Hackney

REPORT OF THE HEALTH IN HACKNEY SCRUTINY COMMISSION		
Digital First Primary Care and the implications for GP Practices **Health in Hackney Scrutiny Commission** **4th November 2019**	**Classification** Public	**Enclosures** Appendices 1-3

FOREWORD

What is the best model for GP access in 2019?

Those who are willing and enabled to be able to book appointments online and, if appropriate, undertake initial consultations over the phone or online, at the same time as ensuring other patients can still access their GP by visiting or calling reception with the availability of speedy face to face appointments?

Hackney, like many other places in the country, has a long way to go in offering its residents a smooth journey for accessing its GP's online.

With private providers entering the space and disrupting the conventional GP model, there is a clear need for the NHS family in Hackney, and further afield, to have a clear strategic and co-indicated plan in place or order to both take advantages of technological advancements but also meet patient expectations.

There are clear movements in this direction with the NHS app being developed and rolled out, but the pace of change has been slow.

Hackney is no island and must work alongside colleagues both regionally and nationally but there are things that can be done locally to drive up online access for the cohort of residents who wish to engage with their GP in this way.

Cllr Ben Hayhurst
Chair – Health in Hackney Scrutiny Commission

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1. Why do the review now and Core Questions?

1.1 **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 though a digital channel.

1.2 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 England[1] 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 population has been a target for these companies.

1.3 The issue came to a head in 2018 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 rolled out their 'GP at Hand' app offering NHS GP consultations whereas previously this was just for private patients.

1.4 GPAH attracted a lot of media attention and the Health Secretary stated that he was an admirer and user of the service[2]. It was described as a market 'disrupter' like Uber, however this was soon contested by others who would argue that there is no real 'market' and instead a parallel economy was being created by NHSE. This, they argued, favoured private providers who were then "siphoning off" NHS funding so that more money would go 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 and the system has just started to respond with NHSE consulting on transforming the payments structure.

1.5 As well as potentially losing the younger and healthier patients (who are more digitally savvy), to the new system, models like GPAH are drawing younger GPs to work for them, attracted by more flexible hours and work locations and all this is happening at a time when there is a general crisis in GP recruitment.

1.6 A key driver for the review is the publication of the *NHS Long Term Plan*[3] which 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;*

[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/

[3] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

increase use of digital solutions to handle patient medical information and greater use of Apps to help people manage their own health.

1.7 The review also took place as the East London Health and Care Partnership was working on Enabling Online Consultation, introducing Patient Access to Information (GP online), improving sharing information and the 'Discovery Project' which links data sets to improve health population. Locally the GP Confederation is piloting some new digital primary care approaches and the review was to provide some input to these discussions.

1.8 Our review set out to answer the following questions:

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?**

2. EXECUTIVE SUMMARY

2.1 Our review set out to gain an understanding of the pace and scale of transformation which digital changes will bring to our GP practices over the next few years. We wanted reassurance that City and Hackney was not on the back foot on these developments and how they will facilitate better outcomes for patients.

2.2 We took evidence from local commissioners and providers at both the STP and local CCG level and our local GP Confederation who are pivotal to driving forward this programme. We heard from the developers of The NHS App and from some of the providers of the new platforms for digital access who are working with our local GP Practices. We looked at developments next door in Tower Hamlets and within the broader North East London area. We heard from Babylon-GP at Hand who have been the main 'disrupter' in primary care in London over the past two years. We visited a GP Practice trialling a new system and we had a focus group with a group of local residents to hear their views. We also heard from Hackney and Tower Hamlets' Local Medical Committees representing GPs on the ground.

2.3 Our recommendations encompass suggestions drive up access, to improve communications, to better align with pharmacies and to encourage steps to drive 'digital first' at the North East London level where most change is now managed.

2.4 In our conclusions we point to the need for a more standardised approach across the East London Health and Care Partnership when it comes to mobilising the roll out of online/digital systems in primary care. We also ask for more leadership to be shown in order to ensure more clinical and managerial buy-in to these new ways of working.

2.5 We argue that there is a significant communications job to be done also in selling the many benefits of digital approaches and addressing the fears of some that these developments are about saving money or cutting jobs.

2.6 Genuine concerns about surveillance and data capture by the commercial companies involved, or about the overall risk of destabilisation of the system by 'disruptors' from the private sector or about safety concerns once carefully planned local care pathways are severed or, about misleading advertising of services, must all be faced head-on if 'digital first primary care' is to be a success.

