

*Please find the following letter sent to you by email from Tower Hamlets Local Medical Committee and Tower Hamlets Clinical Commissioning Committee*

29 March 2018

**For the attention of:**

Mr Jeremy Hunt, MP, Secretary of State for Health  
Simon Stevens, Chief Executive of NHS England

Dear Mr Hunt and Mr Simon Stevens

**GP at Hand is destabilising general practice**

General practice in Tower Hamlets, like everywhere else in England, is struggling to survive. As the NHS endures the most prolonged squeeze in its history the proportion of the budget allocated to general practice has fallen from 9.6% in 2005/06 to 7.9% in 2016/17.

GPs are retiring early and young doctors are not choosing general practice as a career. In November 2016 84% of GPs said that their workload was undermining their ability to provide safe patient care.

The advent of GP at Hand can only make this situation worse, if not for themselves, then for most other practices and their patients. GP at Hand is an NHS service, supported by Babylon technology. It is run by Dr Jeffries and partners of Lillie Road Medical Centre, Hammersmith, West London.

Its selling point is that patients can be seen at their convenience for an internet consultation. They also have a small number of locations where they can provide a face to face consultation should it be necessary. One of these places is within an NHS Health Centre in Tower Hamlets, in the shadow of Canary Wharf.

Patients who register with GP at Hand are told that they will be able to book an appointment in seconds and see an NHS doctor in minutes. What is less clear to patients is that they will no longer be registered with their existing, local GP surgery and in reality, lose comprehensive local health services provided by local GPs. We know this, as we have faced complaints from patients here in Tower Hamlets when they have returned to their local GP, only to find that they have been de-registered and signed on with the practice in Lillie Road.

GP at Hand operates by utilising a clause in the GP contract, introduced in January 2015, which allows GP practices in England to register new patients who live outside their practice boundary area. The Government brought this in under its policy promoting patient choice. Some patients may find it more convenient to see a GP near to where they work rather than where they live, however the consequences of this arrangement threaten the risk-sharing on which the NHS has relied for decades. The service appeals to younger, internet-savvy patients. Registration data show that in the first two months of GP at Hand's operation 10,051 (90%) of the 11,147 patients who signed up were aged between 20 and 44 years old.

In Tower Hamlets we already have a borough-wide online consultation offer for local patients. We have streamlined our registration processes for local people and have already been working on a local service that utilises this new technology to respond to the demands of a mobile, online generation. We are not opposed to technology where it is appropriate and actively promote it where there is evidence that it is effective. However, we cannot support this initiative, which threatens to destabilise traditional general

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**Chief Executive:** Dr Michelle Drage

practice, by attracting the younger, fitter patients who require infrequent, episodic care, leaving the more complex to their local GP.

Whatever the intentions of Dr Jeffries and partners there is no doubt that the consequences will be the diversion of funding from the patient's existing local practices and patients with complex needs, terminal care and disabilities, to the Lillie Road Medical Centre in Hammersmith.

We also believe that a service that disproportionately signs on the least vulnerable and frail patients is fundamentally against the founding principles of the NHS and its constitution. It amounts to indirect discrimination against the most vulnerable in our society.

Funding will also be diverted from the CCG in which the patient lives to Hammersmith and Fulham CCG, because CCG funding, to provide NHS hospital and community services for all of us, is based on the number of patients registered with a GP in the geographical area covered by the CCG.

Tower Hamlets is one of the most deprived boroughs in the country. Despite this, we manage to provide excellent care to our patients with some of the best outcomes nationally. We have achieved this through working together across practices, having a collective ethos and a common goal to improve population health. We are renowned nationally for our work on social prescribing, integrated care and outcomes, including the best blood pressure and cholesterol control in the country in patients with heart disease and diabetes with evidence of significant reduction in heart attacks, strokes and diabetic complications. We see no evidence of GP at Hand engagement in all the local processes, training and quality improvement that has made this happen.

We rely, as do all NHS GP practices, on risk pooling and the cross subsidy that the capitation fee for younger fitter patients, who consult less often, provides to care for the more complex and elderly. Operating models like GP at Hand threaten this system and risk diverting resources away from those who need them most to those who need them least – a modern day version of Julian Tudor-Hart's Inverse Care Law.

General practice has been said by the Health Secretary to be the Jewel in the Crown of the NHS. We urge him to ensure that GP at Hand provides the same comprehensive service for patients that local general practices do and amend the out of area registration clause so that it is not able to be used to destabilise general practice thereby limiting the services available for registered patients.

Yours sincerely



Dr Jackie Applebee, Chair, Tower Hamlets Local Medical Committee  
Dr Simon Brownleader, Chair, Tower Hamlets GP Care Group  
Dr Sam Everington, Chair, Tower Hamlets Clinical Commissioning Group

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