of joining the pilot
- Yes, an initial lack of engagement, but no concerns about securing buy-in within the first 3 months
- Yes, an initial lack of engagement, but no concerns about securing buy-in within the first 6-12 months
- Yes, but no additional plans were made to secure buy-in beyond regular communication and existing practices
- Other, please specify

10 At the time of joining the pilot, did your practice or PCN anticipate securing patient engagement with Blinx PACO/ Digital Front Door as a critical challenge?

Please select the option that applies.

- No, patient engagement was not identified as a challenge
- Yes, initial lack of engagement, but no concerns about securing buy-in within the first 3 months.
- Yes, initial lack of engagement, but no concerns about securing buy-in within the first 6-12 months.
- Yes, but no additional plans were made to secure buy-in beyond regular communication and existing practices.
- Other, please specify

11 At the time of joining the pilot, did your practice or PCN anticipate any of the following groups with protected characteristic may experience difficulties with using Blinx PACO?

Please select all options that apply.

- Older adults / seniors
- Children and young population
- Patient with learning disabilities
- People experiencing homelessness
- Users with limited digital literacy
- Limited access to technology/ internet

- Low income or vulnerable populations
- Non- English speakers or those with language or cultural barriers
- Patients with mental health issues
- Other, please specify

12 Is your practice or PCN using Blinx PACO? Please select the option that applies.

- No, due to start soon or awaiting onboarding (if no, continue to question 13)
- Yes, partially and only some of the functionalities (if yes, continue to question 13)
- Yes, using fully all functionalities (if yes, terminate survey)

13 Can you please tell us more about the reasons your practice or PCN is partially using Blinx PACO functionalities? (Optional and open-ended question)

END OF SURVEY

APPENDIX F: PATIENT SURVEY

PATIENT SURVEY - UNDERSTANDING PATIENT NEEDS AND EXPERIENCE USING HEALTHCARE SERVICES IN CHESHIRE AND MERSEYSIDE

THIS SURVEY IS ABOUT YOUR NEEDS AND EXPERIENCES WHEN USING HEALTHCARE SERVICES AT YOUR GP SURGERY IN CHESHIRE AND MERSEYSIDE

We are interested in your views on accessing services through your GP surgery's website, which now uses the new Blinx PACO technology. Your answers will help us understand how your GP surgery can better support you.

Your responses are completely anonymous, and the survey will take approximately 15 minutes to complete. Participation is voluntary, and you can withdraw at any time.

For more information contact Alex Hernandez, Senior Programme Manager - Alex.Hernandez@healthinnovationnwc.nhs.uk

Thank you for helping us learn and improve NHS services.

ABOUT YOU AND YOUR HEALTH

We'd like to ask a few questions about you and your health. Some may feel a bit personal, like your gender or background. You don't have to answer anything you're not comfortable with – just choose "Prefer not to say" if you rather not to answer. All your answers are private, and they will help us understand how your GP surgery can improve the service it provides.

1 Do you agree to participate in this survey? Please choose one.

- Yes, I agree (if yes, continue to question 2)
- No, I don't agree (if no, terminate survey)

2 How old are you? Please choose one.

- 16 – 24 years
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- 75 years or more
- Prefer not to say

3 What best describes your gender? Please choose one.

- Male
- Female
- Other (please specify if you'd like)
- Prefer not to say

4 What is your ethnic background (using 2021 Census as reference)? Please choose one.

- Asian or Asian British (Indian, Pakistani, Bangladeshi, Chinese, Any other Asian background)
- Black, Black British, Caribbean or African (Caribbean, African, Any other Black, Black British, or Caribbean background)
- Mixed or multiple ethnic groups (White and Black Caribbean, White and Black African, White and Asian, Any other Mixed or multiple ethnic background)
- White (English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish Traveller, Roma, Any other White background)
- Other ethnic group (Arab, Any other ethnic group)
- Prefer not to say

5 What language do you feel most comfortable using? Please choose one.

- English
- Other (please specify if you'd like)

YOUR HEALTH

6 Please tell us how much you agree or disagree with these statements about your health. Choose one answer for each.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure or don't know
I try to live a healthy lifestyle					
I feel my overall health is good					

YOUR USE OF THE INTERNET

7 Which of the following do you use most often to go online? Please choose one.

- Smart phone
- Tablet
- Computer or laptop
- Something else

- I have a phone but can't use it to go online
- I rarely or never use the internet
- Don't know

8 How much do you agree or disagree with these statements about using the internet? Please choose one for each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure or don't know
The internet makes my life easier					
I can usually get free wi-fi in public spaces					
I worry about my personal information online					
Using smartphones and computers is confusing					
Paying for data or wi-fi is difficult for me					

USING YOUR GP SURGERY SERVICES

9 What is the name of your GP surgery? Please choose one.

- AINTREE PARK GROUP PRACTICE, L9 8AL - N82053
- ASHFIELDS PRIMARY CARE CENTRE, CW11 1EQ - N81032
- BELLE VALE HEALTH CENTRE, L25 2XE - N82094
- BROWNLOW AT MARYBONE, L3 2BG - N82617
- BROWNLOW GROUP PRACTICE, L69 3GF - N82117
- BROWNLOW HEALTH @ PRINCES PARK, L8 0SY - N82076
- BROWNLOW HEALTH AT KENSINGTON, L7 2PF - N82645
- DANEBRIDGE MEDICAL CENTRE, CW9 5HR - N81087
- DINGLE PARK PRACTICE, L8 6QP - N82033
- GRASSENDALE MEDICAL CENTRE, L19 9BP - N82009
- HILLFOOT HEALTH, L25 0ND - N82116
- HOUGH GREEN HEALTH PARK, WA8 4NJ - N81119
- MIDDLEWICH ROAD SURGERY, CW9 7DB - N81113
- PARK MEDICAL CENTRE, CH2 3RD - N81046

- PRIORY MEDICAL CENTRE, L6 4EW - N82011
- ROCK COURT SURGERY, L13 2GA - N82058
- ROCKY LANE MEDICAL CENTRE, L16 1JD - N82664
- SOUTH PARK SURGERY, SK11 6JL - N81029
- THE ELMS MEDICAL CENTRE, L8 3SS - N82070
- THE VALLEY MEDICAL CENTRE, L25 1RY - N82092
- UPTON GROUP PRACTICE, CH49 0TF - N85013
- VAUXHALL HEALTH CENTRE, L5 8XR - N82115
- WITTON STREET SURGERY, CW9 5QU - N81061

10 Please tell us how much you agree or disagree with these statements. Please choose one for each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure or don't know
It's easy to get an appointment at my GP surgery					
I'm happy to have consultations online					
I trust the NHS					

EXCLUDING THE NHS APP AND NHS LOGIN, THINK ABOUT THE USE OF THE DIGITAL SERVICES OFFERED BY YOUR GP SURGERY, FOR EXAMPLE VIA ITS WEBSITE. PLEASE CONSIDER HOW EASY IT IS FOR YOU TO ACCESS HEALTH SERVICES AT YOUR GP SURGERY.

11 How do you prefer to access health services at your GP surgery? Please choose one.

- In person (face-to-face)
- By phone
- Online (e.g. through the GP surgery website or an app)
- A mix of face-to-face, phone, and online
- I don't use or access health services at my GP surgeryDon't know

12 Which of these online GP surgery services are you aware of through your GP surgery website? Choose all that apply.

- Book an appointment (e.g. with a GP, nurse or other health professional)
- Have a video consultation with a health professional

- Give feedback to the GP surgery
- Request changes to my medications or complete a medication review
- Be referred or signposted to other services that meet my needs
- Access care when I feel unwell (triage)
- None of these
- Don't know
- Something else (please specify)

13 Which of these GP surgery services do you currently use online via your GP surgery website? Choose all that apply.

- Book an appointment (e.g. with a GP, nurse or other health professional)
- Have a video consultation with a health professional
- Give feedback to the GP surgery
- Request changes to my medications or complete a medication review
- Be referred or signposted to other services that meet my needs
- Access care when I feel unwell (triage)
- None of these
- Don't know
- Something else (please specify)

14 Excluding the NHS App and NHS Login, please tell us how much you agree or disagree with these statements about using the digital services offered by your GP surgery via its website. It doesn't matter if you have never used it, it is your opinion that matters.

Please choose one answer for each statement.

	Strongly agree	Agree	Disagree	Strongly disagree	Not sure or don't know
It helps me take control of my health					
It helps free up time for NHS staff to care for patients					
I trust using the GP surgery website					
It makes getting help or accessing health services easier					
It is easy to book appointments					

15 Excluding the NHS App and NHS Login, think about the use of the digital services offered by your GP surgery, for example via its website. What might encourage you to start using these services or to use them more often? Please choose all that apply.

- If they were easier to use
- If someone showed me how to use them
- If I had better device or internet access
- If I knew my information was safe
- If internet access was cheaper
- If they were available in another language I prefer
- I just prefer speaking to someone in person or by phone
- Don't know
- Something else (please tell us)

16 Excluding the NHS App and NHS Login, when you have needed help using the GP surgery website, where have you turned for support? Please choose all that apply.

- Call my GP surgery
- Online resources - NHS website, search online (e.g. Google) or YouTube videos
- Ask family or friends
- Visit a library or community centre
- Go to in person training (e.g. at the GP surgery or library)
- None of these
- Don't know
- Somewhere else

Thank you for taking the time to complete this survey.

Your answers will help us understand how your GP surgery can better support you.

APPENDIX G: SURVEY 3 - UNDERSTANDING THE EARLY RESULTS OF THE BLINX PACO PILOT

TRANSFORMING PRIMARY CARE: UNDERSTANDING THE EARLY RESULTS OF THE BLINX PACO PILOT

EVALUATION SURVEY TO GENERAL PRACTICES IN CHESHIRE AND MERSEYSIDE PARTICIPATING IN THE PILOT

SUMMARY

Thank you for your ongoing support in evaluating the Primary Care Digital Transformation pilot, commissioned by Cheshire and Merseyside ICB.

This is the final survey as part of an independent evaluation conducted by Health Innovation North West Coast.

The survey seeks to assess the early impact of Blinx PACO.

Your responses are completely anonymous, and the survey will take approximately 15 minutes to complete. You can edit your answers on any survey page before submitting your response.

By participating, you are providing consent for your anonymous feedback to be used as part of this evaluation. Thank you for sharing your valuable insights!

1 I understand that by agreeing to participate in this pilot, I have also consented to be involved in its evaluation

- Yes (if yes, continue to question 2)
- No (if no, terminate survey)

2 What is the name and ODS code of the General Practice you represent? This question is optional. Please select "Prefer not to say" if you rather not to answer.

Otherwise, please select from the dropdown list below, which details each practice name(s) with its associated postcode and ODS code. (Further information on practice names and ODS codes can be found on the NHS Digital ODS Portal).

3 Which functionalities is your practice using currently? Please select all the options that apply.

- Quicksend using RocketBar (continue to question 5)
- Quicksend using the PACO application (continue to question 5)
- Digital Front Door (Digital Consultations) (continue to question 5)
- Scheduled Campaigns (call:recall) (continue to question 5)
- Care Navigator (continue to question 5)

- Cross-Organisation Functions (PACO Connect) (continue to question 5)
- Quickforms (continue to question 5)
- Webchat/Video Consultations (continue to question 5)
- Not yet, due to start soon or awaiting onboarding (if chosen, terminate survey)

If partial use, then continue to question 4.

4 Can you please tell us more about the reasons your practice is partially using Blinx PACO functionalities? (Optional and open-ended question)

5 For how long has your practice fully using Blinx PACO?

- For less than 4 weeks
- At least 4 weeks
- More than 4 weeks

The following questions are designed to assess some of the early outcomes of using Blinx PACO.

Please note, these questions are relevant for practice sites using all Blinx PACO functionalities AND those who are using at least one or some of them.

6 To what extent do you agree with the following statement:

"The benefits expected have been met so far or are likely to be met within the first 3 to 6 months of using Blinx PACO."

Please select the option that applies for each expected benefit in each of the rows below.

	Strongly agree	Agree	Disagree	Strongly disagree	Not in use	Don't know or unsure
Automate administrative tasks and streamline workflows						
Enhance digital consultation in the practice						
Improve patient access						
Enhance triage processes						
Increase operational efficiency and capacity						
Improve patient care and outcomes						

Simplify and enhance digital systems in the practice						
Enhance data managements and insights						
Unsure or other, please specify						

7 To what extent do you agree with the following statement:

"The functionality of Blinx PACO addresses the specific needs of the practice"

Please select the option that applies for each functionality in each of the rows below.

	Strongly agree	Agree	Disagree	Strongly disagree	Not in use	Don't know or unsure
Quicksend using RocketBar						
Quicksend using the PACO application						
Digital Front Door (Digital Consultations)						
Scheduled Campaigns (call:recall)						
Care Navigator						
Cross-Organisation Functions (PACO Connect)						
Quickforms						
Webchat/Video Consultations						
Unsure or other, please specify						

8 If you can think of anything that can be improved, please share this with us. This question is optional.

- Quicksend using RocketBar _____
- Quicksend using the PACO application _____
- Digital Front Door (Digital Consultations) _____
- Scheduled Campaigns (call:recall) _____
- Care Navigator _____
- Cross-Organisation Functions (PACO Connect) _____
- Quickforms _____
- Webchat/Video Consultations _____

ABOUT THE POTENTIAL EFFECT OF USING BLINX PACO

9 Do you think Blinx PACO may have impacted navigation (improving patient access to services or resources) in your practice?

- Yes, mainly positive outcome(s)
- Yes, mainly negative outcome(s)
- Yes, mixed (both positive / negative outcomes)
- No impact so far
- Don't know or unsure

10 Please provide more detail or specific examples, if possible. This question is optional.

11 Do you think Blinx PACO may have impacted online consultation (enhancing virtual consultations and patient engagement) in your practice?

- Yes, mainly positive outcome(s)
- Yes, mainly negative outcome(s)
- Yes, mixed (both positive / negative outcomes)
- No impact so far
- Don't know or unsure

12 Please provide more details or specific examples, if possible. This question is optional.

13 Do you think Blinx PACO may have impacted communications management (streamlining communication between patients, GPs, and other providers) in your practice?

- Yes, mainly positive outcome(s)
- Yes, mainly negative outcome(s)
- Yes, mixed (both positive / negative outcomes)
- No impact so far
- Don't know or unsure

14 Please provide more details or specific examples, if possible. This question is optional.

15 Do you think Blinx PACO may have impacted cross-organisation (facilitating appointments across different healthcare providers or organisations) in your practice?

- Yes, mainly positive outcome(s)
- Yes, mainly negative outcome(s)
- Yes, mixed (both positive / negative outcomes)
- No impact so far
- Don't know or unsure

16 Please provide more details or specific examples, if possible. This question is optional.

17 Do you think Blinx PACO may have impacted demand and capacity (improving resource management and appointment scheduling) in your practice?

- Yes, mainly positive outcome(s)
- Yes, mainly negative outcome(s)
- Yes, mixed (both positive / negative outcomes)
- No impact so far
- Don't know or unsure

18 Please provide more details or specific examples, if possible. This question is optional.

19 Do you think Blinx PACO / PACO Connect may have impacted on the potential to engage with other providers from a practice perspective?

- Yes, mainly positive outcome(s)
- Yes, mainly negative outcome(s)
- Yes, mixed (both positive / negative outcomes)
- No impact so far
- Don't know or unsure

20 Please provide more details or specific examples, if possible. This question is optional.

21 Do you think Blinx PACO may have impacted on any other aspect(s)? Please provide more detail or specific examples, if possible. This question is optional.

22 Has your practice decommissioned existing comparable solutions, if safe to do so, or planning to do this within the next 6 months?

Please select the one option that apply.

- Yes, within the last 6 months
- Yes, within the next 6 months

- Yes, but longer than 6 months
- No
- Rather not say or don't know

23 Have you identified any potential cost or efficiency saving(s) associated with the use of Blinx PACO or Blinx PACO Connect? Please select the option that applies and provide further detail if possible.

- Yes, immediate savings within the first 3 months _____
- Yes, savings may be created from 6 months and beyond _____
- May increase costs to start with but then savings _____
- No, unlikely to create savings _____
- No, likely to increase costs _____

24 Have you identified any potential unintended consequences or unexpected changes (good or bad) that happened because of the use of Blinx PACO / PACO Connect in your practice? Please select the option that applies and share more details, if possible.

- Yes, positive _____
- Yes, negative _____
- Yes, mixed (both positive and negative _____
- No, nothing just yet _____
- Don't know or unsure _____

ABOUT OVERALL SATISFACTION OF USING BLINX PACO

25 On a scale from 0 to 10, where 10 represents the highest level of satisfaction, how satisfied is your practice with using Blinx PACO / Blinx PACO Connect overall? Please use the slider below...1 –10

26 Can you please give us more detail about why Blinx PACO / Blinx PACO Connect has not performed well for your practice? _____

27 On a scale from 0 to 10, where 10 represents the highest likelihood, please use the slider to rate how likely your practice is to recommend Blinx PACO / Blinx PACO Connect to another practice

28 Why would you recommend to another practice? _____

Thank you for taking the time to complete this survey. Your valuable feedback will help us improve and ensure Blinx PACO meets your needs. We greatly appreciate your input.