2.7 Finally we would stress that there will always be a cohort who will, for various reasons, be unable to fully utilise digital approaches and they must not be disadvantaged by these changes.

3. LIST OF RECOMMENDTIONS

Recommendation One The **ELHCP/CCG/GP Confederation** is requested to set out the **strategy and timeline** for ensuring that all City and Hackney GP Practices are seeking to drive up access to digital consultation including The NHS App and what specific measures are being deployed to support patients who are still reluctant to use digital channels or who will be unable to do so.
Recommendation Two **The ELHCP/CCG/GP Confederation** is requested to set out what is being done to **encourage patients** who are having difficulty to register for both online consultation and to sign up for the NHS App and what **extra support** the Confederation can give individual Practices in order to fulfil this strategy. This might include training and mentoring of Practice staff as well as practical on-site support to patients.
Recommendation Three **GP Confederation** is requested to work with VCS groups such as Hackney Stream and Age UK East London on **encouraging those elderly people** who have the ability to get more confident in engaging digitally with services.
Recommendation Four **C&H CCG** is requested to consider replicating Tower Hamlets CCG's **information leaflets** about the consequences for the individual of being de-registered from your local practice if you decide to switch to private providers. These need to be distributed widely at GP Practices and other settings.
Recommendation Five The **ELHCP** is requested to ensure that its constituent local NHS bodies co-operate on a **communications campaign** to proactively promote the benefits of digital first approaches.
Recommendation Six The convenience of online ordering of repeat prescriptions either locally or by mail has proven very popular and in itself is a driver of change in encouraging the take-up of digital approaches. The **GP Confederation** is requested to ensure that the **Local Pharmaceutical Committee is fully included** in the work to roll-out more digital consultations locally.
Recommendation Seven The issue of how you meet different patient priorities within a single GP primary care system is a difficult one. The Commission requests **ELHCP** to report back on whether patients could be given a choice of online triage at a neighbourhood level e.g with a familiar GP or a local GP or for those who prioritise speedy responses over retaining the personal link, to have some online triage delivered at a sub-regional level, similar to NHS 111. The Commission would be interested to hear about how this issue will be addressed in the context of the requirements of the NHS Long Term Plan.

Recommendation Eight The work of City and Hackney's IT Enabler Group in Integrated Commissioning has been very much focused on secondary care and patient records. **IT Enabler Group** of ICB is requested to detail how they intend to give greater focus to driving up access to digital primary care and align this work with their efforts on digital interactivity in secondary care e.g. hospital follow-up appointments at Barts via video calls. They are requested to detail what current planning there has been on the **streamlining of digital pathways from primary through to secondary care**.
Recommendation Nine **ELHCP** is requested to report on how it is providing both **Clinical and Managerial leadership and coordination on this across the ELHCP area**. Is there sufficient resource for the GPs who are Digital Leads in each of the 3 CCG group areas (BHR,WEL,C&H) to drive the Digital First agenda in order to share knowledge and learning and how closely are they working with IT Steering Groups in each of the 7 CCGs.
Recommendation Ten 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.

4. FINANCIAL COMMENTS

4.1 There are no direct financial implications for the Council arising from the recommendations outlined in the report at this stage.

5. LEGAL COMMENTS

5.1 The Director of Legal has been consulted on the preparation of this review report and has considered the contents and confirms that it reflects the position of the law.

5.2 The Health in Hackney Scrutiny Commission's remit is to scrutinise local health and social care services, and make recommendations to NHS bodies and the Council in order to improve services. This is in line with the functions conferred on the Overview and Scrutiny committees by section 244 of the National Health Service Act 2006.

5.3 This report raises no specific legal issues, but Legal Services will be in a position to assist in providing advice, should specific issues arise in relation to the proposed healthcare delivery models.

FINDINGS

Note: Evidence for this review was gathered during 4 commission meetings, 2 site visits and a focus group. The Commission received detailed briefings from the commissioners and service providers who are involved and we will not repeat that information in detail here but it can be found online in the agenda papers for the meetings on 7 January, 4 February, 12 March and 8 April. **Instead we will draw out the main themes of our findings and the basis for our recommendations.**

6.1 Background and context to the review

6.1 **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 though a digital channel

6.2 Our review set out to look at online consultations but also how virtual consultations via smartphones with clinicians are set to transform how we interact with GPs in the future. The review also touched on the related issue of online access by patients to patient systems. Another element of this transformation is the growth of digital tools for symptom checking and self-management of health conditions which we have not touched on as this would require a separate review in itself.

