

DRAFT Proposal for a scrutiny review by Health in Hackney Scrutiny Commission

Review title: Digital first primary care and its implications for GP Practices

Municipal year: 2018/2019

*Definition: **Digital first primary care** refers to delivery models through which a patient can receive the advice and treatment they need from their home or place of work via online symptom checking and remote consultation. This means that a patient's first point of contact with a GP is usually through a digital channel*

1. Background & context

- 1.1 This paper sets out the scope for a scrutiny review on '*Digital first primary care and its implications for GP Practices*'. It will look primarily at how **virtual consultations via smartphones** with clinicians will transform how we interact with GPs and will also address the related issue of **online access** by patients to patient systems.
- 1.2 Online access for patients has been identified as a key aspect of a modern primary care system and digital tools can help to improve the quality of care and also support patients interested in self-care. *Patient Online* is the generic term used for online access systems. They use apps or web browser access to a GP Practice provided by the GP's system suppliers. These systems all have their own proprietary names and operate on computers, tablets and smartphones. With *Patient Online* patients can book and cancel appointments and order repeat prescriptions i.e. 'transactional services'. Practices can offer patients online access to the detailed coded information in their records, now a contractual requirement in England. They can also enable patients to view their consultation notes and clinical correspondence. Patients can use record access to prepare for consultations, collaborate fully in person-centred models of care and improve their self-management of their long-term conditions. We will look at the systems currently used or being planned to be used in Hackney.
- 1.3 The issue of improving access to primary care in Hackney has been a continuing one for the Commission and in 2013 we carried out a full review on [Improving GP appointment systems](#). Since then there has been a whole range of digital solutions offered to patients to make it easier for them to access their GP or manage their health. There are now, for example, 37 private providers registered with the CQC to

provide online consultations in England¹ and some of these are now looking to access the NHS funding on offer, by partnering with NHS GP Practices. Hackney with its large young population of digitally savvy and often time-poor people has been a target for these companies.

- 1.4 The issue came to a head earlier this year with the controversy over 'GP at Hand'. Babylon, the company behind this service, is a subscription health service provider that enables users to have **virtual consultations with doctors** and health care professionals via text and video messaging through a mobile 'App' 24 hrs a day. They recently rolled out their 'GP at Hand' app offering NHS GP consultations, previously it was just for private patients.
- 1.5 It has attracted a lot of media attention and the new Health Secretary is an admirer (and user) of the service². It is described as a market 'disrupter' like Uber, however this is contested by others who would argue that there is no 'market' and instead a parallel economy is being created by NHSE. This, they argue, favours private providers who are "siphoning off" NHS funding so that more money is going to "private providers" of these Apps for the same work, while leaving the basic system itself struggling with decreasing funding and increasing demand. These innovations now challenge the whole basis on which primary care is funded.
- 1.6 As well as potentially losing the younger and healthier patients, who are more digitally savvy, to the new system, these models are drawing younger GPs to work for digital providers, attracted by more flexible hours and work locations and this is happening at a time when there is a general crisis in GP recruitment.
- 1.7 Primary Care however is not just about processing patients through a system, it is also about empathy and the relational aspect between the patient and the doctor and some would argue that this could be eroded by digital consultations unless they are handled sensitively. Doctors have described the concept of the "one last thing" question as the worried patient stands at the door, expressing what might be the real reason they came. How effective can video consultations be in allowing clinicians to pick up on these, often, non-verbal cues?