END OF SURVEY

APPENDIX H: SEMI-STRUCTURED INTERVIEWS

BLINX INTERVIEW QUESTIONS – TO LEADERS IN PILOT SITES

State name and practice. Confirm consent is given to take part in the evaluation and anonymously use the finding to inform future ICB digital strategy

Adoption When did you start using Blinx PACO?

Fidelity Has Blinx PACO been implemented as it was described to you? Please explain

Adoption Can you describe where you are up to in the implementation of Blinx in your practice? (understand if they have gone live yet for staff and patient facing) Please explain

Penetration In your practice, how many of the practice team are trialing or active users of Blinx PACO?

Penetration Has there been any effort to spread the knowledge about Blinx PACO to other teams within the practice or PCN? What actions have been undertaken?

Feasibility Is Blinx PACO easy to use? Tell us more

Acceptability Is Blinx PACO acceptable to you? Do you like it?

Acceptability Tell us about the functionality of Blinx PACO you like

Feasibility Is Blinx PACO suitable for everyday use and implementable?

Appropriateness Is Blinx PACO well designed to meet the needs of primary care? Tell us more

Appropriateness What would you consider to be the facilitators or obstacles to the use of Blinx PACO in primary care?

Acceptability Tell us about the functionality of Blix PACO you don't like or that you would like to be improved

Acceptability Are there any positive/negative unintended consequences?

Acceptability Tell us more about how you think Blinx PACO is helping you to improve your job performance/ productivity

Acceptability How does Blinx PACO compare with other platforms you have used or are using?

Adoption What are the advantages and disadvantages of using Blinx to engage specific patient cohort? (under-represented groups, student populations, cervical, out of hours etc)

Adoption Can you give examples of how Blinx PACO will change your patient management for those groups?

Implementation / Opportunity cost Has it taken a lot of effort to implement Blinx PACO? Please tell us more

Implementation / Opportunity cost Do you agree that implementing Blinx PACO has been worth the time spent on it? Please tell us more

Implementation / Opportunity cost Has there been conflict with your other priorities (opportunity cost)

Sustainability After the pilot, would you be happy to continue using Blinx PACO? If yes, why? If not, why?

Sustainability Are there any barriers to continue using Blinx PACO in your practice?

Acceptability Tell us about how your senior management have supported of the use of Blinx PACO in your practice

Fidelity Are you satisfied with the support you received for implementation of Blinx PACO (from the ICB, Blinx and your practice leaders)? Please tell us more

Fidelity Can you make recommendations on how the ICB digital team and Place team could improve communications and support in primary care?

Sustainability What is your understanding of AI component of Blinx, ethical considerations and regulation/ surveillance and how this may impact your practice?

Acceptability Scale of 1-10 what is your level of satisfaction?

Acceptability Scale of 1-10 what is your likelihood of recommending to another practice?

Do you have any other comments or suggestions?

END

INTERVIEW QUESTIONS – TO LEADERS IN NON-PILOT SITES / NOT IMPLEMENTED BLINX YET

State name and practice. Confirm consent is given to take part in the evaluation and anonymously use the finding to inform future ICB digital strategy

Blinx Implementation

1. What is your knowledge of Blinx?
2. Did you decline the offer to participate in the Blinx pilot? Please tell us why (For us: qualify if they were in the pilot and dropped out or just declined)
3. Can you tell us about why you have opted out of the pilot?
4. What is your perception of the potential benefits of Blinx?
5. What is your perception of the potential limitations of Blinx?
6. How do you feel about the communication from the ICB digital team about the Blinx pilot? Tell us more
7. How do you feel about the communication from the Place-based team about the Blinx pilot? Tell us more
8. Would you consider adopting Blinx in the future? (Please tell us more)

Existing Tech

Acceptability Is your current technology acceptable to you? Do you like it? (Discuss all technology in use)

Feasibility Is your current technology easy to use? Tell us more

Acceptability Tell us about the functionality of your current technology you like

Acceptability Tell us about the functionality of your current technology you don't like

Appropriateness Are your current platforms well designed to meet the needs of primary care? Tell us more

Acceptability Tell us more about your level of satisfaction of using existing primary care technology for primary care access (Accurx, e-consult, Patchs etc) successfully for each of the 5 PCARP themes - navigation, online consultation, communications management, cross-organisation, demand and capacity)

Adoption What are the advantages and disadvantages of using your current technology to engage specific patient cohort? (under-represented groups, student populations, cervical, out of hours etc)

Penetration Does everybody across your practice and PCN use the current patient access technology? NOTE - Check if the situation is different for the different tech (e-consult, Accurx etc) and check if the situation is different for each staff across the practice.

Feasibility Do you see variation in staff engagement with your current technology? What features of the technology have helped with staff engagement?

Sustainability Are there any reasons why you wouldn't want to keep using your current technology?

Implementation / Opportunity cost How much effort and resource has it taken to implement your current technology? Please explain

Implementation / Opportunity cost Is digital transformation conflicting with your other priorities? Please explain

Do you have any other comments or suggestions?

END

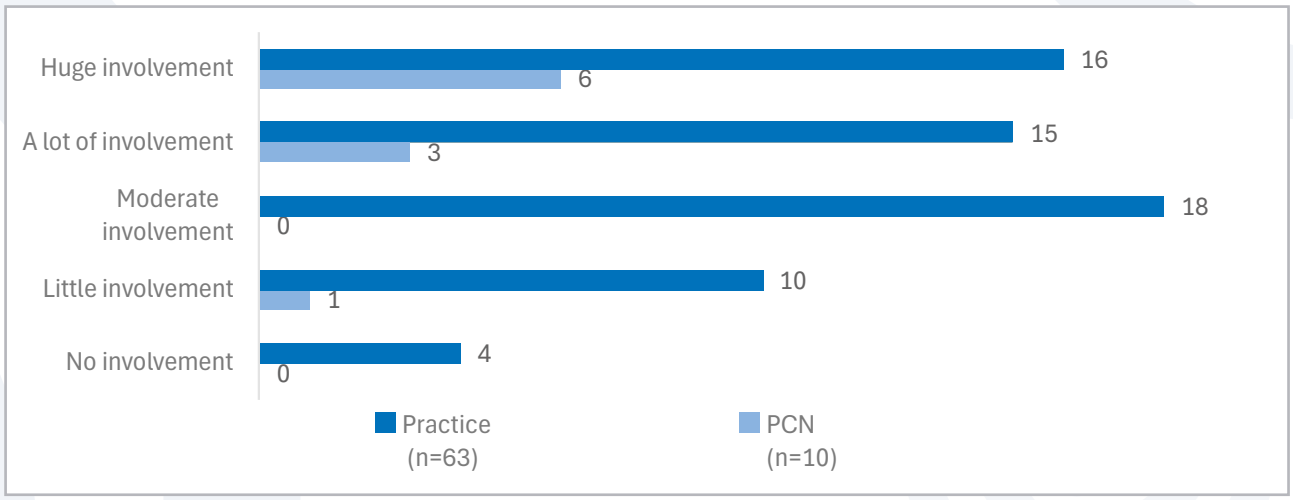
APPENDIX I: SURVEY 1 – FINDINGS

Table I. 1 Participants and mapping of digital tools

Mapping Digital Tools Survey (9 Dec 2024 – 6 Jan 2025) Shared with all practices and PCNs in Cheshire and Merseyside	Practice (N=58)	PCN (N=10)
Surveys *35 surveys were incomplete but this includes the data that was provided	63	10
Roles of representative	16	4
Main role of representative	Practice manager, digital lead, GP, office manager	Digital transformation lead, PCN manager, deputy manager, assistant practice manager
Representative with 2+ roles	8 of 63 (13%)	2 of 10 (20%)
High levels of involvement in driving digital solution commissioning and transformation decisions	31 of 63 (49%)	9 of 10 (90%)
A dedicated digital team or role? - Dedicated and skilled role - Dedicated small and skilled team - Team with limited expertise - No digital team or role - Digital workforce and expertise is limited	 14 of 63 (22%) 9 (14%) 6 (10%) 23 (37%)	 4 of 10 (40%) 2 (20%) 2 (20%) 1 (10%)
Conflict of interest - Yes - No - Unsure Potential misreporting. Only two surveys provided detail of involvement with Patchs and Blinx	 3 of 53 (5%) 38 (72%) 12 (23%)	 0 6 of 8 (75%) 2 of 8 (25%)

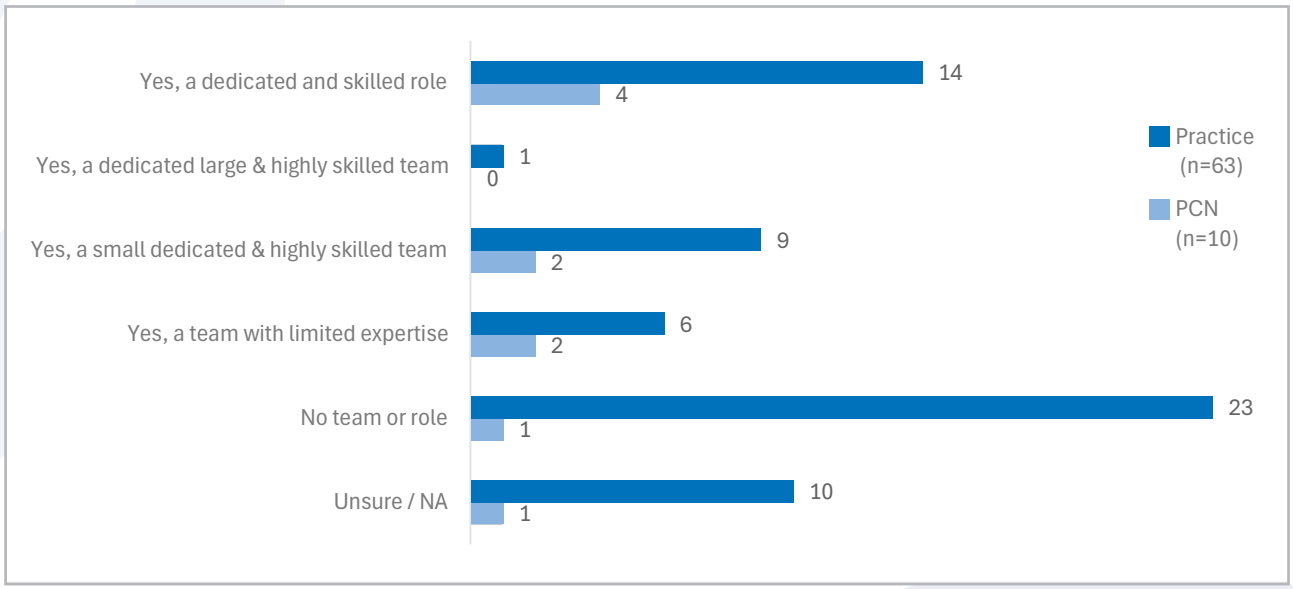
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.1 Levels of involvement in driving digital solution commissioning and transformation decisions



Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.2 The practice or PCN has a dedicated digital team or role



Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.3 Frequency of practices using digital platforms

Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

CROSS-ORGANISATION APPOINTMENT BOOKING

AccuRX Triage (1) TPP SystmOne (2)
EMIS Hub (33) AccuRX SMS Plus (1)
Patchs (1) AccuBook Self Book (2)
Blinx PACO (2)

ANALYTICS AND REPORTING

AccuRX Triage (4) TPP SystmOne (1)
Ardens (29) Blinx PACO (3)
AccuBook Self Book (1) EMIS Hub (19) Mjog (3)
AccuRX SMS Plus (2) Patchs (10) Apex (16) iPlato (1)

SELF -BOOKING

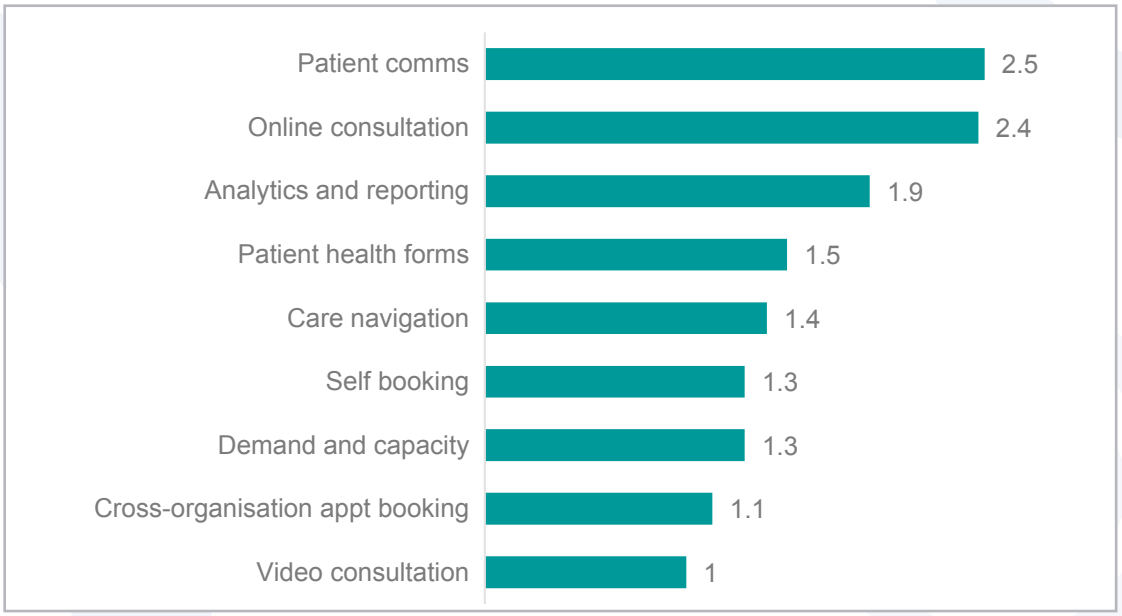
Blinx PACO (8) Mjog (1) iPlato (8)
AccuBook Self Book (38)
EMIS Hub (3) Patchs (7) AccuRX Triage (1)
AccuRX SMS Plus (5)

DEMAND AND CAPACITY MANAGEMENT

Patchs (7) EMIS Hub (16)
AccuRX Triage (1) Apex (14) eConsult (3)
Ardens (5) Blinx PACO (3)

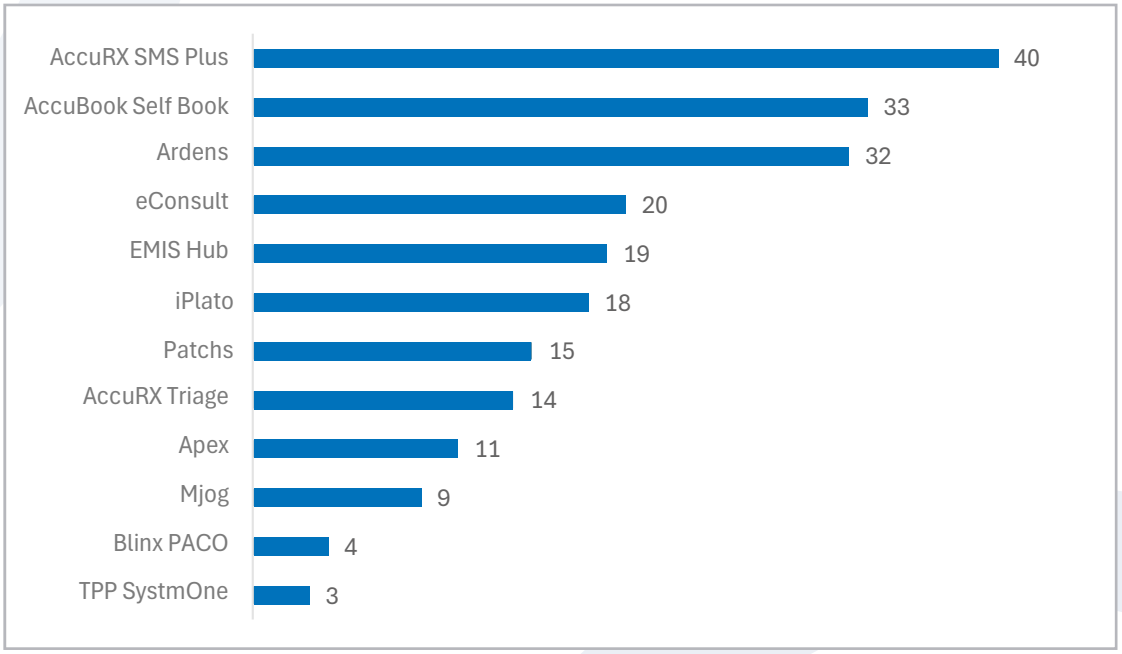
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.4 Average number of digital tools used per practice per functionality