6.3 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 will also be able to 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 aimed to look at the systems currently used or being planned to be used in Hackney.

6.4 At present London STPs have procured a range of online consultation solutions for online access to primary care. These lend themselves to a range of varying functionalities for the users of those systems. In the North East London STP area (now called the *East London Health and Care Partnership*) and comprising the 7 north east London CCGs, 57% of GP Practices were live

with online consultation solutions as of June 2019 and this is by far the highest in London. North Central London STP area by contrast is at just 4%[4].

The main drivers for online access are the various NHS Strategic Mandates and these include:

- 100% online consultation roll- out as a target in the *NHS Long Term Plan*;
- NHS Planning guidance that 100% of Practices offer online consultation solution by March 2020
- 100% of Practices are technically <u>enabled</u> with the *NHS App* by July 2019. (this was achieved in City and Hackney)
- The revised national *GP Contract* also requires all Practices to provide at least **25%** of appointments online by July 2019
- All Practices to offer video consultancy by April 2021
- All Practices offer electronic ordering of repeat prescriptions by April 2019.

6.5 The NHS in North East London is using four suppliers for Online Consultation systems: eConsult; Egton (part of EMIS); AskmyGP and ATMedics. Within NEL eConsult was the overall favourite however in Hackney it was Egton and in Newham they rolled out all four. Unlike in our neighbours City and Hackney has not mandated any one system allowing Practices to choose what is best for them. The GP Confederation has been contracted to manage the development work for this and to support the Practices.

6.6 At the ELHCP level, system plans are being developed to mobilise digital first primary care across the 7 CCGs. All practices are encouraged to provide some online consultation services by 2021. GP Federations in each area required to review the potential to improve and develop online consultation system and the service models supporting them. The target of 2018/19 was 30% of patients to be enabled for GP online services which was a challenge.

6.7 At the NEL level most of the digital focus has been on ensuring that all practices in Inner North East London are connected to the London Patient Record thus allowing them to see a range of patient level health and social care information. As part of a wider 'One London' INEL's shared record system will be connected to the 5 other STP areas in London. The other major initiative of ELHCP has been the *Discovery Project* linking data sets to improve population health. This is described in more detail in section 10.

6.8 Separately, ***The NHS App*** went live in ELHCP area on 13 May with connectivity across all Practices in City and Hackney and all using the EMIS platform. Nationally 4 platforms were procured to provide the service and EMIS totally dominates as the key platform provider. The NHS App allows patients to: *check symptoms, find out what to do when you need help urgently; book and mange appointments at your GP surgery, order repeat prescriptions, securely view your GP medical report, register to be an organ donor and choose how the NHS uses your data*. It can be easily downloaded and a rapid

[4] London Digital Transformation Team presentation to the Healthy London Partnership's Pan London Online Consultation Task and Finish Group on 26 June 2019

programme of connecting GP Practices to the app has taken place over this summer. The App has to link into a platform used by the GP Practice.

6.9 The number of registered users of the App across London remains very small but this will change with the roll out of a national marketing and communication campaign in autumn-winter 2019. You register for the App by either using a code provided to you by your GP Practice or by using your phone to photograph yourself and then your passport ID page to prove identity as part of the sign-up process. Currently if you experience difficult with the App you can still go to your GPs website and avail of Online Consultation.

6.10 For the patient these issues around providers, platforms and Apps are largely irrelevant. The challenge is simply whether the system works for them when they visit their own GPs website or try to start using the NHS App. The focus of this review therefore was to look at these issues from the perspective of the patient and how to ensure access (or suitable alternatives) for those who will struggle with the technology. It is also necessary to consider that *Access* is just part of the picture in Primary Care and it has to be balanced carefully with the two other key elements: *Quality of Care* and provision of sufficient *Resources*.