2. City and Hackney CCGs General Practice Development Programme

- 2.1 City and Hackney CCG is working on General Practice Development Programme which includes 10 "high impact actions" to release more time for care in General Practice. Their focus is on new communication methods for some consultations such as phone and email as well as improving continuity of care and convenience for the

¹ <http://www.pulsetoday.co.uk/news/gp-topics/it/the-online-providers-disrupting-the-market/20037376.article>

² <https://www.telegraph.co.uk/news/2018/09/12/hancock-attacks-nhs-block-progress-says-patients-should-able/>

patient and reducing the clinical contact time. We will look at their proposals and consider primary care vs non-primary care consultations and how these compare

- 2.2 We will look at new ways of booking appointments and how phone triage is operating and impacting on treatment. We will look at *GP First??*, *Patient First??*, *Patient Online*, *Patient Partner??* and *NHS 111* and how they impact on GPs practices. NEED TO CHECK
- 2.3 We will look at on-line consultation: *E-consult* (see 5 below) and *Ask My GP* which are being trialled locally as well as Skype based platforms such as *GP at Hand* and we will look at areas of innovation such as Tower Hamlets.
- 2.4 When looking at each offer we will consider how they meet the following criteria:
 - Equity
 - Continuity
 - Satisfaction
 - Will this help to manage demand/produce efficiencies/release more time for care?
 - System wide impacts and implications
 - Risks (safety, data protection, destabilisation, safeguarding)

3. 'GP at Hand'

- 3.1 The most high profile disrupter of GP appointment systems of late has been 'GP at Hand'. This service is provided out of a host GP practice in Lillie Rd in Hammersmith and operates on a standard GMS Contract managed by Hammersmith and Fulham CCG's Primary Care Commissioning Committee. It is marketed to attract patients who want speed of access to GP advice over continuity of service with the same GP and these patients do tend to be fitter and younger and with non-urgent problems. For many, current waiting times for GP appointments across London are too long and/or GP Practices are perceived as being too inflexible, particularly for those with little time. Initial contact is via Skype where, GP at Hand maintain, a number of problems can be dealt with there and then.
- 3.2 Where a patient does need to be seen e.g. for a physical examination, GP at Hand has a small number of sites across London where the patient would be referred. These sites would technically be branches of the H&F practice. GP at Hand also appears to be going into partnership with existing GP Practices (e.g. Newby Place Health and Wellbeing Centre in Poplar) to provide a site for any necessary face to face consultations.

- 3.3 GP at Hand is extensively marketed which is highly novel in the NHS; routine General Practice does not generally market itself beyond declaring that it is open to register new patients. GP at Hand however has also recently had some adverts banned by the Advertising Standards Authority for not making it clear to patients that they would be giving up their existing GP practice registration when they register with them.
- 3.4 The service has had a number of teething problems. Earlier in the year Babylon was de-listed from the 'NHS Apps' library with NHS Digital claiming they didn't want the promotion of the private services on an NHS platform, however Babylon provides separate private and NHS services and clearly markets itself as providing NHS GP services. The company also took legal action against the CQC regarding what they perceived to be an unfair rating. A CCG in Birmingham has also blocked their expansion plans in that city citing arguments about patient safety.
- 3.5 The advantages of the model to patients are that it offers near instant access, which routine GP practices struggles to offer, they also appeal to a younger demographic who are digitally minded, with little time and they also argue that they relieve pressure on the NHS
- 3.6 Critics have pointed out a number of shortcomings however. They argue that GP at Hand's stringent eligibility criteria are unfair i.e. that they essentially "cherry pick" healthy patients. GP at Hand deny this. Patients who sign up to use the service are de-registered from their current GP practice and the consequences of this aren't always immediately apparent and GP at Hand has been heavily criticised for not doing enough to make these consequences clearer to patients. The current number of locations for face to face consultations is limited which means that patients often want to re-register with their previous GP practice again; this adds to practice churn which is already high in Hackney, for example, and further adds to Practice workload. Some argue that a lack of new locations for face to face consultations might lead to patients being referred to A&Es for example, thus putting undue pressure on local hospital services and on other CCG budgets outside its home CCG.
- 3.7 The service is looking to open additional local branches for face to face consultations but generally CCGs have been slow to support them because the risks to sustainable Primary Care funding (and by implication CCGs own commissioning budgets) from services like this are, as yet, not fully known. The fear is that unless the system is changed Apps like GP at Hand could lead to destabilisation of Core Primary Care and thwart ambitions, already in place within many CCGs, for their own place based contracting of services e.g. Hackney's own Neighbourhood Model.