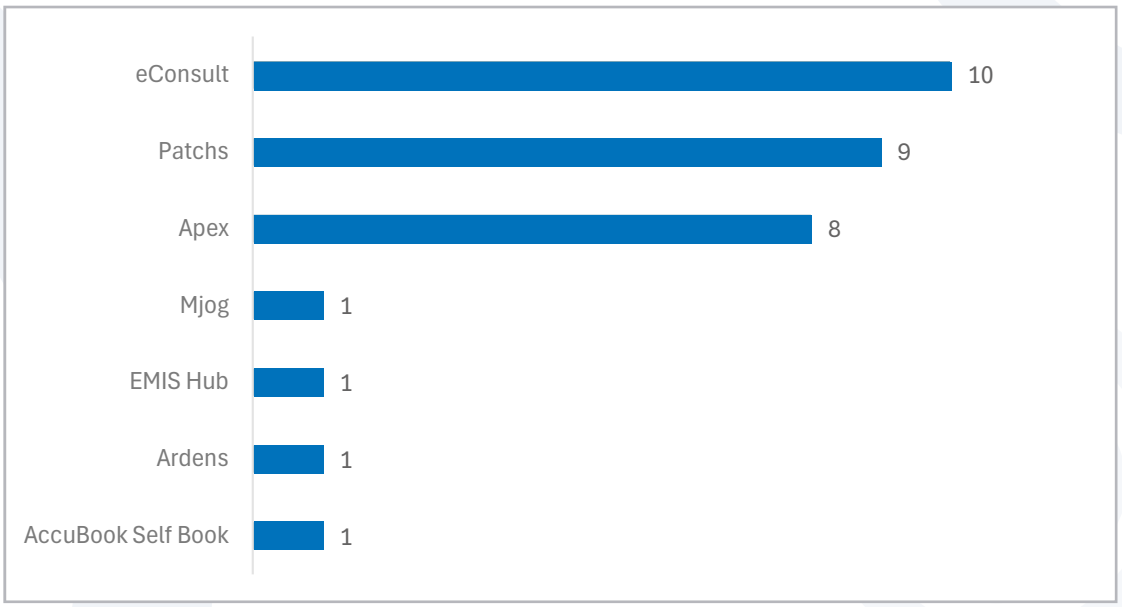
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.5a Perception of digital tools Very effective or effective (N=51)



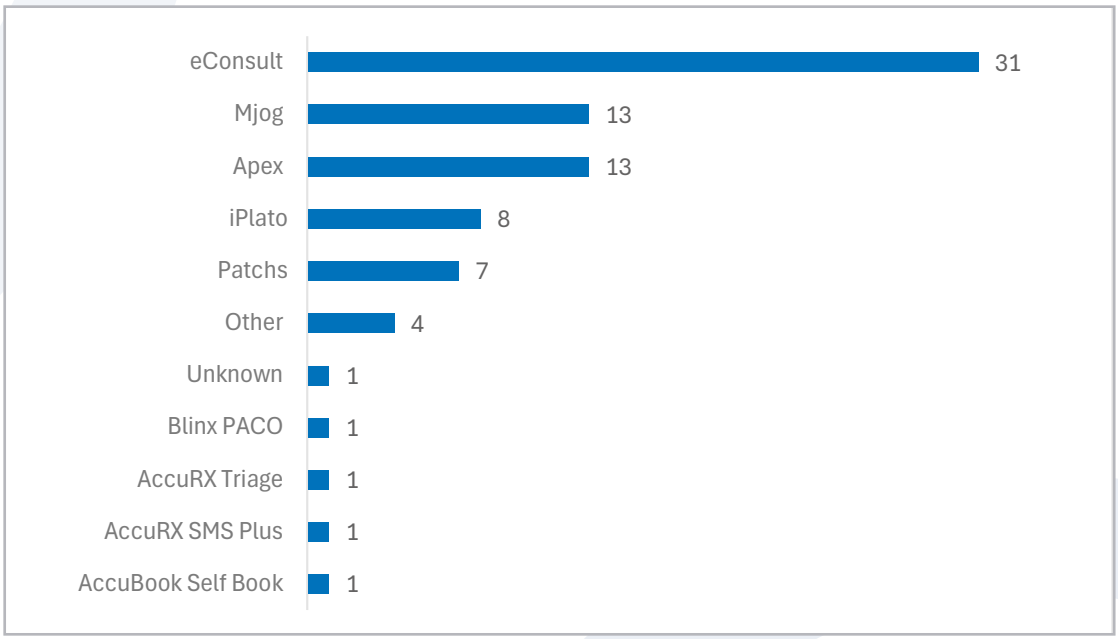
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.5b Perception of digital tools Very ineffective or ineffective (N=51)



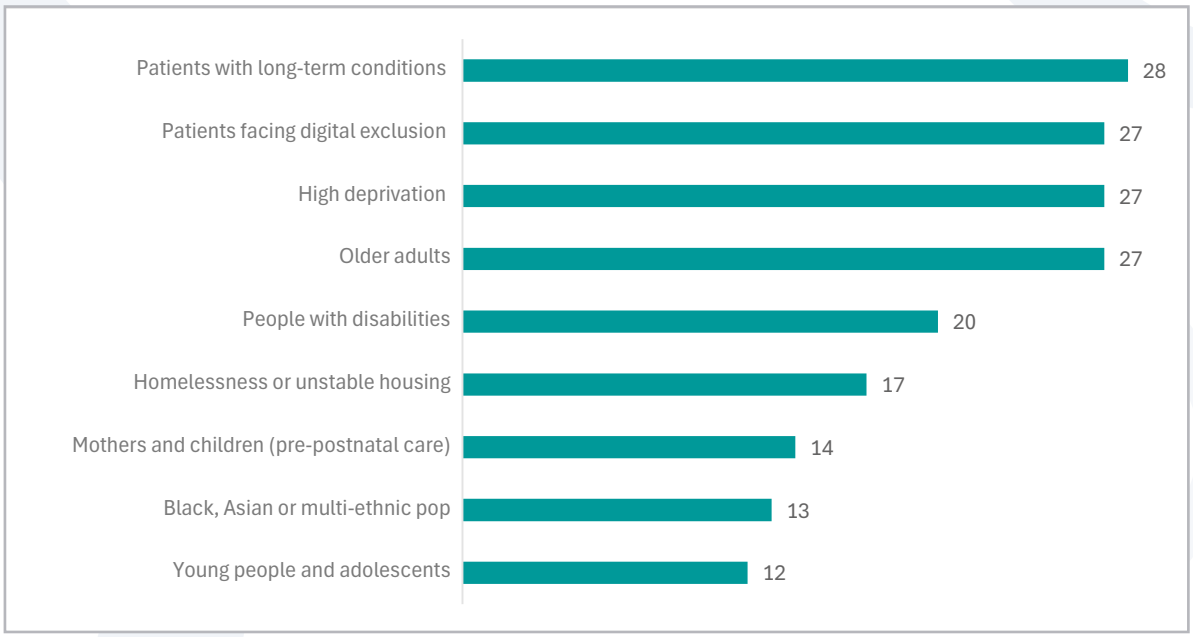
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.Note: Tools with no responses for the shown categories: AccuRX SMS Plus, AccuRX Triage, Blinx PACO, iPlato and TPP SystmOne.

Figure I.6 Mapping tools being discontinued by practices (N=42)



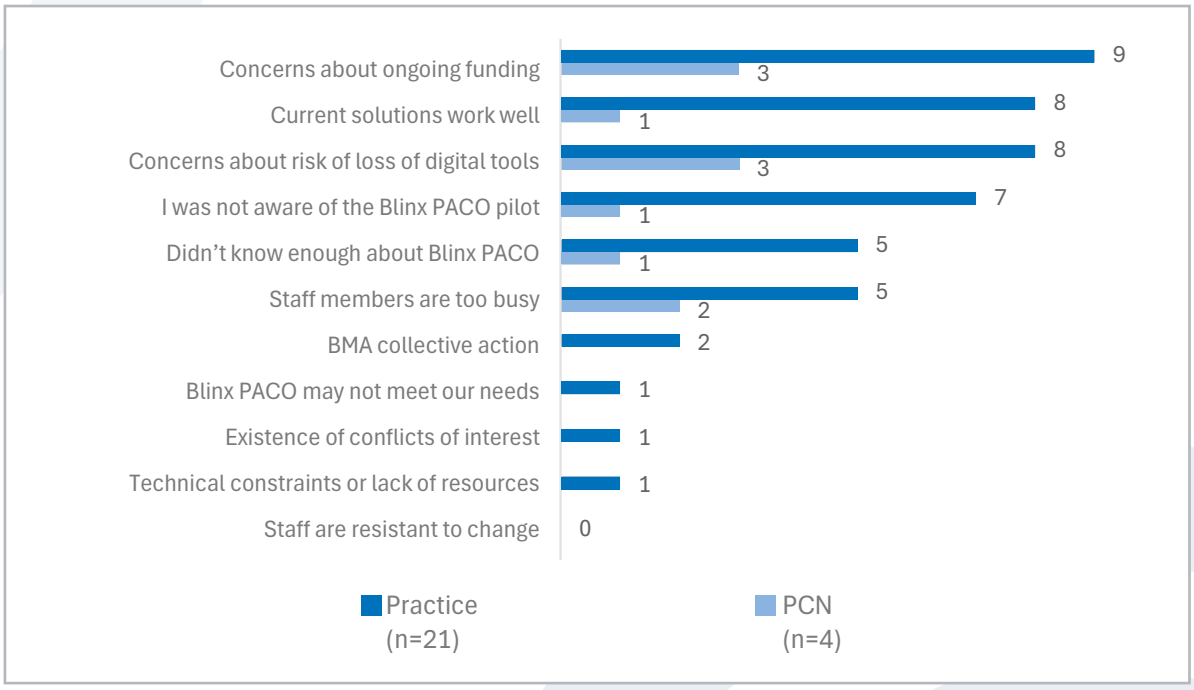
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.Note: Three practices responded to two surveys up until this question. All data were considered in the graph. We found inconsistency in figures in all three practices. No practices reported having discontinued the use of Ardens, EMIS Hub or TTP SystmOne.

Figure I.7 Practices making adjustments for groups at a higher rate compared to the average in the Cheshire and Merseyside region (49 surveys from 46 practices)



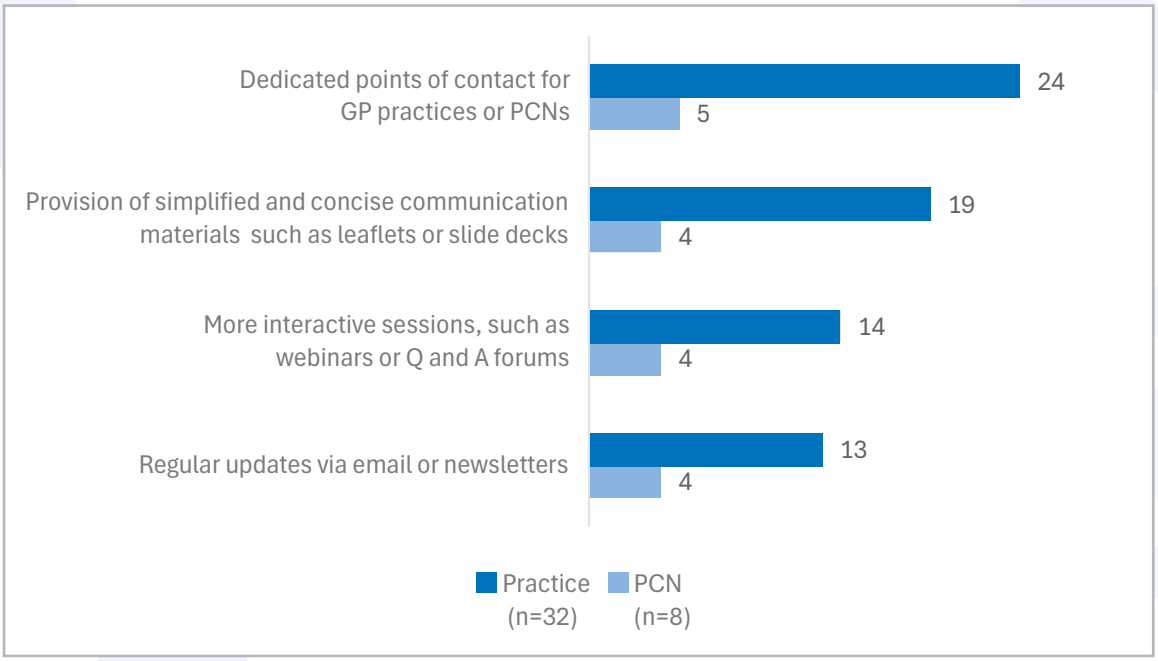
Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.8 Mapping reasons for non-participation



Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

Figure I.9 Mapping ways the ICB can improve communication with GP practices and PCNs



Source: HINWC (January 2025). Survey 1 Mapping Demographics, Digital Systems and Commissioning Landscape.

APPENDIX J: CODING TREE

Code system		Frequency
	Context and background	
	Existing tech works	16
	Decision context	17
	Setting - out	5
	Setting - in	4
	Other tech_Accurx	15
	Other tech_Patchs	11
	Other tech_Mjog	1
	Other tech_SystmOne	5
	Functional overlaps	2
	Functional differences	2
	Equity	13
The Implementation process	**Training (and staff capacity)**	
	Training_Access_+	7
	Training_Access_-	3
	Training_Access_neutral	1
	Training_Motiv_present	1
	Training_Motiv_lacking	3
	Strategy, comms and feedback	8
Inner setting	**Change management**	
	Strategy_fullscale	0
	Strategy_staggered	9
	Leadership and coordination	13
	Change readiness	15
	Pace of change	4
	Leadership style_defensive	5
	Leadership style_adaptive	4
	Leadership style_transformational	9
	Dedicated lead time	11
	Barriers_timeandfunding	10
	Barriers_changefatigue	10
	Barriers_comppriorities	6
	Barriers_humanfactors	10

Code system		Frequency
Individuals	**Perceptions of Blinx PACO**	
	Equity impact	8
	Perceived effectiveness_+	29
	Perceived effectiveness_-	2
	Comparison_Patchs	6
	Comparison_Accurx	9
	Comparison_iPlato	4
	Perceived value added_EMIS	4
	Perceived value added_unclearnone	16
	Likelihood recommend	5
	Satisfaction	11
The innovation	**Customisation and technical support**	
	Need for customisation_-	2
	Need for customisation_neutral	13
	Feedback loop_helpful	7
	Feedback loop_needed	3
	Feedback loop_absent	1
	Product dev_ongoingimprove	11
	Product dev_further needs	10
	Technical support_+	9
	Technical support_-	4
	Technical support_neutral	2
	Peer learning_+	9
	Peer learning_-	0
	Peer learning_none	1
The implementation process	**Technical implementation**	
	Integration_NHSapp	2
	User centred design	13
	Integration_EMIS	5
	Integration_SystmOne	1
	Functionalities_helpful	6
	Usability	6

Code system		Frequency
The implementation process	**Communication and engagement**	
	Inf flow_-	1
	Inf flow_+	1
	Inf flow_inconsistent	1
	Choice andautonomy_+	7
	Choice andautonomy_-	7
	Multilevel comms (ICB, Place, PCN)	9
	Decision making influence	4
Individuals	**Relationship with ICB**	
	Communication and support_-	1
	Communication and support_+	7
	Communication_inconsistent	4
	Initialengagement_-	6
	Initialengagement_improved	2
	Inclusion support_+	3
	Inclusion support_-	1
	Perc local product_+	1
	Perc local product_-	1
	Transparency_present	6
	Transparency_lack	8
	Pilot complexity	3
Outer setting	**Pilot and evaluation**	
	Perception of risk	4
	Funding conti_neutral	1
	Funding conti_-	5
	Need evidence impact	12
	Need market analysis	6
	Externalities_+	1
	Externalities_-	0

Code system		Frequency
Individuals	**Conflicts of interest**	
	Practice vs PCN Preference	5
	Personal preference for Tech	3
	Anti-competitiveness Concerns	5
	Automation Risks	9
	Innovation vs Efficiency Tension	11
	Trust in ICB decisions	8
Outer setting	**Incentives and enablers**	
	National Contract, Policy and Guidelines	4
	Financial Incentives	3
	Tech Integration	7
	Pathway Improvements	13
	Communicated Efficiencies	2
	Risk Stratification	1

