

Blinx Paco – Q&A from Demonstrations

Blinx Paco – Q&A Summary

1. Is the product just a digital triage front door, or does it include all the additional functionality shown?

Answer:

All functionality demonstrated is included in the core product **except the AI features** (such as SMS optimisation and AI-generated templates), which are optional add-ons. Core features include digital front door, messaging, call/recall automation, analytics, and booking workflows.

2. Can patients rebook or respond if the offered appointment time doesn't work for them?

Answer:

Yes. Patients can cancel and rebook using the same booking link, within the constraints set by the practice. Practices can also configure messages to allow patients to reply and request alternatives.

3. Can admin staff submit requests on behalf of digitally excluded patients?

Answer:

Yes. Admin staff can complete requests using the same forms and pathways via the Care Navigator functionality, ensuring digitally excluded patients follow identical clinical workflows.

4. Where does patient information sit while triage is still in progress?

Answer:

Information remains in **Paco** until it is deliberately filed into the clinical system. Practices can decide at which stage this happens (e.g. admin pre-triage vs clinician triage), depending on local workflows.

5. Is triage AI-driven (e.g. symptom-based question branching)?

Answer:

No. Paco does **not** make autonomous clinical decisions or AI-driven assumptions. Practices design their own condition-specific forms and red-flag logic. Structured data can be prioritised based on thresholds agreed locally.

6. Is there web chat or video consultation functionality?

Answer:

Yes. Practices can invite patients to a **web chat via a single link**, and web chats can be escalated to video consultations if required.

7. Does Paco work for care-home or only GP practices?

Answer:

Yes. Practices supporting care homes can configure dedicated digital front door buttons, mandatory care-home forms, and use video

consultations. Additional workload/ward-round functionality exists but is outside the core procurement.

8. How are staff notified of new admin or clinical requests?

Answer:

Requests appear as notifications within the Paco interface (e.g. inbox counters). There are **no automatic alerts in EMIS or SystemOne** until items are filed, so practices typically manage this via inbox workflows.

9. Can Paco directly refer patients to Pharmacy First?

Answer:

There is no direct system integration yet, but practices can configure workflows that direct patients to Pharmacy First so they do not enter the clinical inbox unnecessarily.

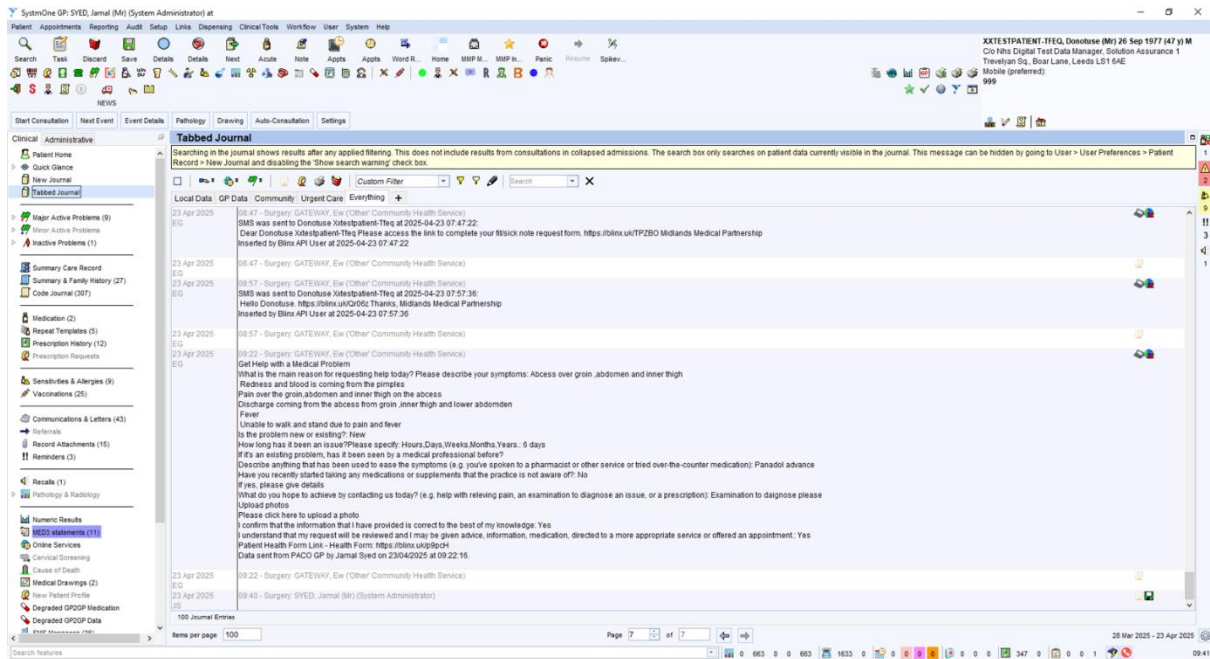
10. What does the patient record look like once information is saved?