- 3.8 When this issue first arose back in March City & Hackney CCG pointed out that there is an **opportunity for GP Practices in Hackney to match or better the GP at Hand offer** because City and Hackney already offers same day access. They do this via the CCG 'Duty Doctor' contract, via Primary Care Hubs (open 8.00 am-8.00pm on Saturday and Sunday), or Hubs which are open from 6.30 pm to 8.00 pm. They also argue all Practices now offer some kind of extended opening either through locally or nationally commissioned services. They also stated that patients can message their Practices directly through software (Ask My GP) or consult with their practice online (eConsult software) and that they have commissioned the GP Confederation to develop a local messaging app (e.g. to support the Duty Doc service).
- 3.9 As a consequence of *GP at Hand* Hammersmith & Fulham CCG had a sudden and immediate in-year budget deficit because the service was significantly increasing H&F's patient population without any equivalent increase in their commissioning budget. More broadly however all CCGs are currently experiencing population growth. One of the fundamental challenges too is that GP at Hand is seen to cherry pick the younger, healthier patients and in doing so poses a threat to the whole funding model for routine primary care. Local City and Hackney GP practices have received complaints about the de-registering of their patients. In response to this, one local Practice has communicated with its existing patients to inform them of the sign up process and voice their concern.
- 3.10 An article in the GP's newspaper *Pulse* stated that "The Drum, a website for the advertising and marketing industries, said Babylon's media agency PHD Media had looked at which of the capital's boroughs outside west London would be best to target 20- to 39-year-olds – it chose Hackney and Southwark"³.

4 NHSE consultation and an intermediate approach

- 4.1 While CCGs appear keen to contain the impact of GP at Hand, NHSE London has been much more supportive of the trend. There is a view that CCGs have been caught on the back foot with it. This [consultation](#), which closed on 31 Aug, is NHSE's attempt to square the circle and figure out how to safely integrate the new technology into health and care pathways whilst not unfairly destabilising existing services. NHSE has stated that the outcome of this engagement will inform GP contract negotiations for 2019-2020 between NHS England and the General Practitioners Committee of the British Medical Association.

³ <http://www.pulsetoday.co.uk/news/gp-topics/it/the-online-providers-disrupting-the-market/20037376.article>

4.2 Londonwide LMCs responded to the consultation⁴ and summarised their response follows:

How to implement greater digital first provision in general practice

- Online access and consulting could reduce the need for attendance at GP practices and appointments in the long-term. How to apply the technology in ways which actually do this needs to be established by rigorous evaluation, rather than the belief that rolling out more online services will somehow inherently reduce workload.
- To create a reliable online service the NHS needs to fund user research (both patient and clinical), significant IT infrastructure investment and improvements in practices, software development and/or procurement, training and roll-out support.
- In order for investment in digital health tools to fit with the values of general practice, such tools must directly reduce health inequalities, or free up resource which can be directed to other methods of care delivery which are proven to do so.
- Money should not be diverted from elsewhere in general practice to pay for new digital services.

4.3 A new dimension has been added by *Now Healthcare Group*⁵ who are offering to provide practices with its technology for “free” through its *Now Patient* app, which will allow patients to book appointments with their own GP and take part in a video consultation. In return, Now Healthcare Group will be able to use its app to ‘communicate’ to customers about its repeat medicine delivery service. This gives GPs the opportunity to continue to see their patients – rather than losing them to other practices offering online consultation services and at the same time provides Now Healthcare Group with access to more customers for its services. Its website boasts how it already serves 15 million chronic care NHS patients in the UK. Some GPs have criticised this ‘free offer’ stating it would allow another provider to come between them and their patients. They have also dismissed it as no more than a Skype consultation but using independent software which then allows the provider to make use of valuable patient data.

5. E-Consult and other innovative Apps

5.1 We will look at some of the innovative Apps that are being used in Hackney or comparator boroughs to enhance primary health care.

