# First draft of Recommendations for review on

# 'Digital First Primary Care and implications for GP Practices '

| No. | Outline recommendation area – wording to be developed... |
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| | **IMPROVING ACCESS** |
| 1 | There needs to be a **streamlined gateway process** for all local GP that is accessible and which works easily.  Local GPs hoped the development of the NHS App will assist in this, however there is a need for more local action.  City and Hackney is far more fragmented than Tower Hamlets or Newham both of which have gone with one preferred triage system platform which they then push out.  The fragmentation in City in Hackney has arguably delayed the roll out of digital first access in local GP Practices. The **GP Confederation** is asked to set out a timeline and targets by which the 44 practices are offering<br>    a) the bulk of their appointments online first<br>    b) plans for local Apps and video access<br>    c) plans for driving up digital access among those who are not digitally enabled<br>    d) plans for driving up digital access for those who merely lack confidence |
| 2 | **CCG/GP Confed** to look at how to **improve the process and user interface for registering for online services in local GP Practices** and encourage patients who are having difficult to register and to get them signed up for the NHS App.<br>We noted that more hand-holding required for some elderly or those not as adept with technology, investment would pay off as more people would be digitally enabled rather than insisting to continue with face to face when with a little encouragement they could adapt. |
| 3 | **CCG/GP Confed** to work with Silver Surfers (and similar VCS orgs) and Age UK East London on **encouraging those elderly people** who have the ability to get more confident at engaging with services digitally. |
| | **IMPROVE COMMUNICATIONS** |
| 4 | **CCG** to replicate Tower Hamlets CCG's **information leaflets** about the consequences of being de-registered if you decide to switch to GP at Hand or similar.  These need to be distributed widely at GP Practices and other settings. |
| 5 | **IT Enabler Group** of ICB to detail how they intend to **increase take-up of the NHS App** locally following 13 May go-live date. |
| 6 | **Local NHS bodies via ELHCP**? to co-operate on a communications **campaign to proactively promote digital first** approaches as a good thing in themselves and be on the front foot when confronted with |

|  | complaints that digital first approaches are a cover for cuts to face-to-face provision (the argument that other access will disappear).  Likewise, the **potential for health improvement of embracing digital tools for self-monitoring** (diabetes, blood pressure etc) needs to be promoted as the next step once digital access is off the ground.  This needs to focus on the cohorts where most progress can be made initially.<br>Also the advantages of digital for those who may be house bound needs to be emphasised. This is not just physically disabled or frail elderly but those with mental health issues e.g. agrophobia, anxiety etc) |
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|  | **EDUCATION AND SUPPORTING INFRASTRUCTURE LOCALLY** |
| 7 | **Public Health/CCG/HUHFT/ELFT** to examine how **public education about online symptom checking** needs to improve.  Lots of concern about 'googling' symptoms.  The response needs to be more clever than just saying you shouldn't do it.  How can patients be signposted to reputable sources? |
| 8 | **Pharmacy First** needs to continue to be funded and **NHSE London** needs to be continually challenged via the local LPC about these cuts to its local provision. |
|  | **DRIVIING 'DIGITAL FIRST' IN ELHCP** |
| 9 | Considering that GP out-of-hours is now organised sub-regionally as part of NHS111 (delivered by LAS) can the **ELHCP** detail, perhaps from the work of the Waltham Forest Accelerator Site, **whether having digital first GP triage delivered at a more central level would improve the overall effectiveness of the system**.  GPs will of course object stating that they know their patients  best and patients are loyal to a 'family doctor' but on the other hand there is continued pressure for greater access coming from a rising population together with rapidly falling numbers of GPs.  In the longer term GP Practices will struggle with this at a CCG level.  What are ELHCP's plans here?  **Is local delivery, at all times and in all circumstances still the way forward?**   Doesn't the existence of GPAH demonstrate that for a younger cohort 'the family doctor' concept no longer holds sway. |
| 10 | **ELHCP to create a Steering Group** made up of the GPs who are Digital Lead in each of the 3 CCG group areas (BHR, 'WEL' i.e W-TH-N, C&H) to drive the Digital First agenda in order to share knowledge and learning. This needs a **greater investment** of those GPs time and needs to be budgeted for if this work is to progress in a co-ordinated fashion. |
| 11 | The **Chief Clinical Information Officers** in the 3 group CCG areas to provide updates to scrutiny on the work being done on the **Online Registration project across North East London** which would allow patients to register at any practice. |