7. City and Hackney General Practice Development Programme

7.1 Locally, City and Hackney CCG via the City and Hackney GP Confederation 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 smart phone and email as well as improving continuity of care and convenience for the patient and reducing the clinical contact time. There are a plethora of patient management systems including G*P First, Patient First, Patient Online, Patient Partner* as well as the system for urgent care as part of the national *NHS 111* system and delivered in Hackney and east London by London Ambulance Service. We learned that as of 31 Oct 75,986 City and Hackney patients were enabled for one or more GP Online service and that to meet the 30% target a further 20,000 needed to be added by end of March 2019.

7.2 When looking at each offer it was necessary for the GP Confederation to consider how they met 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)

7.3 Throughout the review we heard about the GP Confederation's work and they facilitated a site visit for us to Lower Clapton Practice to view the askmyGP system in operation. The Confederation told us that only 80% of practices in City & Hackney had engaged with digital systems up to the summer of 2019 and we noted their view that while Practices might sign up for a particular GP Online system for example this did not necessarily mean that they were maximising the opportunities being presented to them as part of the new system. This challenge in mobilising the roll out of digital primary care was echoed by the Healthy London Partnership. We note however that the creation of Primary Care Networks (PCNs) as part of the Neighbourhoods Development Programme will also see PCNs play an essential role in supporting practices and other partners to deliver a comprehensive digital offer for their patients and in integrating these services across a local area.

8 NHSE consultation on digital first and the LMC responses

8.1 NHSE London has been driving digital take up while local CCGs have often appeared somewhat less enthusiastic. Some have argued that CCGs have been caught on the back foot by the likes of companies like GP at Hand who have entered the market as disrupters and whose offer is examined in section 8. Initial frustration and annoyance about newcomers such as GP at Hand has had to be replaced, at the system level, by a more cautious approach and GP Practices have had to acknowledge that they have to rise to the challenge and that merely calling for GPAH to be more strictly regulated than they are or challenging their ability to secure premises is no longer viable. At the end of the day GP at Hand is another primary care provider and is bound by the same regulations as everyone one else.

8.2 Last summer NHSE launched a consultation[5] on the implication for of digital first primary care on the system of GP practice payments as a first step in trying to figure out how to safely integrate the new technology into primary care pathways whilst not unfairly destabilising the existing services. They stated that the outcome of this engagement would inform GP contract negotiations for 2019-2020 between NHS England and the General Practitioners Committee of the British Medical Association. We are awaiting the outcome of those negotiations.

8.3 This summer they have consulted[6] again this time on patient registration, funding and contracting rules. Because of the boom in out of area registrations (not only because of GP at Hand) they are specifically proposing that when the number of patients registering out-of-area reaches a certain size, it should trigger those patients to be automatically transferred to a new separate local practice list, that can be better connected with local Primary Care Networks and health and care services in their area. We await with interest the outcome of this consultation.

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[5] https://www.engage.england.nhs.uk/survey/digital-first-primary-care/

[6] https://www.england.nhs.uk/wp-content/uploads/2019/06/digital-first-primary-care-consultation.pdf

8.4 Regionally the organisation 'Londonwide LMCs' responded to NHSE's consultation[7] on how to implement greater digital first provision in general practice. They summarised their response as follows:

- 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.

9. Digital solutions in City and Hackney Primary Care

9.1 Digital first developments in primary care in Hackney take place in the context of a system which is generally considered to be high performing, certainly compared to London comparators. There are 40 practices in C&H, the average list is 7681 and the average number of FTE GPs per practice is 4.5. Primary care in C&H is considered productive with 1.6m consultations per annum. Practices in Hackney perform well on all quality measures with the CCG ranked 1st or 2nd out of 194 in England. Unlike in many other CCGs areas C&H Practices do collaborate closely with each other and at scale and this has been achieved through the efforts of the GP Confederation. Through the Confederation the CCG invests in extra services from the Practices, last year to a value of £10.9m. Part of the funding for the local trials on electronic consultations (£1.5m) had been secured by the CCG from the national Estate and Technology Transformation Fund.

9.2 Hackney faces the same pressures as all CCGs in the UK namely:

- A shift of activity from hospitals (secondary care) to primary care
- People living longer with more long term conditions, thus creating increasing complexity
- Changing patient expectations
- In addition C&H patients have a higher consultation rate at 5 per year than the STP average of 4 per year.

Digital solutions are therefore vital and in terms of online consultation, the two main platforms initially were E-Consult and askmyGP with Egton emerging

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

since our review started as the preferred platform provider. These are detailed further down.