MATCHING CODE/SUBCODES TO IMPLEMENTATION OUTCOMES

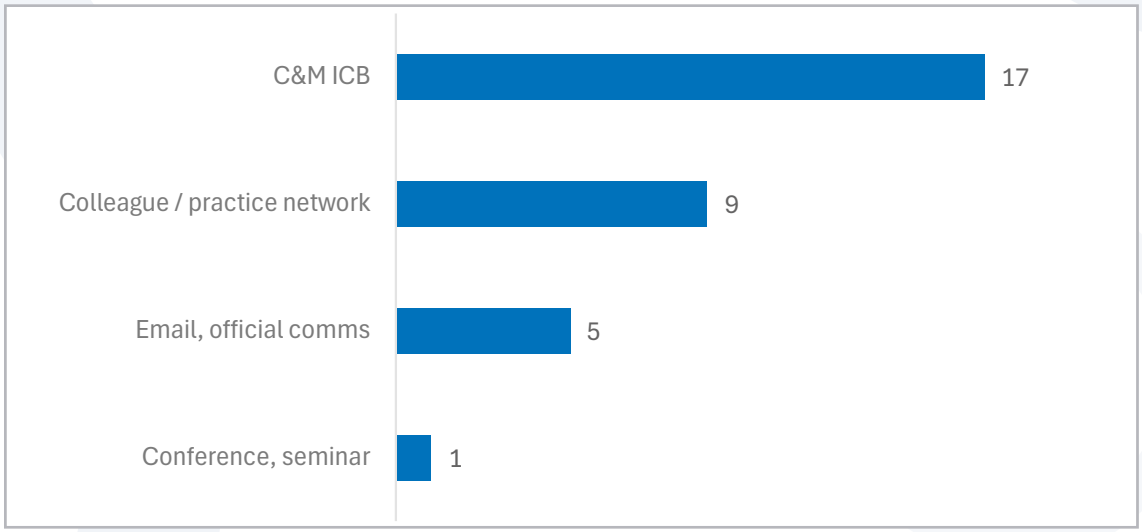
Acceptability (product)	Acceptability (pilot)
Perception that the innovation is satisfactory or palatable	***Perception that the pilot is satisfactory or palatable***
Perceived effectiveness_+	Communication and engagement, multilevel comms
Perceived effectiveness_-	Trust in ICB decision
Perceived value added_EMIS	Perc local product_-
Perceived value added_unclearnone	Perc local product_+
Likelihood recommend	Pilot complexity
Satisfaction	Transparency_lack
User centred design	Transparency_present
Functionalities_helpful	Inclusion support_+
Usability	Inclusion support_-
Peer learning_+	Inf flow_+
	Inf flow_-
	Inf flow_inconsistent

Adoption *Initial decision or action to try the innovation* Initialengagement_+ Initialengagement_- Initialengagement_improved Strategy_fullscale Strategy_staggered Choiceandautonomy_+ Choiceandautonomy_- Perceived value added_EMIS Integration_EMIS Pace of change	**Appropriateness** *Perceived fit or relevance in context* Comparison_Patchs Comparison_Accurx Need for customisation_- Need for customisation_neutral Automation Risks Innovation vs Efficiency Tension Pathway improvements
Cost *Resource or financial implications* Barriers_timeandfunding Barriers_compprioritiies Funding conti_- Funding conti_neutral Financial Incentives	**Feasibility** *Extent innovation can be used in setting* Strategy, comms and feedback Training_Access_+ / _- / _neutral Training_Motiv_present / _lacking Leadership and coordination Leadership style_defensive / adaptive / transf Dedicated lead time Barriers_changefatigue Barriers_humanfactors Change readiness Pace of change Tech Integration Integration_NHSApp Technical support_- / _+ / _neutral
Fidelity *Implementation as originally intended* Feedback loop_helpful / needed / absent Communication and support_+ Communication and support_- Communication_inconsistent Decision making influence	**Penetration** *Integration into service setting* Pathway Improvements Communicated Efficiencies National Contract, Policy and Guidelines

Sustainability	Equity
Ongoing use and institutionalisation	*Reaching specific groups of the population, digital inclusion/exclusion*
Need evidence impact Need market analysis Externalities_+ / _- Risk Stratification Perception of risk Product dev_ongoingimprove Product dev_further needs Practice vs PCN Anti-competitiveness Concerns	Equity Equity impact

APPENDIX K: SURVEY 2 – FINDINGS

Figure K.1 Channels for raising awareness of the Blinx pilot (N=25)



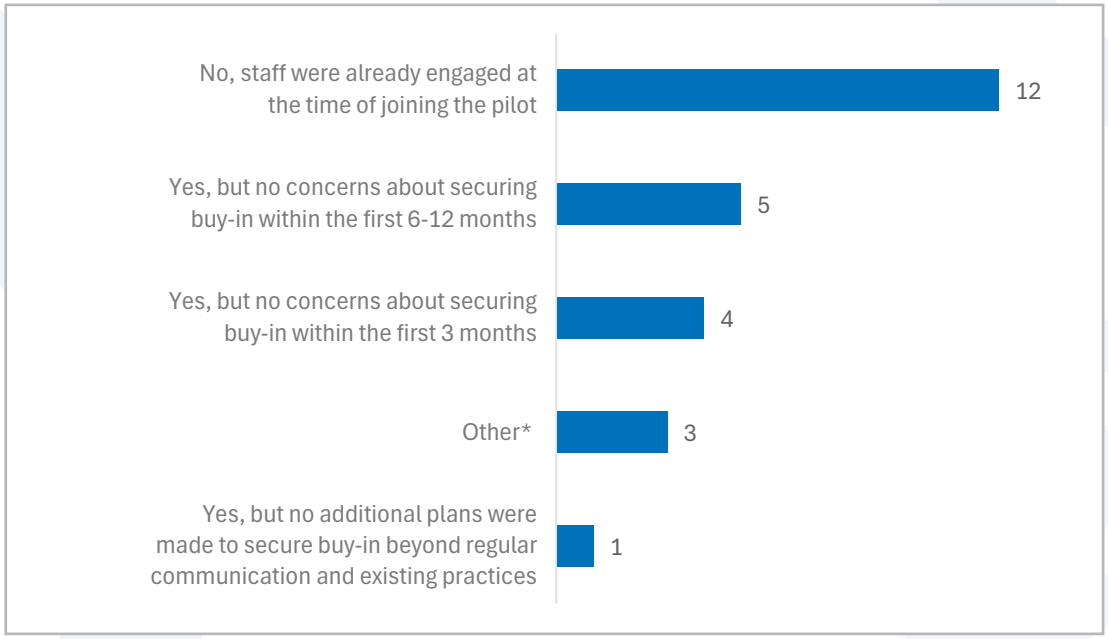
Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. A total of 25 surveys were received from eight different practices or PCNs.

Table K.1 Baseline motivations, enablers and challenges (N=25)

	Motivations	Enablers	Challenges
Emphasis	Leveraging technology to improve efficiency and patient care	Training, user experience, and ensuring system reliability	Training, resources, and improving user experience and system reliability
High focus	Simplifying and enhancing digital systems Improving patient access Automating administrative tasks and streamlining workflows Increasing operational efficiency and capacity	Staff training, support, and willingness to adopt and test new technology Accessibility, usability, user experience, and patient engagement Resources, change management, and practice buy-in System trust, technical reliability, data privacy, security, and regulatory compliance	Staff training, support, and willingness to adopt and test new technology Resources (time, funding, personnel), change management, and practice buy-in Accessibility, usability, user experience, and patient engagement System trust, technical reliability, data privacy, security, and regulatory compliance

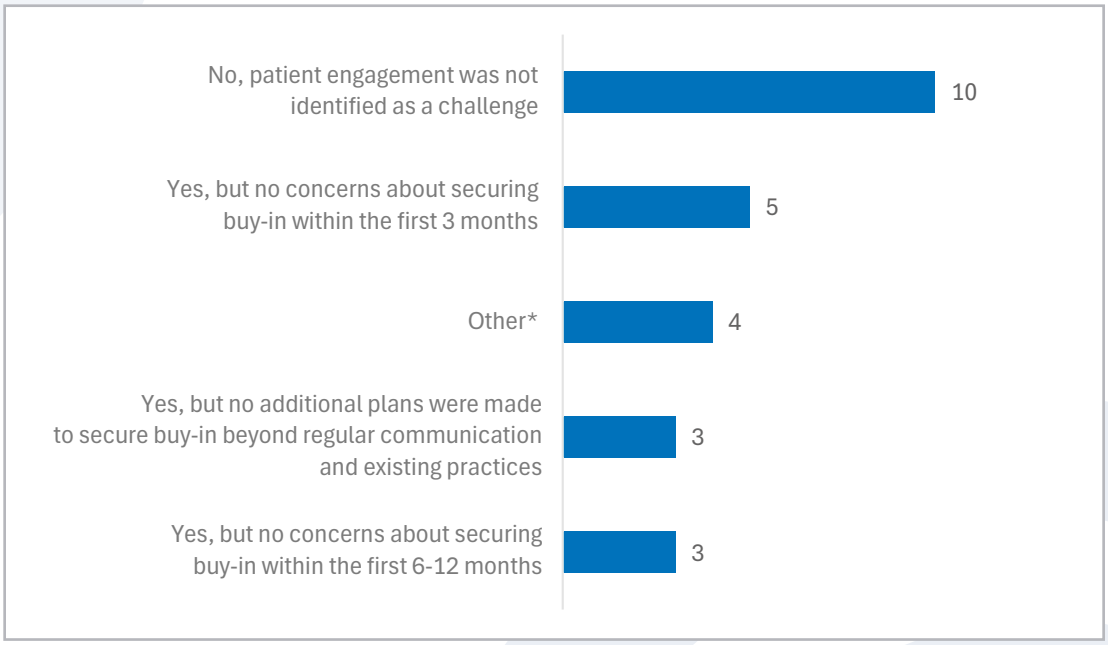
Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. A total of 25 surveys were received from eight different practices or PCNs.

Figure K.2 Baseline staff engagement (N=25)



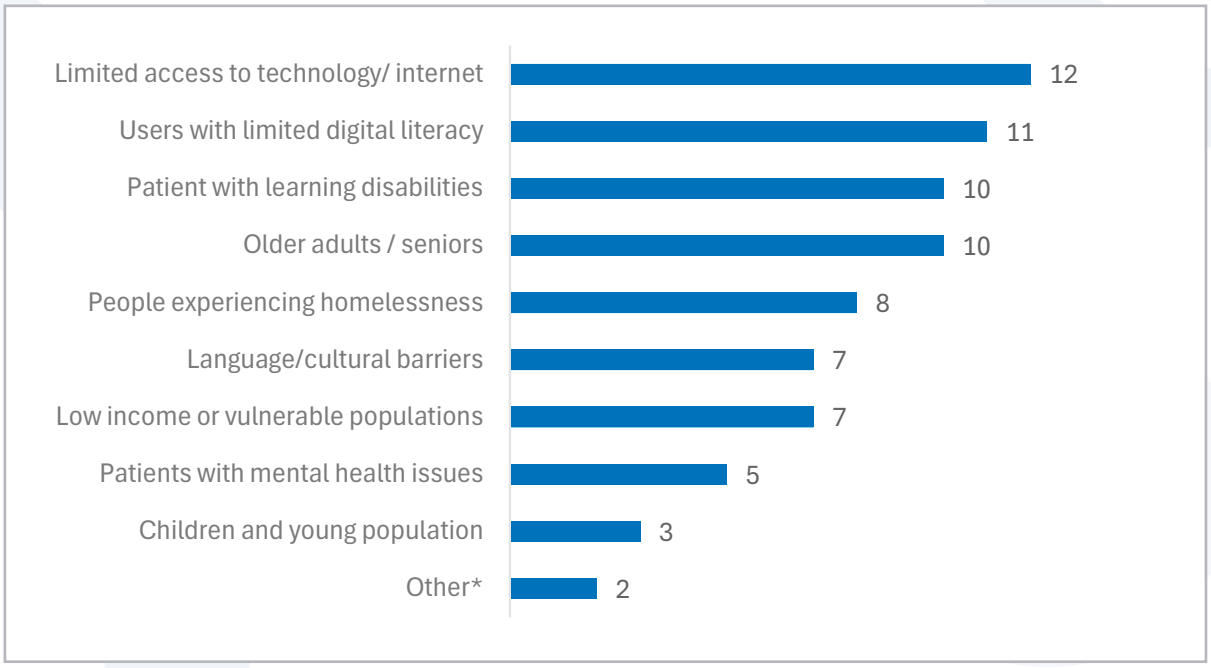
Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. A total of 25 surveys were received from eight different practices or PCNs. Other* includes: People referring to a proactive and ongoing effort to secure staff buy-in and other recognising the challenges and "will be addressed when the time comes".

Figure K.3 Baseline patient engagement (N=25)



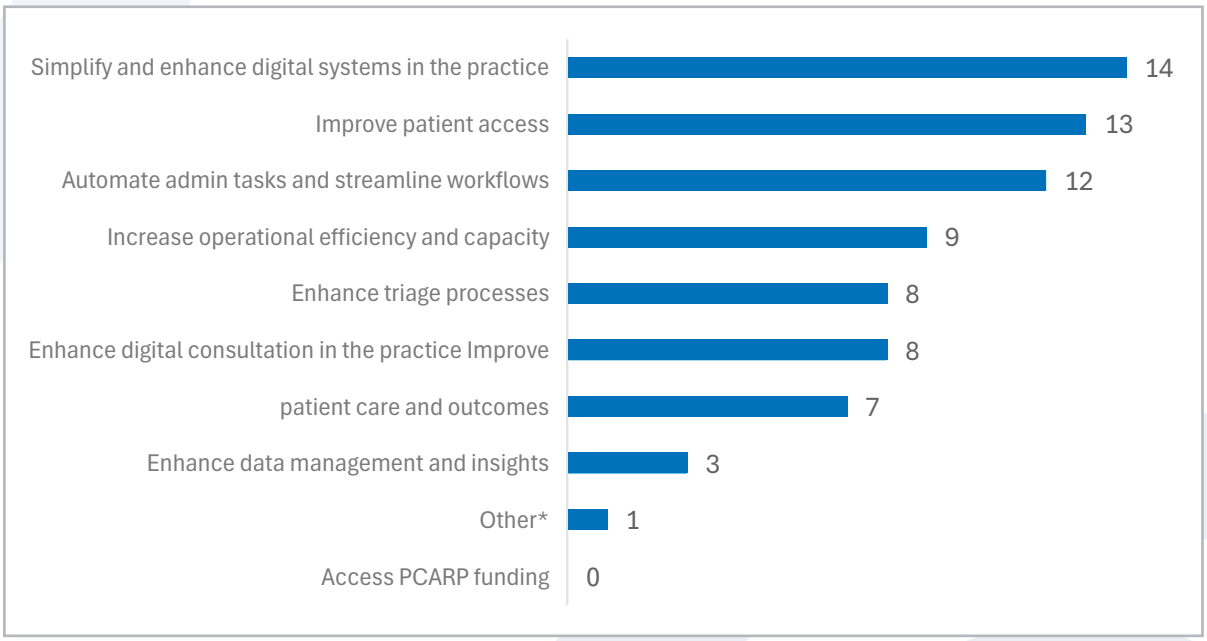
Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. A total of 25 surveys were received from eight different practices or PCNs. Other* includes: People referring to anticipated resistance similar to the experience when Patchs was introduced, reluctancy due to concerns in access, acknowledgment of the importance of listening to patient concerns.

Figure K.4 Baseline patient engagement with population groups (N=25)



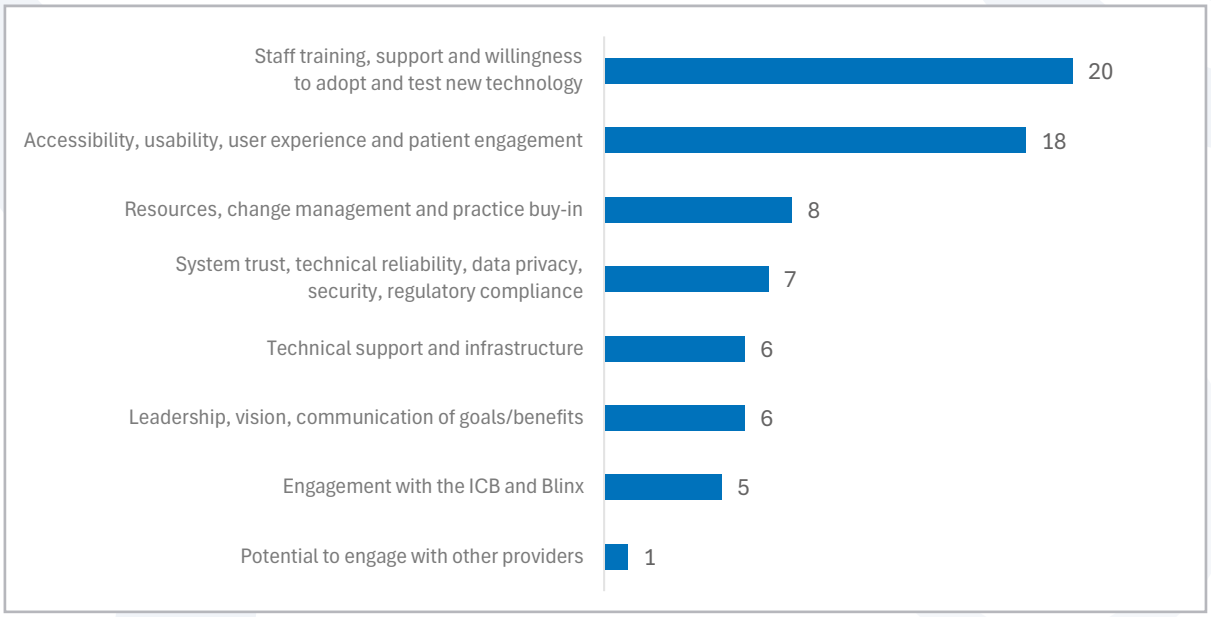
Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. A total of 25 surveys were received from eight different practices or PCNs. Other* includes: No specific group as this may be covered via care navigator.