Answer:

Live system views were not shown during the demo, but screenshots for **EMIS and SystemOne** were offered to be shared post-session to illustrate how entries appear once filed.

The screenshot displays the EMIS Web Health Care System interface for Fulwood Green Medical Centre. The patient record is for Simon Bowers, born 04 Nov 2022, male, with NHS number 111 111 1111. The record shows a consultation on 23-Apr-2025 at 09:26 with Dr. Bowers, Simon (Dr). The consultation text includes a triage form and a problem of 'Sore throat (First)'. The patient's health form link is provided as https://blinx.uk/KavWp. The interface also shows a date navigator on the left and a status bar at the bottom.

Date	Consultation Text	Status
23-Apr-2025 09:26	Blinx Health Form - Same Day Triage Form Document: Attachment @ File Attachment	BOWERS, Simon (Dr)
23-Apr-2025 09:26	Blinx Health Form - Same Day Triage Form Problem: Triage form How can we help you today? Comment: Please tell us as much as you can about your issue or problem: I've had a sore throat for 2 weeks with shivers and nausea. I have a rash on my legs too How long has this been a problem for? 2 weeks What would be your preferred response from us? I would like to see someone face to face Reviewer Comments: TCI today with a GP Patient Health Form Link - Health Form https://blinx.uk/KavWp	BOWERS, Simon (Dr)
23-Apr-2025 09:21	Main Surgery Comms Hub - SMS Patient Mobile: +447764801432 Message Sent: Dear Paco Blinx Kind Regards Simon Bowers Fulwood Green Medical Centre https://blinx.uk/7tYV Campaign Description: SMS Text to Patient	PACO, Blinx (Dr)
23-Apr-2025 09:20	Blinx Health Form - Same Day Triage Form Document: Attachment @ (11-Apr-2025) File Attachment	BOWERS, Simon (Dr)
23-Apr-2025 09:20	Blinx Health Form - Same Day Triage Form	BOWERS, Simon (Dr)



11. Who pays for the system?

Answer:

For this rollout, the **ICB is covering the cost for the next year**, not individual practices.

12. How are patients who do not use digital supported?

Answer:

Reception and admin teams can easily enter information on behalf of non-digital patients. The internal staff-facing tools mirror the patient digital front door, so staff can follow the same pathways for patients who phone or walk in. Some practices also run short drop-in sessions to help patients learn the system, but overall uptake has been smooth and phone queues have significantly reduced.

13. Does the system work with Medicus?

Answer:

Not currently. Medicus is not yet part of the NHS IM1 integration framework used for EMIS and SystmOne. Once Medicus reaches the appropriate level of integration readiness, Blinx indicated they would be ready to integrate, but the dependency is on Medicus' rollout rather than Blinx capability.

14. Can the system automatically send condition-specific questionnaires (e.g. sore throat forms)?

Answer:

Yes. Practices can configure digital front doors and workflows so that when a patient selects a condition (e.g. sore throat), they are automatically directed to an appropriate questionnaire. These can include red-flag screening and routing (e.g. Pharmacy First vs GP). The same experience can be mirrored internally for staff via a tool called *Navigator*, ensuring equity for digital and non-digital patients.

15. Is Paco intended to be implemented all at once?

Answer:

No. The product is positioned as a **journey**. Practices can start with core functionality (e.g. SMS or online consultations) and progressively adopt more advanced features such as analytics, automation, and cohort management over time, at a pace that suits them.

16. How does Paco help reduce SMS costs?

Answer:

Practices are increasingly shifting to email-first communication. The system supports SMS optimisation (including AI-assisted message shortening), richer email content (buttons instead of links), and targeted messaging. One practice reported projected savings of ~16,000 SMS fragments per year by using these features.