9.3 We also learned from the Confederation about some other local initiatives. ***Patient Partner*** is a software that integrates with a practice's existing telephone system and the EMIS appointment system, to enable patients to book, cancel or check an existing appointment via the telephone, 24/7, without speaking to the reception staff. 5 practices were offering it and were very keen on it as it helps patients who do not wish to access the practice via a computer/website/online route and it was very easy to use.

9.4 We heard from Dr Gopal Mehta at Richmond Rd Medical Centre about the system which he had developed and which was being adopted widely in the borough. This is called ***Patient First*** and it is an access/appointments system which combines the use of digital initiatives, reception navigation and collaborative triaging. The model enables patients to arrange telephone appointments with a GP or member of the administrative team 24 hours in advance without having to call the surgery. On the day the telephone appointment has been booked, the patient receives a call-back within 15 minutes of their chosen time slot from the healthcare professional with whom they have pre-booked who will discuss the patient's health concern and manage their needs accordingly (i.e. offer face to face appointment/complete referral/order investigation etc.). If patients aren't able to access online services they can call the main surgery telephone number at 8am and ask to make a telephone appointment with the GP; who will then call the patient back within a 3 hour window.

9.5 'Reception Navigation' is the other key element of Patient First and admin teams are trained to screen all calls that have been booked online, ensure they have been booked for the appropriate healthcare professional, and re-navigate them if required. They also navigate the patients who call in to the surgery to ensure they are directed to the most appropriate healthcare professional for their needs. As part of navigation, Patient First also incorporates non-clinical members of the team in delivery of QOF/long-term conditions outcomes (i.e. booking in the relevant health reviews if required) to ensure this process becomes a core element of initial navigation and every patient contact counts. We learnt that 8 Practices had implemented it and 7 more had expressed interest.

9.6 We also learned about the ***City & Hackney Health App/Directory of Services*** This piece of work began under the banner of "demand management" and was initially funded by the CCG, but this has now grown and is a central plank of the work being done under the Neighbourhood Model. The plan is to have a single live Directory of Services and supporting App so that residents, patients and professionals all know what is available and where across health, social care and VCS services.

10. *GP at Hand*

10.1 The most high profile disrupter of GP appointment systems of late has been 'GP at Hand' (GPAH) and we started our review by taking evidence from their Director of NHS Services. 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.

10.2 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.

10.3 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.

10.4 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. They have since received a 'Good'[8] rating. A CCG in Birmingham initially blocked their expansion plans in that city citing arguments about patient safety but this has been over ruled and they are now providing services there.

10.5 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

10.6 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

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[8] CQC inspection report on GP at Hand home practice May 2019

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. We learned from Tower Hamlets GPs that a key problem for GP at Hand was where do patients go who require follow up appointments to have their dressings changed. GPAH didn't have the resource to have a nurse practitioner in each hub and this caused delays and frustrations, they added. Another key concern about GPAH was about their GPs being more risk averse (because the patients are unfamiliar to them) and as a consequence more likely to over prescribe e.g. anti biotics. On the other hand GP at Hand recently was rated by the CQC as 'Good' and the independent evaluation report on them (see 8.17) found very high levels of patient satisfaction.

10.7 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 services such as 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.

10.8 When this issue first arose in 2018 City & Hackney CCG pointed out that there was 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 gave examples of 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 or consult with their Practice online. The Chair of City and Hackney CCG took exception to the analysis on patient data which GP at Hand presented to us stating that practices always get extra payments for the first year of a new registration and this and other variables weren't properly reflected in GP at Hand's stated calculations and so they were not comparing like with like. Both agreed that the national Carr-Hill formula (governing funding allocations to GP Practices) was overdue a revision and this might resolve some of these issue.

10.9 City and Hackney Public Health Intelligence Team has been monitoring quarterly the local impact on our GP Practices of GP at Hand for over a year now. We considered the January and April data during our evidence gathering and the key points were:

- Continued rise in the number of patients at GP at Hand from 2500 in July 2017 to 48,935 in April 2019 and **57,248** in July 2019.
- As of July, 2863 patients are from Hackney and 5238 from Tower Hamlets. City has proportionately the highest number of residents registered with GP at Hand
- As of July 0.9% of GP registered Hackney residents were registered with them. 3.5% for City.
- While 42% of patients registered with GPs in City and Hackney are aged 20-39 GP at Hand has 84% in this group. Nationally there are only 28% of patients in this age group.
- Only 9% of patients registered at GP at Hand are Hammersmith & Fulham residents

Appendix One contains the latest quarterly update in full.