Figure K.5 Baseline motivations (N=25)



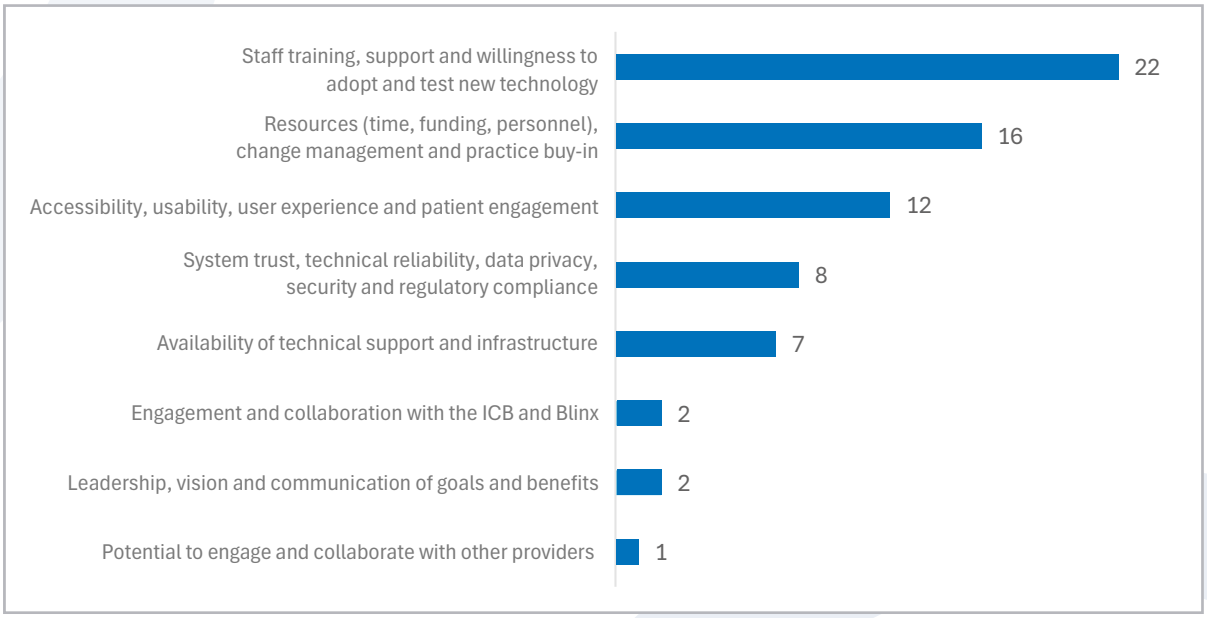
Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. 25 surveys were included. Data correspond to eight practices or PCNs. Respondents were asked to report the top three benefits the practice or PCN expected to achieve from using Blinx PACO at the time of joining the pilot.

Figure K.6 Baseline enablers (N=25)



Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20th Jan 2025. A total of 25 surveys were received from eight different practices or PCNs.

Figure K.7 Baseline challenges (N=25)

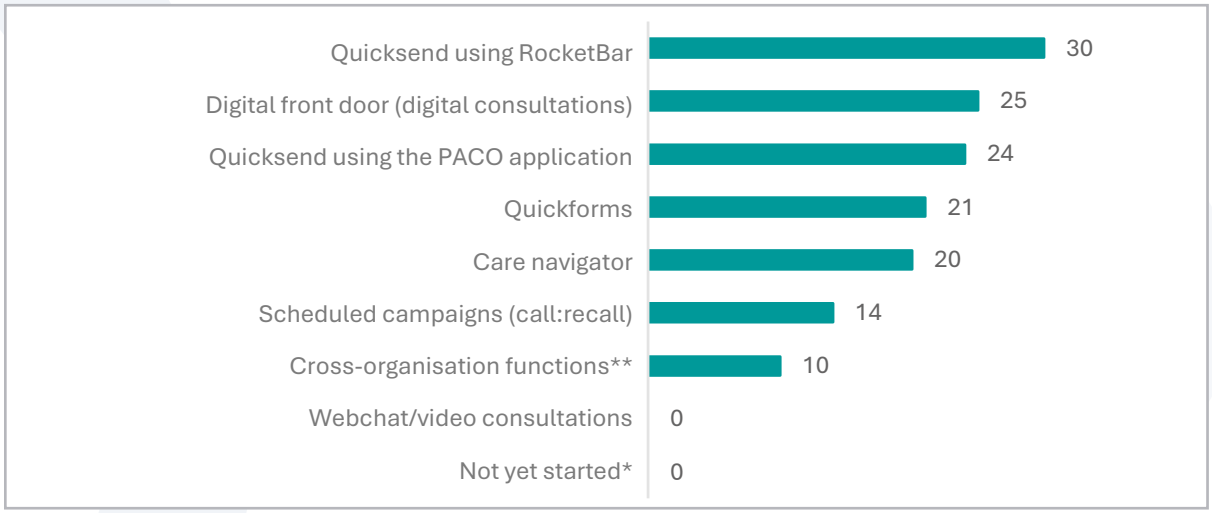


Source: HINWC (January 2025). Survey 2 Transforming Primary Care: Understanding the Baseline and Early Results of the Blinx PACO Pilot. Note: Information as of 20 Jan 2025. A total of 25 surveys were received from eight different practices or PCNs.One challenge was selected in two surveys. two challenges were selected. Three challenges were selected in 22 surveys.

APPENDIX L: SURVEY 3 – FINDINGS

QUANTITATIVE

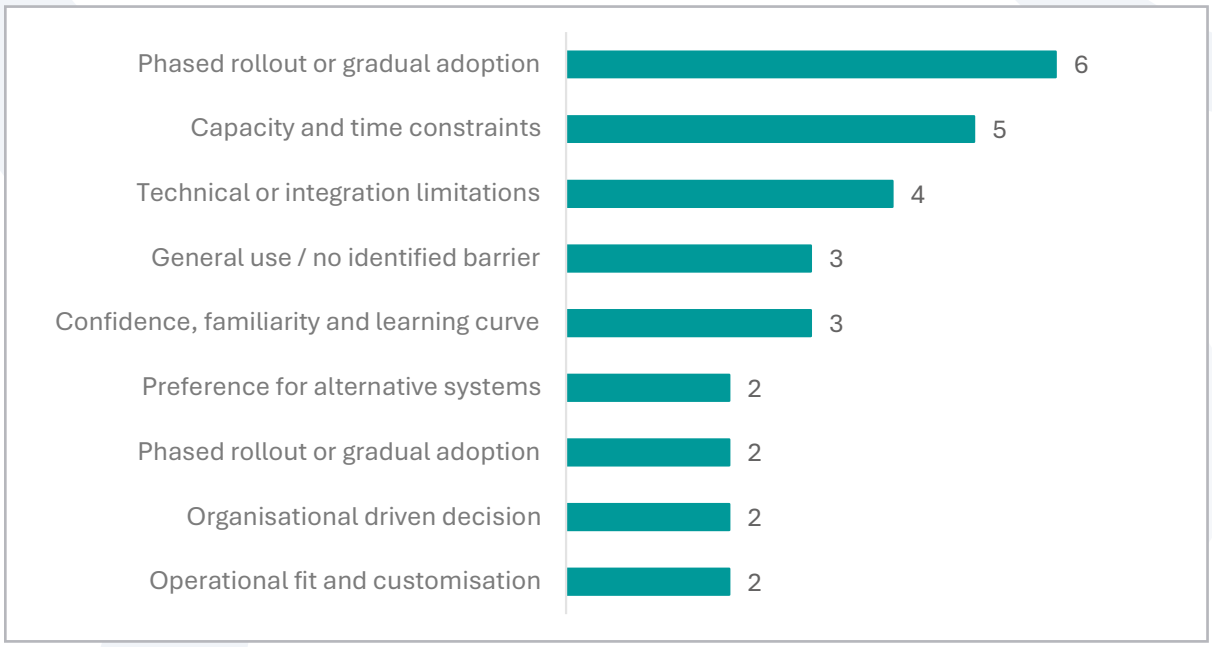
Figure L.1 Blinx PACO functionalities in use (practices= 24, surveys=33)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.
Notes: * To start soon or awaiting onboarding; ** PACO Connect

The data highlights a clear gradient in the uptake of Blinx PACO functionalities, with Quicksend using RocketBar and Digital Front Door (digital consultations) emerging as the most widely adopted features (used by 30 and 25 practices, respectively). Similarly, Quicksend via the PACO application and Quickforms show strong usage, suggesting these core communication and task management tools are well embedded in daily practice. In contrast, adoption is lower for functionalities such as care navigator, scheduled campaigns, and especially cross-organisation functions, which only 10 practices reported using. Notably, webchat/video consultations remain entirely unused, indicating either a lack of demand, awareness or readiness for implementation. The variation in uptake suggests that while key features are being embraced, others (particularly those supporting more complex workflows or external collaboration) may require additional support, trainin, or integration to become part of routine use.

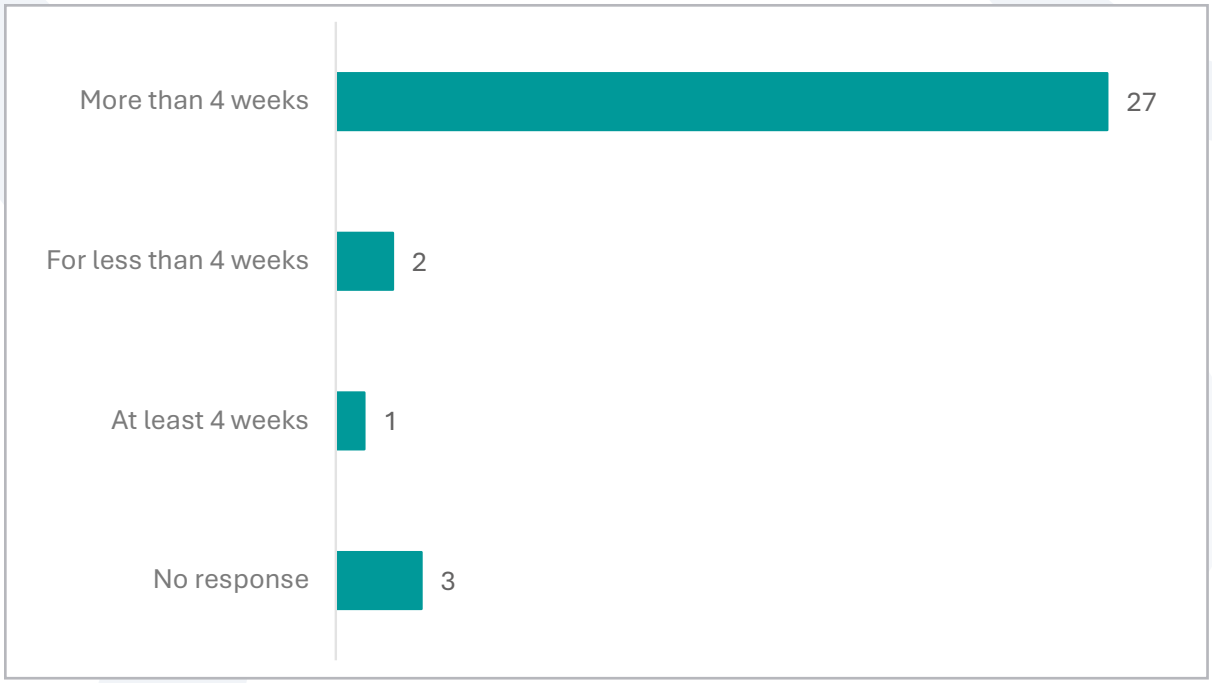
Figure L.2 Reasons for partial use of Blinx PACO functionalities (practices= 24, surveys=33)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.

The data suggests that the partial use of Blinx PACO functionalities is driven by a combination of operational, technical and organisational factors. The most commonly cited reason was phased rollout or gradual adoption, reflecting the reality that many sites are still embedding the system incrementally. Capacity and time constraints also emerged as a key barrier, underlining the pressures faced by teams to balance implementation with day-to-day demands. Technical and integration limitations continue to pose challenges, while factors like confidence, familiarity and learning curve highlight the importance of user support and training. Some organisations reported no specific barriers, indicating that partial use may sometimes reflect local needs or priorities rather than issues with the system itself.

Figure L.3 Practices fully using Blinx PACO (practices= 24, surveys=30)



Source: HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.

The data indicates that the majority of practices (27 out of 33 responses) have been fully using Blinx PACO for more than four weeks, suggesting that most sites are now past the initial implementation phase and into routine use. A smaller number (2) had been using it for less than four weeks, which may reflect recent onboarding or staggered rollouts. Only one practice reported using it for at least four weeks, a category that appears to overlap with "more than four weeks" and may suggest inconsistent response options or interpretation. Notably, three practices did not respond, which could indicate uncertainty about implementation timelines or limited engagement with the question. Overall, the data points to widespread adoption across sites, though variation in how duration was reported may warrant further clarification in future surveys.

QUALITATIVE

All comments from survey respondents have been included in *italics*[18]

Quicksend using RocketBar can improve in:		
1. EMIS integration and functionality	Requests focused on improving or completing integration with EMIS, including syncing, auto-saving and identifying patients.	• *To be fully integrated into EMIS* • *To auto save in EMIS* • *Link to live EMIS patient option* • *Syncing with patient in EMIS (pulling them up)* • *Could the texts show the name of the user on EMIS rather than saying the user is Mr Blinx Paco*
2. Communication confirmation and tracking	Requests for visibility or tracking of communications sent to patients, including delivery and read status.	• *Would be nice to have a received receipt option so that if needed an alert is received. Useful on hard to reach patients and saves constant checking.* • *Instant confirmation that SMS has been sent*
3. Interface usability and customisation	Suggestions to improve interface design or user control over messaging, especially drop-down lists or save options.	• *Make the drop down box where people's names are bigger. It's hard sometimes to see them. And make it so we have the option on each message not to save to the clinical record.*
4. System performance	Comments about speed and performance of the platform in processing forms or messages.	• *Speed of processing forms*

Quicksend using the PACO application can improve in:		
1. Adoption and usage	Statements indicating limited or no current use of the system, either overall or compared to other tools.	• *Not using yet* • *Not used often as compared to the rocket bar*
2. System performance	Feedback focused on how quickly or efficiently the system operates.	• *Speed of processing forms* • *Different parts require different amounts of information. NHS number works in some areas and not others and some require full name inc middle name which takes a moment longer. Reduces the efficiency a tad.*

3. Integration and workflow	Suggestions related to syncing with EMIS or how the tool fits into the clinical record-keeping process.	• *Syncing with patient in EMIS (pulling them up)*
		• *Make it so we have the option on each message not to save to the clinical record.*

Digital Front Door (digital consultations) can improve in:		
1. Form design and content logic	Feedback related to how forms collect and structure patient information, including branching logic and clinical relevance.	• *More comprehensive health forms that can identify reasons for the triage and lead to further questions that are appropriate to problem (like Patchs/eConsult)*
		• *Feel certain elements need to be made mandatory fields but I am aware this is something we can change.*
		• *Times on nodes to be specific (not cascaded down the tree).*
2. Platform build and admin tools	Requests for improvements to the back-end functionality that supports setup and management.	• *Ability to copy and paste in the back end build*
3. Record integration and messaging control	Feedback about user control over clinical record handling or how messages interact with the clinical system.	• *Make it so we have the option on each message not to save to the clinical record.*
4. Patient-facing issues	Reports of issues or confusion experienced by patients when submitting or interacting with the platform.	• *Patients complain that they are not sure if DFD sent as they usually get errors on their end*

Scheduled campaigns (call/recall) can improve in:		
1. Not yet using/ adoption pending	Statements indicating the feature or system is not currently in use, either because it's unavailable or early in implementation.	• *Not using yet*
		• *Not started using as yet.*
		• *Yet to start using this*
		• *Keen to use this but not available*
		• *I don't use these and can't comment*

2. Complexity/ usability challenges	Statements expressing difficulty with system setup, use, or navigation due to perceived complexity.	• *Setup is complicated. We don't feel confident to set new ones up ourselves.*
		• *Could this be simplified? Seems very complicated.*
		• *The search function pulls through often irrelevant data - sometimes too much data which makes the system work really slowly.* *The search functionality is quite complex.*
3. Training needs	Statement indicating a need for structured or dedicated training to support use.	• *Specific training courses on this aspect of the system*

Care navigator can improve in:		
1. Setup and usability concerns	Feedback expressing hesitation or discomfort with system setup or use due to complexity, confidence, or speed.	• *Setup feels daunting*
		• *Takes too long to save, users not comfortable with it*
2. Functionality and integration requests	Requests or suggestions related to improving specific platform features or system integrations (especially with EMIS).	• *Ability to copy and paste in the back end, link to live EMIS pt option*
		• *Visibility of patients name within the form to ensure it's being completed for the right patient – we have had issues with this which have been flagged already*
3. Workflow improvement suggestions	Suggestions to improve operational flow, reduce admin workload, or enhance patient-facing processes.	• *The use of transcribing rather than admin having to fill out the form for those patients who are unable.*
4. Satisfied/no change	Neutral or positive feedback, or a lack of further improvement suggestions.	• *Working well*
		• *No improvement other than the aforementioned information fields.*
		• *No suggestions*