5.2 The *Health Touch* app which is used by Bromley By Bow Health Centre in Tower Hamlets is an example of a tele-health application, which contributes to the innovation of health care using mobile technology. Health Touch brings together Health Care Professions and patients via any mobile phone or tablet. The app monitors patients’ health, allowing them to be fully involved in their care. It also enables HCP’s to have improved visibility of patient’s medical data, so they can accurately track progress.

4

<https://www.lmc.org.uk/visageimages/2018%20Londonwide%20Newsletters/September/Londonwide%20LMCs%27%20Digital%20First%20response%20for%20publication.pdf>

⁵ <https://www.nowhealthcaregroup.com/>

- 5.3 The Hurley Group of GP Practices (which operates Allerton Rd GP Surgery) ran a pilot funded by Tower Hamlets CCG which utilised **eConsult** app using 133,000 patients across 20 practices across 10 boroughs. eConsult provides an online portal where patients can self-check their symptoms, and receive on the spot medical advice 24/7. Helping to relieve pressure on GPs by giving patients access to round-the-clock support and alternative treatment providers. They claim it allows patients to gain better access to instant medical care and advice while empowering GPs to run their practices more efficiently. The app is licensed to a surgery and the cost is proportional to the number of registered patients. They provide personalised training on the system to the Practices and it bolts on the existing Practice website without the need to invest in any software. They ask that the eConsult banner is highly visible, ideally on the home page and they provide full assistance on marketing it. They argue that GP Practices are likely to see a reduction in the number of patients coming through their doors, and a decline in the amount of patients phoning up for an appointment, as more and more switch to using the platform.

6 Use of Virtual Clinics for out-patients

- 6.1 Accessing your GP via digital channels is just one part of a wider transformation of health and social care which is now taking place. Digital innovations are also impacting on access to both secondary care and to social care with digital transformation continuing through the care pathway. We will explore some of these trends in our review.
- 6.2 Clinicians and those driving transformation programmes have argued for some time that traditional models of outpatient care are not always aligned to the needs of patients and can be difficult for them to access. This has led to high rates of non-attendance at out-patient appointments and poor patient engagement, resulting in poor health outcomes and greater use of emergency care, plus rising costs. With increasing multi-morbidity, people living longer with complications and care being more multi-disciplinary, care models need to be more flexible and responsive. Research has shown that using remote video outpatient consultations rather than face-to-face review with patients in hospital has the potential to address some of these issues, however, implementing such services within routine practice in the NHS is challenging.
- 6.3 Barts Health NHS Trust has been exploring the use of video consultations via Skype, and the impact on patient attendance rates, patient satisfaction and efficiency savings. Last year the Health Foundation awarded Barts Health £3.5 million from its *Scaling Up Improvement* programme to take Newham Hospital's previous success in this area and mainstream it. That hospital (part of Barts Health) had cut the number of missed diabetes appointments from 30-50% to just

11-13%. From this project Barts Health has developed significant expertise in the area and have produced standard operating procedures, information governance and technical guidance documents, and protocols for setting up and running virtual clinics. This pilot was led by Barts Health NHS Trust has been in partnership with the Nuffield Department of Primary Care Health Sciences at the University of Oxford, East London and City (WELC) Clinical Commissioning Groups; Oxford University Hospitals NHS Foundation Trust, NHS England and Microsoft

7. Why do the review now?

- 7.1 Some argue that CCGs, including City and Hackney have been caught on the back foot with digital primary care and now need to get up to speed as providers such as Babylon are moving in and have the support of NHSE and the Secretary of State. While they attract a lot of media attention it is not clear that their solutions could be presented at scale and this is one of the key issues to explore.
- 7.2 The *NHS Five Year Forward View* makes explicit reference to the need to urgently embrace technology to:
- *Improve Urgent care online*
 - *Resolve more issues without patients resorting to A&E*
 - *Develop more online appointment booking for hospital appointments*
 - *Increase use of digital solutions to handle patient medical information*
 - *Greater use of Apps to help people manage their own health.*
- 7.3 The borough has a growing young population who will be very responsive to digital primary care solutions and some practices are already seeing a draining away of younger patients.
- 7.4 The GP Confederation is piloting some new digital primary care approaches and the review would provide an opportunity to feed into the discussions on these proposals.
- 7.5 The review takes place as the East London Health and Care Partnership is introducing '*one London*' which aims to be an exemplar of local health and care records and "to raise the bar" around NHS and partners sharing data to deliver better care. We will look at how this digital transformation of care records interacts with other digital initiatives such as virtual consultations or patient online systems.