17. Can patients directly book appointments without triage?

Answer:

Yes, for appropriate use cases (e.g. smear tests). Practices can allow direct booking for specific services, which has significantly reduced phone calls and improved uptake. Patients can book 24/7, while appointments remain constrained to practice availability.

18. Does the system support call/recall and QOF-style work?

Answer:

Yes. Analytics and automation are used to identify patient cohorts, send targeted invitations, code responses back into the clinical system, and automate follow-ups. This has significantly reduced admin and clinical time for activities such as blood pressure monitoring, long-term condition reviews, and exclusions.

19. What is being procured by the ICB in this programme?

Answer:

The ICB procurement covers **online consultations and patient communications**, including **SMS and email messaging**. Practices adopting Paco GP as part of this procurement receive online consultations, patient messaging, digital front door functionality, and related tools as a single package.

20. Does Paco integrate with EMIS and SystemOne?

Answer:

Yes. Paco has **deep integration with both EMIS and SystemOne**, including IM1 integration. It can read from and write to the clinical record, interrogate appointment books, book appointments, post consultation notes, and file SNOMED-coded data directly into the record.

21. Can practices design their own triage pathways and workflows?

Answer:

Yes. Paco does **not impose a single “Blinx way” of working**. Practices define their own triage models, pathways, eligibility rules, alerts, tolerances, and workflows.

The digital front door, forms, and routing are all configurable to local practice preferences.

22. What is the “Digital Front Door”?

Answer:

The Digital Front Door is Paco’s **online consultation interface**. It is fully configurable and practice-branded, allowing practices to control:

- Which buttons appear
- When they appear or disappear
- Who is eligible to use them (based on clinical or demographic data)
- What forms or actions are triggered

It can be simple or complex depending on practice needs.

23. Can access to services be restricted to specific patient groups?

Answer:

Yes. Eligibility checks can be applied using patient data (e.g. SNOMED codes).

Examples given included:

- Only housebound patients being able to request home visits
- Only eligible patients being able to book cervical smear appointments

This helps manage demand and reduce inappropriate requests.

24. Does Paco support accessibility and different languages?

Answer:

Yes. Patient-facing tools include an **NHS England–approved accessibility widget**, supporting translation, large text, spoken word, dyslexia-friendly and migraine-friendly views. Messages can also be automatically sent in the patient’s recorded language.

25. How are online forms and triage handled by clinicians?

Answer:

Health forms arrive in a **triage inbox**. Clinicians or admin staff can:

- Review and tag forms
- Add comments
- Apply SNOMED codes
- Trigger alerts
- Book appointments directly into EMIS/SystemOne
- Send automated or bespoke responses to patients

All actions can be filed directly into the clinical record.

26 What is “Quick Send”?

Answer:

Quick Send is Paco’s **messaging and task-sending tool**. It allows staff to send:

- SMS or email messages
- Multiple health forms
- Attachments (e.g. fit notes, advice leaflets)
- Booking links
- Videos recorded by clinicians

All of this can be sent in a **single secure message** to reduce SMS costs and admin time.

27. Can Paco automate call-and-recall and long-term condition reviews?

Answer:

Yes. Practices demonstrated **fully automated call-and-recall**, including:

- Birth-month invitations
 - Automated blood pressure reviews
 - Conditional logic (e.g. normal results auto-closed, abnormal results trigger follow-up) This significantly reduced manual workload and clinician intervention.
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28. What efficiency or cost savings have practices seen?

Answer:

Practices reported:

- Significant reductions in clinician and admin time
 - Large reductions in SMS fragments through message optimisation (not standard in the core Package)
 - Estimated annual savings of **£25k–£30k for an average-sized practice** when the system is fully optimised (based on time saved)
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29. What is Paco Connect and how does it support PCNs or neighbourhood working?

Answer:

Paco Connect enables **shared, patient-centric working across practices, PCNs, and neighbourhoods**, allowing referrals and appointments to be booked across organisations while maintaining a single coherent patient record that flows back into EMIS/SystemOne.

30. Is AI used in Paco?

Answer:

Yes, in a limited and transparent way. AI is used to:

- Optimise message length to reduce SMS fragment costs
- Generate draft message templates (which must be reviewed before sending)

This functionality was described as **not standard in the core procurement** and is a class I medical device feature.

31. Can practices adopt Paco gradually?

Answer:

Yes. GP users confirmed that practices can **go live in phases** (e.g. digital front door first, then triage, then analytics and automation), which helps reduce staff overwhelm and supports change management.