Cross-organisation functions (PACO Connect) can improve in:		
1. Not yet in use	The feature or system is not currently being used at all, for unspecified or unstated reasons.	• *Not using yet*
		• *Don't use currently*
		• *Not in use*
2. Pending wider rollout	Usage is delayed intentionally, pending broader implementation (e.g., across PCN).	• *Waiting for the rest of the PCN to go live to start to exploit this aspect*
3. Minimal use but no issues	Used once or minimally and no concerns raised, so no suggestions provided.	• *Used once and worked well so no comments.*

Quickforms can improve in:		
1. System performance and workflow efficiency	Comments related to the system's speed or efficiency in handling data, including integration with the patient record.	• *Speed of writing to record*
		• *Feel there needs to be options to flow these better as opposed to simply adding to record. Would give more options when capacity is reached but actions required and increasing capacity is counter productive.*
2. Functionality enhancement requests	Suggestions for new or improved features to better meet user needs or preferences.	• *I'd like just a photo one. So we can take a photo with our own phones and save it using quick form on my phone.*
3. Not currently in use	Statements indicating the respondent does not use the feature at this time.	• *Don't use currently*
4. Positive impact on workflow	Feedback highlighting improved processes or reduced workload compared to previous methods.	• *It has made it easier for the patient coordinators as compared to the forms they had to complete before PACO was introduced*

Webchat/video consultations can improve in:		
1. Not yet in use	The feature or system has not been used yet, either due to early implementation phase or lack of opportunity.	• *Not used yet* • *Yet to start*
2. Awareness but no hands-on use	Respondents are aware of the feature and may have reviewed guidance, but haven't used it themselves.	• *Not aware we used this but the online guides make it look a good option*
3. Satisfied/no change	No changes or improvements were suggested, possibly indicating satisfaction or unfamiliarity.	• *No suggestions*

Other comments		
1. System performance and efficiency	Comments related to speed, responsiveness, or impact on workflow efficiency.	• *Reduction of the time lag will greatly improve the efficiency within the practice* • *Real time support when system is down*
2. Feature and integration requests	Suggestions for new capabilities or integrations to improve functionality.	• *The ability to import EMIS searches would be very useful*
3. Clinical record management	Concerns about how messages are stored or logged in patient records.	• *The multiple copies of messages that are sent to the patient clogs up the medical record.* • *Less SMS to patients embedded in medical records*
4. Ongoing engagement with developers	Evidence of direct feedback and iterative improvement with the vendor/developer.	• *I have been feeding back to Paco and they have been making changes*

QUALITATIVE FINDINGS OF IMPACT SURVEY

Do you think Blinx PACO may have impacted navigation in your practice?		
1. Patient experience and adoption	Reflects patient willingness, comfort, or barriers in using digital triage tools or forms.	• *Patients are still quite reluctant to use the triage health forms but hoping once they have tried and seen the positive outcome they will be happier with the outcome*
		• *I don't think it has improved patient access I think it is more cumbersome. The patient finds it more difficult to access having to know their NHS number and get a code to access doesn't make for a good patient experience.*
2. System strengths and benefits	Highlights improvements made by the system, either compared to previous tools or in terms of clinical/admin workflow.	• *No system will solve all problems. Blinx ticks a lot of boxes and is a massive improvement on the previous Patchs and Econsult. Has its limitations as with anything but can be made very easy to use or as complicated as needed.*
		• *All booked appointments are now appropriate, enhanced signposting, clinical triage reducing multiple contacts on same issue.*
		• *When the DFD is open, it works well for patients with an acute need. We have struggled with routine capacity to manage the demand. The administrative work flow works well.*
3. Internal tools and customisation	Statements about practice-led customisation to suit workflows and consistency.	• *We have built a care navigator that enables and uniformed approach*

Do you think Blinx PACO may have impacted online consultation?		
1. Service model transformation	Refers to major changes in triage, service delivery, or access models as a result of implementing Blinx.	• *Moved to total digital triage when we launched Blinx Paco, complete change of system and service offering.*
		• *Promoted health forms, enabled us to offer something after triage closed, option for flexibility outside of on the day service.*

2. Patient access and engagement	Focuses on how patients interact with or respond to the system (trust, usage, bypassing, barriers).	• *As the messages come out as BLINX some patients had to adjust and trust that system. We have also had several patients choosing to reject the system feeling they benefit from doing so (bypassing the system in place) and despite being advised this is not the case. This impacts call numbers and actually causes an increase on some days as opposed to a decrease. Also as the patient is unable to enter details once we have reached capacity there is no way of confirming the number of people who have attempted to access the service and been unsuccessful. Unsure if this is how we are set up or how Blinx is set up. The customization is fantastic.*
3. System impact and efficiency gains	Mentions measurable improvements in workload, throughput, or operational efficiency.	• *More patients are being dealt with on a daily basis*
4. Implementation constraints or clarifications	Clarifies that outcomes are practice-led rather than system-driven, or notes feature limitations.	• *That is not down to BLINX that is how the practice is using BLINX*
		• *We do not offer virtual consultations at this time.*

Do you think Blinx PACO may have impacted communications management in your practice?		
1. Improved communication and efficiency	Describes how Blinx templates, campaigns, or tools have streamlined communication with patients or reduced workload.	• *Having the templates and campaigns makes it easy to send requests for BPs and other data and for sending out information like booking tests etc*
		• *Enabled easier communications with wider population groups*
		• *It has fully supported our move to on the day appointments reducing the number of calls and missed appointments. Patients get a much swifter response from the practice as its single touch using the DFD*

2. Positive patient and staff impact	Highlights benefits related to patient satisfaction, staff adoption, and positive system impact on service delivery.	• *All patients responses are now coming directly from the clinicians and patients happier that admin/receptionists are not making the decisions*
		• *We will see a much more positive impact once all staff are using it*
		• *Has changed the dynamics of accessing services, moved away from phone requests, now allows those who are not digitally enabled to contact us more easily.*
3. Limitations and challenges	Notes issues with system limitations, patient reactions, or problems with message branding or volume.	• *As before unable to always confirm who has attempted contact as only able to see successful attempts. The actions of some patients in reaction to the system negates the benefit to call volumes at times.*
		• *Too many sms embedded in patient record*
		• *Patients constantly complain that messages/ emails come headed Blinx health- they do not like it. They want the surgery name at the top of all messages/ emails*
4. No or limited change	Statements reflecting little or no change compared to previous system or communications.	• *As we replaced our old provider I don't think it's altered our communication with patients.*

Do you think Blinx PACO may have impacted cross-organisation in your practice?		
1. Not yet used / not using	Statements indicating the functionality is not currently in use or available.	• *I don't think we're using this*
		• *Not using this yet*
		• *Not being used yet but very hopeful it will*
		• *Not using currently, has potential for PCN shared services*
		• *We aren't using cross organisational*
		• *Not an option*

2. Used and beneficial	Statements indicating the functionality is being used and has positive impact.	• *We didn't have option for cross org booking in streamlined integrated way before, this has helped, we use for enhanced access appts now on weekends*
		• *Improved access and better options for patient choice*

Do you think Blinx PACO may have impacted demand and capacity in your practice?		
1. Increased patient throughput	Statements about handling more patients or increased volume of consultations due to the system.	• *More patients being dealt with on a daily basis*
2. System supports demand and capacity management	Statements reflecting how the system helps manage or control demand and capacity but with limitations.	• *It is certainly supporting the practice in achieving its goals but the system alone can't increase the number of appointments available*
		• *Much better control of demand and capacity with use of total triage*
		• *The demand on the system has made the practice consider routine capacity, when planning appointments. We have been increasing routine demand from initiation of the product. Patient expectation that the capacity to respond to need is unlimited, is unrealistic.*
3. System functionality and innovation	Statements emphasizing innovative features or flexible options improving service delivery.	• *The ability to offer online booking bespoked to clinician site and type of appointment is revolutionary*

Do you think Blinx PACO may have impacted potential to engage with other providers in your practice?		
1. Emerging use/ anticipated potential	Statements that reflect early-stage use or recognition of future value, but limited direct impact or implementation so far.	• *Can see potential but not aware of direct impact yet*
		• *Development area*
		• *That's the next step*

Do you think Blinx PACO may have impacted other outcomes in your practice?		
1. Improved access and demand management	Mentions how Blinx has influenced appointment distribution, reduced phone traffic, or smoothed demand.	• *Using Blinx triage has definitely had an impact on the 8am rush for appointments, demand is now spread out throughout the day which is less stressful for the admin team.*
		• *As patients build trust in the platform and become ofay in using it, we are seeing a reduction in phone calls.*
2. Equity and fairness of access	Highlights more equitable appointment allocation or overcoming prior system biases.	• *Provides much better equity of access, appointments more fairly used as need is assessed rather than those who had learnt to navigate the previous system or shouted the loudest.*
3. Operational efficiency and workflow improvement	Describes changes to internal practice processes, workflow, or how tasks are digitally managed.	• *The introduction of PACO has made the practice consider workflow and what can be managed via digital communication, it has supported more efficient was of working across the practice.*
		• *The ability to run a campaign (like our PSA) means we can offer more to our patients.*

Leader's quotes to question: Have you identified any potential cost or efficiency saving(s) associated with the use of Blinx PACO or Blinx PACO Connect?

Survey respondents comments

Yes, immediate savings within the first 3 months	Yes, savings may be created from 6 months and beyond	May increase costs to start with, but then savings	No, unlikely to create savings	No, likely to increase costs
Decommissioning of Patchs and Accurx premium	*Would like to see increased automation thus improving efficiency and cost savings*	-	*Can't see that any savings will be made*	*I send a lot of messages via myGP app and NHS App for call and recall. When I move to BLINX call and recall these will be either SMS or email if we have an email address. I see an increase in SMS being used*
we have noticed some efficiency savings in triage time given sync with EMIS, this can be impaired by poor network connectivity thought which slows down the system or causes it not to work fully, we have previously flagged this to IM but been advised network connection is reasonable, but network speed needs to be improved to optimise how Blinx works for us	-	-	*Probable saving by removing the need to use Accurx and Patchs but I see it delivering a better patient journey*	*Lots of SMS required for the product*
Reduced use of SMS by opting for email coms, Patchs decommissioned	-	-	*I do not know the ICB have not sent any data about this*	-
Reduced reception staff admin and increased QOF	-	-	*Paid for by PCN*	-
linked to DFD and total triage	-	-	-	-
Fewer patient phone calls	-	-	-	-

Leader's quotes to question: Have you identified any potential unintended consequences or unexpected changes (good or bad) that happened because of the use of Blinx PACO/PACO Connect in your practice?

Positive	Negative	Mixed	No, nothing just yet
Better patient journey and streamlined triaging due to consistency of information due to tailored health forms	-	*Mixed response and will probably take a good few more weeks to iron out any minor glitches but we are hopeful things will get better*	*I believe some of the issues that we had have been resolved, we are waiting to see how other practices go on before we go back to using Blinx in its entirety.*
Adoption of total digital triage has led to improved appropriateness of appointments, enhanced capacity by means of active triage, equity of access for patients	-	*Patient expectations that system would increase capacity. increase in complaints linked to routine access*	-
-	-	*Good for reducing phone bookings. negative in respect to patient medical record getting clogged with sms messages.*	-
-	-	*Some users are not happy to use it as there are other options and offer better easier interface*	-
-	-	*Easier to manage bulk cancellations, DFD (once up and running) will create a better process for patients for access, searches are difficult - too complex, as a PCN with new staff being added/deducted at such a fast pace - hard to add to system and train as we don't actually engage with these remote workers.*	-

Reasons of dissatisfaction and leader quotes		
1. Implementation barriers	Statements highlighting internal limitations (resources, staff capacity, system complexity)	- *Resource required internally to set up and implement has prohibited full roll out and effective use*
		- *Trepidation in fully switching, staff shortages, complexity of dashboard/searches*
2. Staff readiness and confidence	Expressions of uncertainty or lack of staff confidence hindering use or roll-out	- *we have not started triage yet - and are building staff confidence to be able to move towards this*
3. System integration and usability issues	Frustrations with technical aspects, lack of integration, or preference for alternatives	- *you still have to search for patient as not integrated, staff are going back to using Accurx*
		- *The triage system was cumbersome and for this reason we stopped using it*
4. Desire for specific functions	Use cases or expectations focused on particular functionalities rather than core triage	- *We wanted it for call/recall as its secondary function with DFD*
5. Mixed or undeveloped experience	Vague or non-specific feedback implying some engagement but no clear conclusion or outcome	- *There are good and bad issues and I hope this is improved soon*

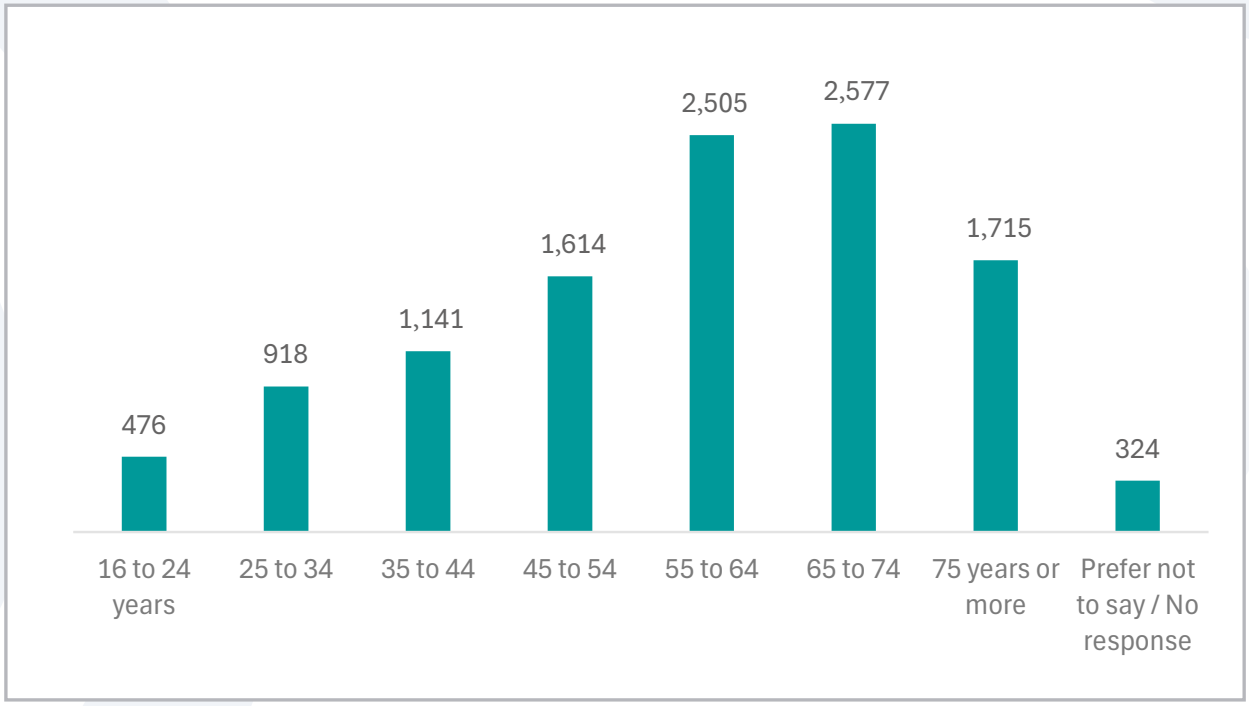
Reasons for recommending and leader quotes		
Integrated functionality and consolidation	Comments emphasizing the platform's ability to combine or replace multiple digital tools/ systems	- *It provides the functions of multiple other digital products in one package*
		- *integrated solution with potential to replace number of other systems*
		- *Potential benefits, single system*

Customisability and flexibility	Highlights on the system being tailorable to practice needs or adaptable for PCN-wide use	- *Because it can be tailored to the practice's needs and will hopefully deliver synergies at a PCN level*
		- *How flexible it is at allowing you to build different health forms and a DFD to support patients*
		- *It's so bespokable and has the real ability to drill down into detailed requirements*
Usability and user experience	Comments on ease of use, clarity of interface, and general software design	- *integrated solution... clear interface which is generally easy to use...*
		- *Many user friendly elements*
		- *Good software*
Efficiency and impact on workflow	Refers to improved capacity, demand handling, or time/ resource savings	- *It has had a positive impact on our capacity and demand issues*
		- *The efficiencies that can be made*
Clinical tools and communication features	Mentions of specific tools like health forms, DFDs, or communication options (e.g., rocketbar)	- *Quick send and rocketbar is a good alternative to Accurx*
		- *Best available product for total triage in General Practice, highly configurable*
General positive endorsement	Broad positive opinions without specific detail or justification	- *Good software*

[18] HINWC (June 2025). Survey 3 Transforming Primary Care: Understanding the Early Results of the Blinx PACO Pilot.