8. Core Questions

8.1 Overall, the review seeks to answer the following **Core Questions**:

- a) How can the NHS safely integrate digital approaches to primary care with existing health and care pathways whilst not unfairly destabilising existing GP services?
- b) How can digital developments facilitate better outcomes for patients?
- c) How can they ensure better access and better outcomes for ALL equality groups and how can digital solutions improve how demand is managed and how unmet demand is assessed?
- d) Digital solutions cannot be silo and how can they fit within a ‘whole system’ approach and how can they help the development of more ‘whole system’ approaches?
- e) How can digital solutions deal with safeguarding issues in relation to vulnerable patients?
- f) How might digital enable the development of a more Systems Approach to improving primary care across health, social care and third sector providers?
- g) What is the demand for primary care and what is the unmet demand and can digital primary care approaches perhaps assist with the latter?
- h) This has had a degree of success as the numbers are small and it is in London only. If this is scaled up nationally where will all the additional doctor time come from?

9. Key Stakeholders

Sector / organisation	Stakeholder
The key stakeholders	Local GPs Providers of digital primary care services in Hackney and NE London City and Hackney GP Confederation Local Medical Committee Healthwatch Hackney District/Community nurses Social workers Carers
Local commissioners	City and Hackney CCG NHS England London
Statutory sector providers	City and Hackney GP Confederation GP Out of Hours/ NHS 111 providers (London Ambulance Service)
Key Third Sector providers	Hackney CVS
Regional and national bodies	NHS 111 Royal College of General Practitioners

10. Methodology

- 10.1 The evidence gathered will be collated and published in the Commission's agenda papers. Desk research will be undertaken initially and throughout the review to provide background information on national policy and local findings.
- 10.2 Evidence will be collected at both commission meetings and during site visits and notes of these will appear in the agenda packs.
- 10.3 With the collaboration of the Council's Consultation Team the review will use the Council's online engagement portal **Hackney Matters** to get residents views of and personal experiences with digital primary care. This will provide some useful primary research to inform the review.

11. Timetable

- 11.1 The table below provides a schedule of when different corporate aspects of the review are likely to be completed.

Task	Envisaged Timetable
Draft Terms of Reference, desktop research, consulting experts, confirming Executive Link Officer/Members	Dec 2018
Agreement of scope and terms of reference	7 Jan 2019
Site visits	Jan to March
Formal committee meetings	7 Jan, 4 Feb, 12 Mar, 4 April
Recommendation areas discussion	4 April 2019
Consult Executive Link Officer/Members on draft findings and recommendations	April
Report drafting	April
Schedule for Legal/Finance comments	May
Draft report published in Agenda for June HiH	June (date tbc)
Commission agrees Report	June
Cabinet response and report considered at Cabinet	Sept 2019

11.2 Below is a **provisional list** of which topics will be considered at each meeting, and who we will ask to contribute.

N.B. These are NOT CONFIRMED and subject to change depending on availability of individuals.