APPENDIX M: PATIENT SURVEY – FINDINGS

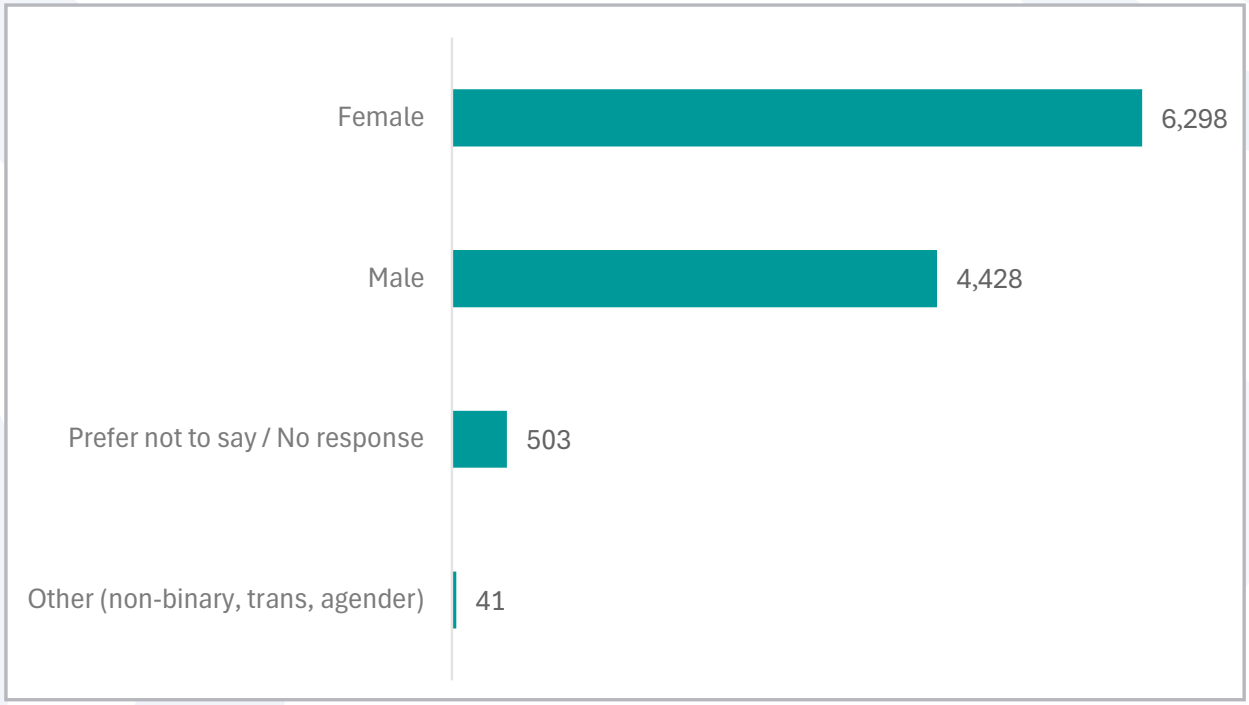
Figure M.1 Age distribution of users/patient survey respondents (N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

The dataset is heavily weighted toward older adults, which may influence the interpretation of digital access, health needs or service use patterns. Low participation from younger age groups may reflect either lower relevance, engagement or accessibility of the survey to these populations. Future outreach or evaluation efforts may need to consider strategies to better capture younger voices for a more balanced perspective.

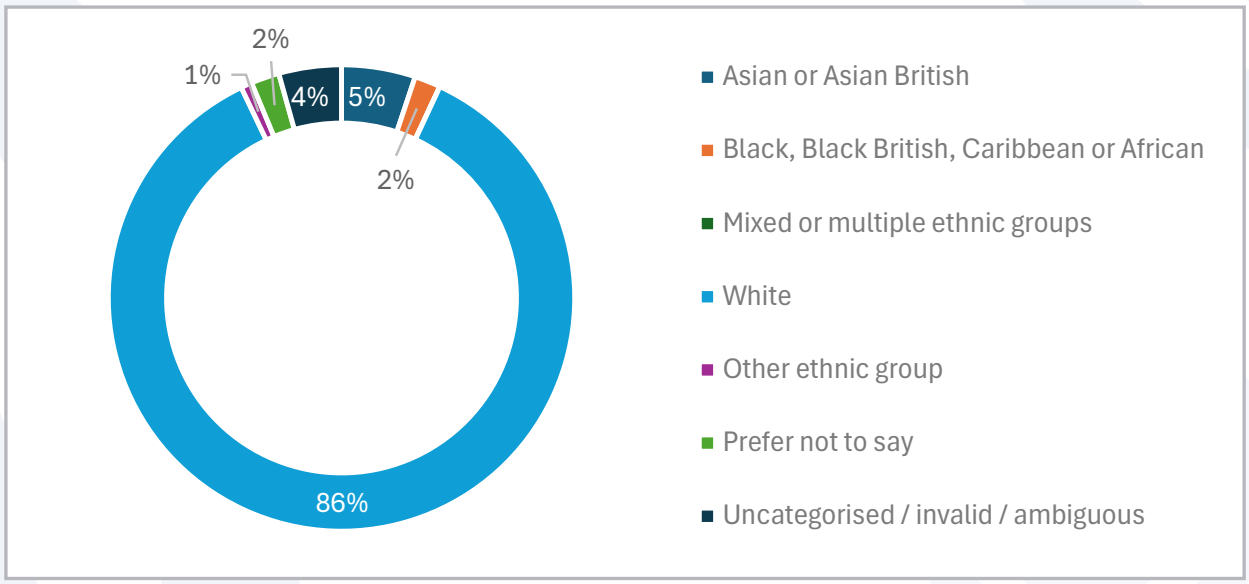
Figure M.2 Gender distribution of users/patient survey respondents (N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside. Note: Responses were classified taking a strict approach, so only clearly labelled, conventional responses counted.

The data shows a higher participation from women, who represent over half of the total respondents. While the number of respondents identifying outside the binary is low, it is important that their inclusion is acknowledged in the dataset. The small proportion of non-responses (4%) suggests a relatively high level of comfort in disclosing gender among participants, though ongoing efforts to ensure inclusive and affirming data collection practices remain important—especially for underrepresented gender identities.

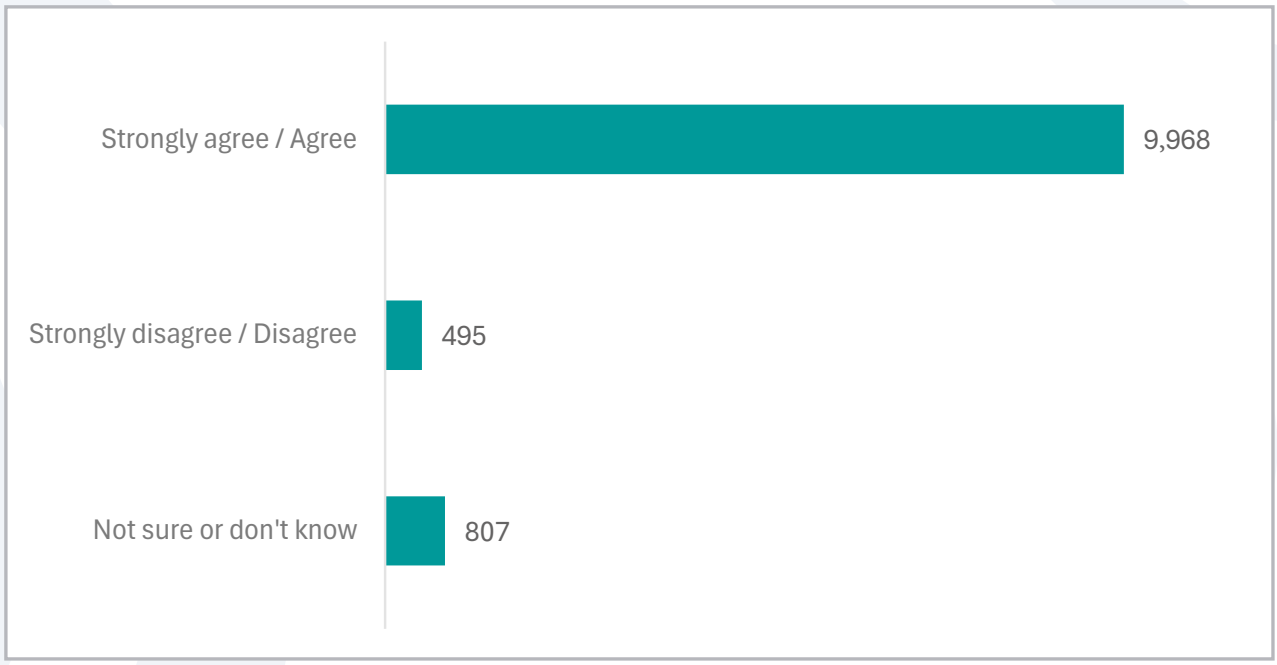
Figure M.3 Ethnicity distribution of users/patient survey respondents (N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside. Note: Responses were classified taking a strict approach, so only clearly labelled, conventional responses counted. Otherwise, responses were classified as "uncategorised, invalid or ambiguous.

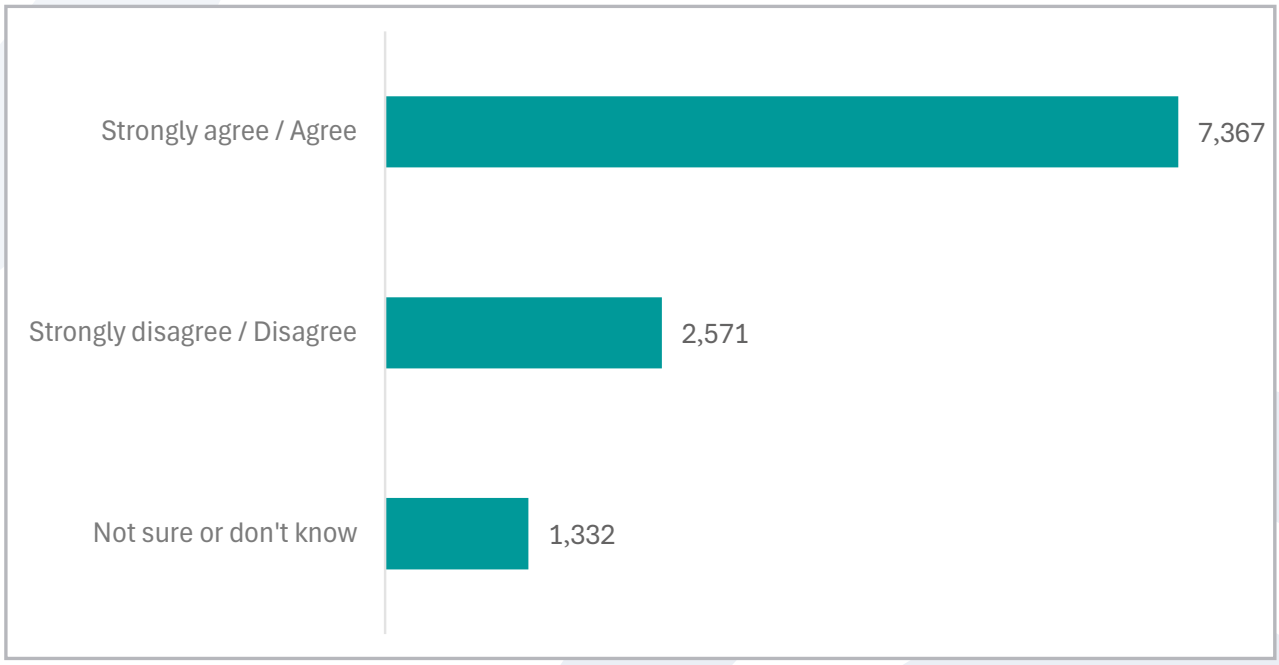
The patient dataset is heavily dominated by White respondents, indicating limited representation of ethnically diverse groups. This under-representation may affect the generalisability of findings, particularly regarding experiences of access, inclusion and digital engagement among minoritised communities. The presence of uncategorised or ambiguous responses (4%) also highlights the importance of improving clarity and inclusivity in ethnicity question design. Future efforts should consider targeted outreach and more inclusive methodologies to ensure broader and more equitable participation.

Figure M.4 Health perception of users/patients. Perception of patients to the statement: "I try to live a healthy lifestyle" (N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside. Note: Not sure or don't know includes no response.

Figure M.5 Health perception of users/patients. Perception of patients to the statement: "I feel my overall health is good" (N=11,270)



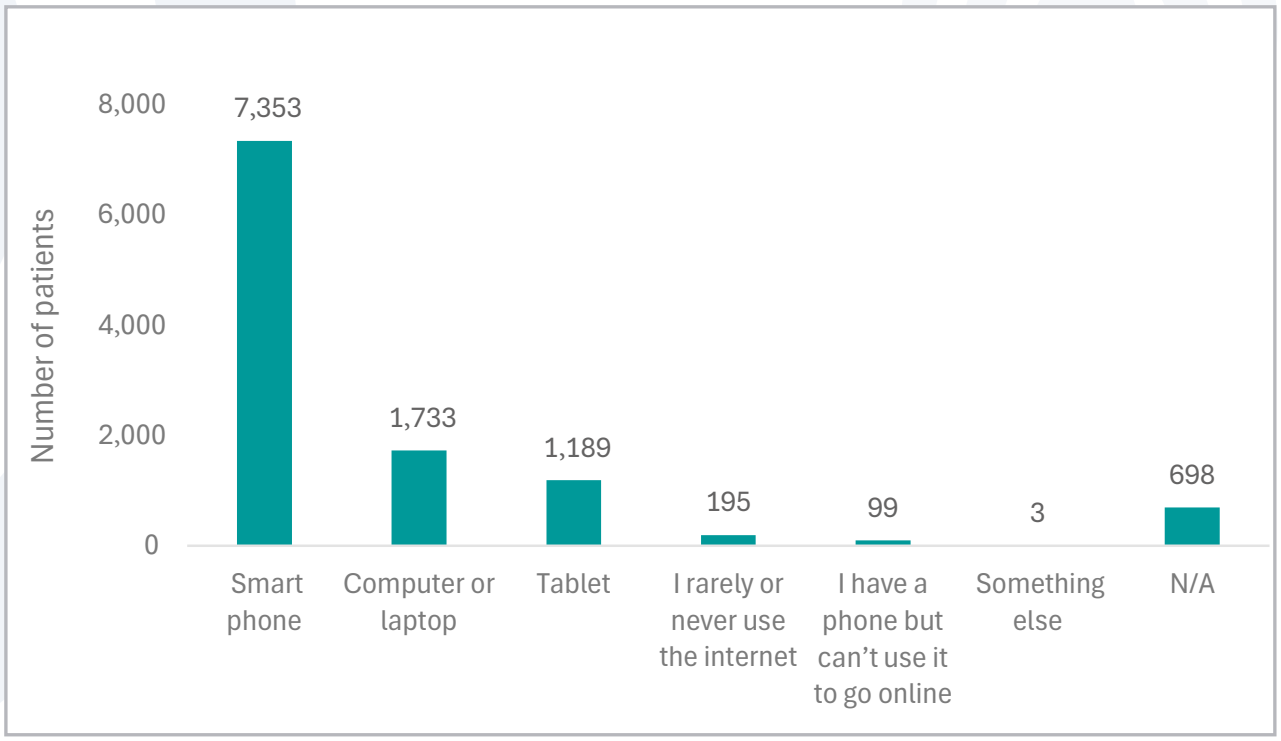
Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside. Note: Not sure or don't know includes no response.

The vast majority of respondents report actively trying to live a healthy lifestyle, indicating a high level of health-consciousness and motivation toward wellbeing. This suggests that health-promoting behaviours are widely valued among the population, regardless of their actual health status. Public health messaging and self-care tools are likely to resonate well with this audience.

While many respondents report striving for healthy lifestyles, fewer feel that their actual health is good. This gap between intent and perceived health could reflect the impact of age, chronic conditions, or social determinants of health. The 23% who disagree suggest a significant proportion of the population may be living with ongoing health challenges, highlighting the importance of accessible, continuous care and support services, especially for older age groups, who are overrepresented in the dataset.

There is a positive orientation toward healthy behaviours, but a notable disconnect between intention and perceived health status. This may be a useful focal point for targeted health interventions or patient engagement strategies.