7 Jan 2019 (note 2 other items on agenda)	
Stakeholder and topic	<i>Responsible Officer/Partner</i>
Agree Terms of Reference	Scrutiny Officer
Case study: Overview of GP at Hand's impact across London and lessons to be learned.	Paul Bate, Director of NHS Services, Babylon Health
East London Health and Care Partnership (STP) – Commissioner's view	Jane Lindo TBC Primary Care Programme Director NEL STP Primary Care Transformation Team
City and Hackney CCG's – Commissioner's view	Richard Bull, Programme Director – Primary Care, City and Hackney CCG Dr Mark Rickets, Chair, City & Hackney CCG
City & Hackney GP Confederation's local pilot on digital primary care	Laura Sharpe, Chief Exec, GP Confederation Peter Shields, GP Confederation
Experience of local commissioner of 'GP at Hand'. Destabilisation of existing model, impact on A&E etc	Deborah Parkin, Hammersmith and Fulham CCG Primary Care Board TBC
4 Feb 2019 (note 2 other items on agenda)	
Stakeholder and topic	<i>Responsible Officer/Partner</i> All TBC
Local Medical Committees and Healthwatches responses to 'GP at Hand' and similar in Hackney and Tower Hamlets	Dr Fiona Sanders, Chair of City & Hackney LMC Dr Jackie Applebee, Chair of Tower Hamlets LMC TBC Jon Williams, Healthwatch Hackney and/or Tower Hamlets
Use of eConsult app in GP Practices	Rep of The Hurley Group/ Allerton Rd surgery TBC
Update in Integrated Commissioning's IT Enabler Group and implications for primary care	Tracey Fletcher and Niall Canavan, City and Hackney Integrated Commissioning's IT Enabler Group (Tracey also CE of HUHFT)
NHSE London TBC	TBC
12 Mar 2019 (note 3 other items on agenda)	

Stakeholder and topic	<i>Responsible Officer/Partner</i> All TBC
Virtual out-patients clinic at Barts Health – Health Foundation pilot project OR VIA SITE EARLIER VISIT	Dr Sir Sam Everington (Chair of Tower Hamlets CCG, Project Team member) TBC Project Manager, Barts Health
Virtual outpatient clinics in Hackney (experience from the renal clinic)	Siobhan Harper, City and Hackney Integrated Commissioning Workstream Director
TBC	TBC
8 April 2019 (note 2 other items on agenda)	
Draft Recommendations Discussion	Members
X June 2019 date tbc	
To agree final report. <i>Commission does not meet in May.</i>	Scrutiny Officer

11.3 In addition, Members will look at benchmarking data and make **Site Visits** to:

- Observing new innovations being used in a Hackney GP surgeries
- Observing the Virtual Consultations system at Barts Health
- Bromley by Bow Centre OR OTHER (Tower Hamlets CCG) pilot on video consultations and use of Apps or similar **TBC**
- Others TBC

11.4 Members will also **observe** and or attend the following:

TBC

12. Background papers/websites

12.1 The following will be consulted as background reading for the review. The list is not exhaustive.

National:

<https://www.gpathand.nhs.uk/>

<http://www.pulsetoday.co.uk/news/gp-topics/it/the-online-providers-disrupting-the-market/20037376.article>

<https://www.bartshealth.nhs.uk/virtual-consultations>

<https://www.bbbc.org.uk/health-centres/health-touch>

[NHSEL Consultation on Digital First Primary Care July 2018](#)

[NHSEL Five Year Forward View](#)

RCGP Patient Online Getting Started Checklist

<http://www.rcgp.org.uk/clinical-and-research/our-programmes/patient-online.aspx>

<file:///C:/Users/joconnell/Downloads/RCGP%20Patient%20Online%20Getting%20Started%20Checklist%20v02%20%20interim.pdf>

More to be added

Local:

City and Hackney CCG Primary Care Committee documents on..

[Draft Hackney Health and Wellbeing Strategy 2015-18](#)

[City and Hackney Health and Wellbeing Profile: Our Joint Strategic Needs Assessment, 2016 update.](#)
[Hackney Council and City of London](#)

More to be added

13. Executive Links and Response

13.1 The following corporate stakeholders within the Council have been consulted on this Terms of Reference:

Contributor	How have they been consulted on proposal
CCG/GP Confed and Council lead officers	David Maher/Laura Sharpe/Anne Canning
Cabinet Member	Cllr Feryal Demirci Deputy Mayor and Cabinet Member for Health, Social Care, Transport and Parks

Contact

Jarlath O'Connell, Overview and Scrutiny Officer

Telephone: 020 8356 3309

E-mail: jarlath.oconnell@hackney.gov.uk