Figure M.6 Most common methods used to go online (N=11,270)



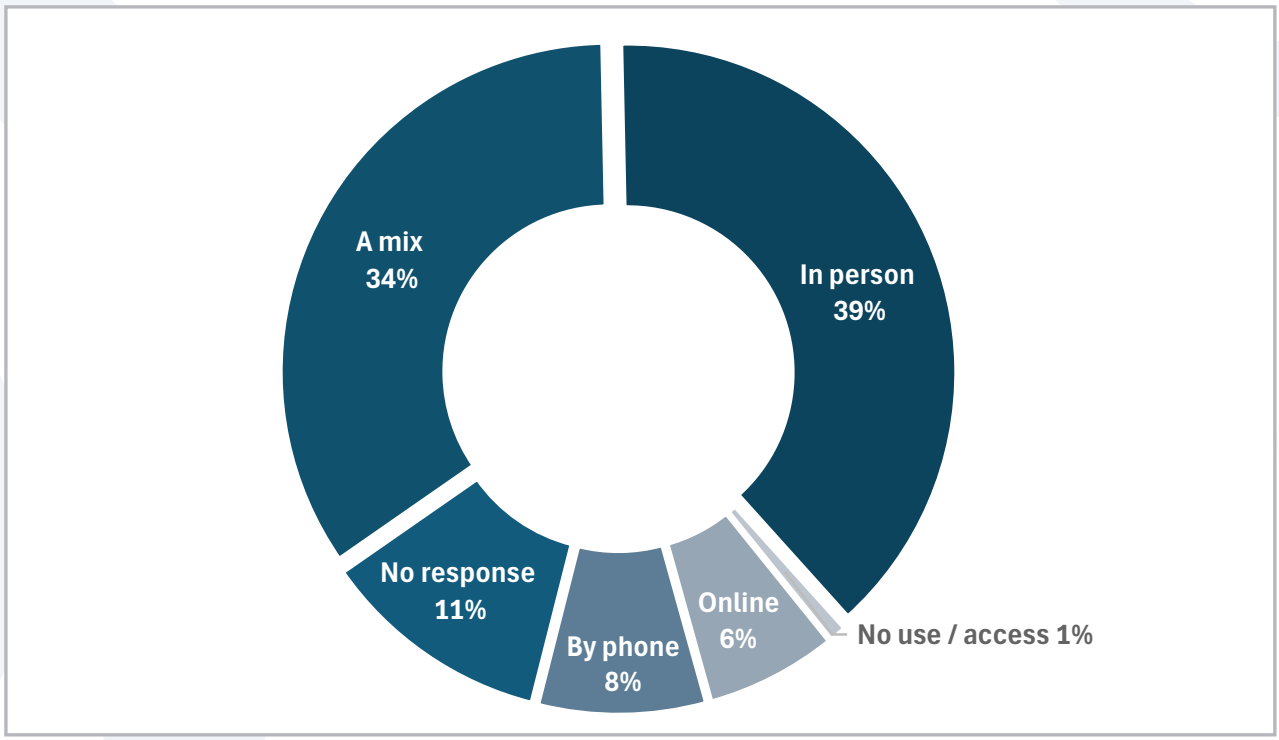
Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

The data shows that mobile access, especially via smartphones, is the dominant mode of digital connectivity, reflecting broader trends in digital engagement. However, a small but important minority (approx. 2.6%) report digital exclusion, either through lack of internet use or inability to access online services via their phone.

The 6% marked as N/A may indicate a need for clearer survey design or more support during data collection to capture accurate responses from all participants.

These findings reinforce the importance of mobile-optimised services while also highlighting that a one-size-fits-all digital strategy may leave some behind. Inclusive service design must account for users with limited digital skills, lack of suitable devices or connectivity issues, especially in the context of health access and digital transformation.

Figure M.7 Preferred ways of accessing health services at GP surgeries (% of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

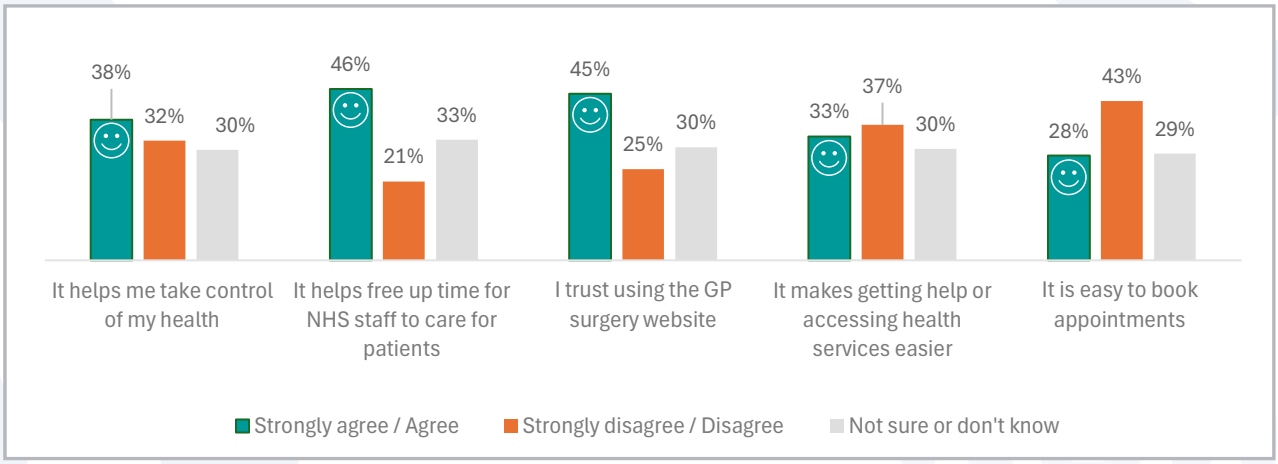
In-person access is still the dominant mode, either on its own or as part of a blended model. This suggests that physical presence remains central to how many people interact with primary care, perhaps due to trust, familiarity or need for direct assessment.

At the same time, over a third of respondents now engage across multiple channels, indicating a growing acceptance of hybrid access pathways — a key consideration for service design and digital transformation efforts.

Phone- and online-only access remain relatively low, which may reflect issues such as digital exclusion, preference for face-to-face interaction or limited confidence in remote consultations.

The 11% of unclear or non-responses could point to gaps in digital or health literacy, or a need for clearer communication around available access options.

Figure M.8. Perceptions of digital services offered by GP surgery website (% of users; N=11,270)



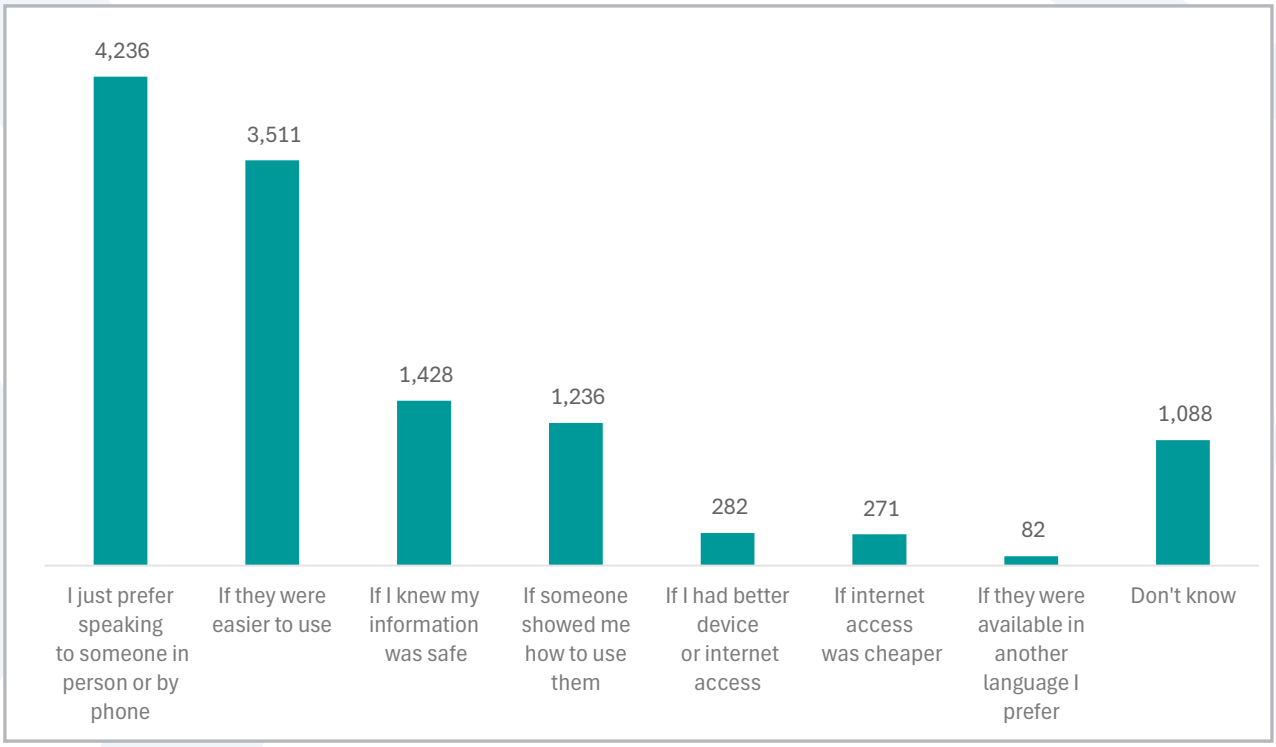
Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

Most respondents were divided in their opinions about digital services offered by their GP surgery websites:

- **The most positively viewed statement was "It helps free up time for NHS staff", with 46% agreeing and only 21% disagreeing.**
- **Trust in using the GP surgery website also had relatively high agreement (45%), though 25% disagreed.**
- **On the statement "It helps me take control of my health", opinions were particularly mixed: 38% agreed, 32% disagreed, and 30% were unsure, indicating no clear consensus.**
- **Views on whether these services help people take control of their health or make access easier were more mixed, with similar proportions agreeing and disagreeing.**
- **The least positively viewed was "It is easy to book appointments", where 43% disagreed and only 28% agreed.**

Across all statements, a large share (around 30%) said they were not sure or didn't know, suggesting uncertainty or limited experience with these digital services.

Figure M.9 Factors that could increase use of GP surgery website services (Number of users; N=11,270)



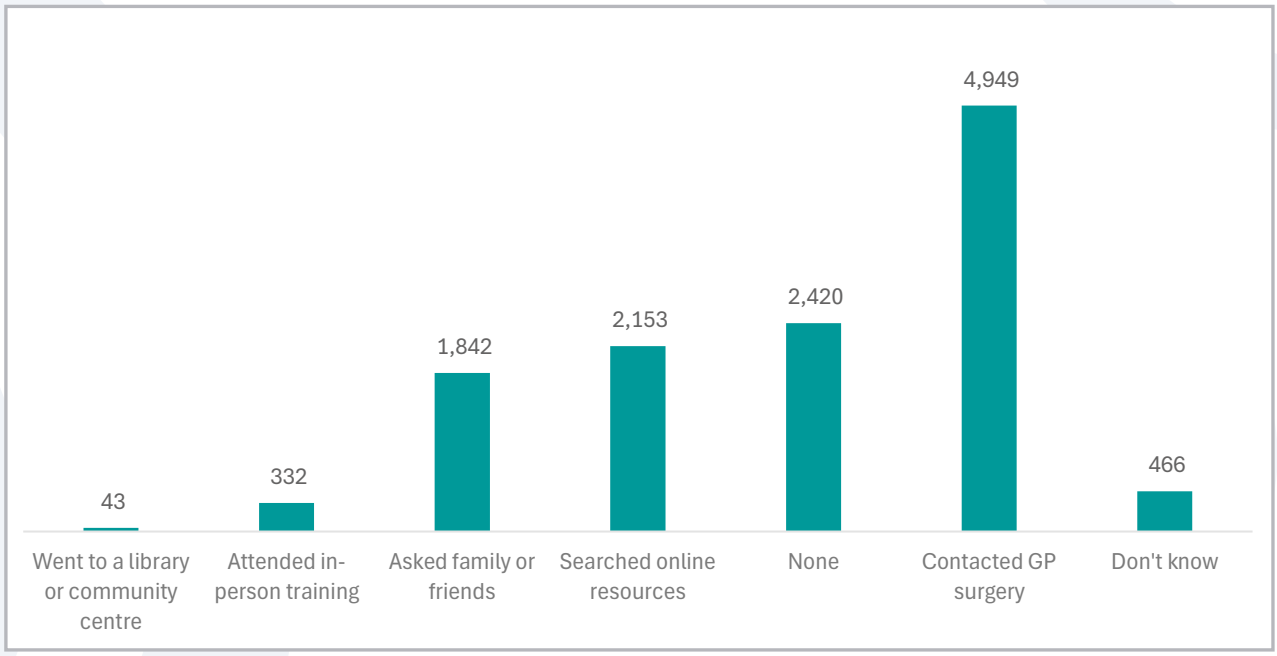
Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

The findings show that usability, trust and human connection are key drivers in whether people engage with digital services. The top two responses (preference for human interaction and usability challenges) suggest that even if services are technically available, they may not align with users' communication preferences or digital confidence levels.

Concerns around privacy and digital literacy are also significant, underscoring the need for clear, trustworthy communication and hands-on support for those unfamiliar or uncomfortable with technology.

Lower mentions of language, cost and access barriers may indicate these are less widespread in this sample, but still relevant for targeted populations.

Figure M.10 Support channels used to navigate GP surgery websites (Number of users; N=11,270)



Source: HINWC (May 2025). Patient Survey - Understanding patient needs and experience using healthcare services in Cheshire and Merseyside.

Data show that most people turn to familiar, accessible source, such as their GP practice, online search engines or social networks, rather than structured or community-based training. This underscores the importance of ensuring GP surgery staff are well-prepared to provide digital guidance and that online information is clear, user-friendly and easy to find.

The relatively low use of formal or community support may reflect a lack of awareness, availability or perceived need. It also suggests an opportunity to strengthen local partnerships (e.g., with libraries or community centres) to provide more visible, inclusive digital support options, especially for less digitally confident populations.

APPENDIX N: USAGE DATA – HEALTH FORMS

Health forms submitted by 48 live and part-live pilot sites (as of 6 May 2025) from October 2022 to June 2025. Data gaps correspond to July to September in 2023 and 2024[19]

Health form	Number	Type	Description
Admin	189	Admin	Admin form for change of details or general administration request
Triage	100	Clinical	Form used for Triage purposes but cannot categorise into Online Request or T/C call from Patient
Medical Questionnaire	99	Clinical	Form used to capture Medical information
Medication requests	62	Clinical	Form used for Medication Requests (Contraceptive pill, HRT and others)
DFD - Triage	61	Clinical	Form used for Online Consultations for Triage
Blood Pressure	57	Clinical	Form used to Capture Blood pressure
Care Nav - Triage	44	Clinical	Form used for T/C or patient walk ins for Triage
LTC Review	38	Clinical	Form used to capture data ahead of a LTC review
Pharmacy First	35	Admin	Form used to refer to Pharmacy first
Patient Reply	32	Admin	Form Used to capture a patient reply in Triage purposed
Vaccine Decline	27	Admin	Used in Scheduled campaigns to allow a patient to decline a vaccine request
Fit Note	24	Admin	Form used to capture the request for a Fit Note
Test Results	19	Admin	Form used to capture the request for Test Results
DFD - Admin	18	Admin	Admin form for change of details or general administration request
Consent Form	17	Admin	Form used to capture consent for a procedure
Vaccine Request	16	Clinical	Form used to capture a request for vaccine (Shingles, Travel Vaccinations etc)
DFD - Prescription	14	Clinical	Online consultation for the DFD Prescription Requests

Health form	Number	Type	Description
Referral Form	13	Admin	Internal Referral forms
Contraceptive Requests	12	Admin	Form used for Contraception Requests (Contraceptive pill, HRT and others)
DFD - Clinical Admin	9	Admin	Online Consultation used for Clinical Admin requests
Consultation Form	7	Clinical	Form used to capture information for a specific Consultation
Decline Form	6	Admin	Used in Scheduled campaigns to allow a patient to decline a request (Smears, etc)
Care Nav - Clinical Admin	5	Admin	Form used to capture a clinical admin request from a phone call or walk in request.
DFD - Fit Note	4	Admin	Form used through Online Consultation to request for Fit Notes
Consultation	4	Clinical	Form used to capture information for a specific Consultation
Clinical Admin	3	Admin	Form used to capture information for Clinical Admin requests
Child Imms	3	Admin	Form used to capture information for Child Imms requests
Survey	2	Admin	Form used to capture information for Survey requests
PCN - Phlebotomy	2	Admin	Form used to capture information for PCN - Phlebotomy requests
Test Request	2	Admin	Form used to capture information for Test Request requests
Care Nav - Prescription	2	Admin	Form used to capture information for Care Nav - Prescription requests
Referral	2	Admin	Form used to capture information for Referral requests
Care Nav - Fit Note	2	Admin	Form used to capture information for Care Nav - Fit Note requests
Internal Task	2	Admin	Form used to capture information for Internal Task requests
External Contact	1	Admin	Form used to capture information for External Contact requests

Health form	Number	Type	Description
Care Nav - Admin	1	Admin	Form used to capture information for Care Nav - Admin requests
Vaccine Consent	1	Admin	Form used to capture information for Vaccine Consent requests
Blood Test	1	Admin	Form used to capture information for Blood Test requests
Consultation	1	Clinical	Form used to capture information for Consultation requests
LTC Annual Review	1	Admin	Form used to capture information for LTC Annual Review requests
Follow up	1	Admin	Form used to capture information for Follow up requests

[19] Information provided by Blinx on July 2025.

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DISCLAIMER

This report represents the findings of HINWC and is based on evaluation conducted by the authors:

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This evaluation was conducted independently and ensured the integrity of data collection and analysis. All members of the evaluation team declare the absence of any conflicts of interest in relation to this work.