10.10 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. As our Local Medical Committee pointed out NHS GP Practices rely on risk pooling and the cross subsidy that the capitation free for younger fitter patients (who consult less often) provides to care for the more complex patients and the elderly. Operating models like GP at Hand, they argue, threatens the system and risks diverting resources away from those who need them most to those who need them least.

10.11 Hammersmith and Fulham CCG having taken a significant financial hit (which had to be remedied by a London wide bail out), got together with NHSE to commission Ipsos MORI and York Health Economics Consortium to carry out a detailed '**Evaluation of Babylon GP at Hand**[9]'. Their extensive report, published in May, made a number of recommendations covering: *how the GP at Hand model works and is used by patients; about the patient characteristics; about the GP at Hand workforce characteristics; patient experience; deregistered patients; workforce experience; GP at Hand outcomes and the impact on the wider system.* That conclusions on the latter are attached at **Appendix Two**.

10.12 The Hammersmith and Fulham Primary Care Commissioning Committee in considering their response to the report at their 16 July 2019 meeting headlined the conclusions of the evaluation report as follows[10]:

- The sustained growth in list size shows an appetite for 'something' that was not being met by traditional general practice
- Satisfaction is high for most Babylon GP at Hand patients and more so than a matched sample of other patients with their own practices
- These patients have chosen a model on the basis of access and convenience; i.e. 24 hours a day within 2 hours

[9] https://www.hammersmithfulhamccg.nhs.uk/media/156123/Evaluation-of-Babylon-GP-at-Hand-Final-Report.pdf

[10] https://www.hammersmithfulhamccg.nhs.uk/media/160021/PCCC-16-July-Item-7-Coversheet-Babylon-GP-at-hand-Evaluation-july-2019.pdf

- GPs working for Babylon GP at Hand stated a consistent set of motivating factors for doing so; primarily they were attracted by the potential of a better work-life balance
- These GPs were also positive about the support and development opportunities provided

H&F CGG's paper responding to the valuation then concluded[11]:

The evaluation was not able to fully address whether the current BGPaH model is affordable and sustainable. To sustain the enhanced access benefits of the BGPaH model requires considerable numbers of GPs and an embedded IT infrastructure. Even if a system is sustainable and affordable, the evaluation concludes that this may only be achievable alongside on-going health system reform, and the scale of the redesign needed 'should not be underestimated'. It should be noted that the outcomes of the NHSE consultation currently underway, 'DigitalFirst' (June 2019) may have a significant impact on the way that the practice contract arrangements work in the future. The CCG will continue to work with both the practice and the Primary Care Network to monitor its impact and ensure evolution and development of services to the registered patients.

10.13 Our main take away from this interesting and detailed analysis was that for the digital first model to be sustainable across the whole system it requires a considerably greater number of GPs than we have currently have and we are currently, of course, in the midst of a crisis in GP recruitment and retention. On the conclusion that GP at Hand would have minimal impact on any single practice, we would argue that the system impact however remains very significant indeed as NHSEL found out when it had to backfill the gap in Hammersmith and Fulham's budget caused by the sudden arrival of GP at Hand. In short, the current funding system is no longer fit for purpose.

10.14 Locally, City and Hackney GP practices have received complaints about the de-registering of their patients when they didn't understand that this was a consequence of transferring to GP at Hand. In response to this, one local Practice communicated with its existing patients to inform them of the sign up process and to voice their concern. Similarly, Tower Hamlets CCG published leaflets warning patients about the implications of de-registration. There are limitations on these actions however because such information campaigns unless carefully worded will contravene the strict rules about Patient Choice. We learned about a Hackney GP who wrote an online letter warning his patients about the risks of registering with digital services and received an immediate response from GP-at Hand calling for the letter to be moderated.

10.15 Both City and Hackney and Tower Hamlets LMCs argued strongly to us that an essential part of excellent care is working in tight local teams who adhere to well-prepared, locally shard, care guidelines and referral pathways and that all of this is at risk were the GP at Hand model to be expanded. How can a

[11] https://www.hammersmithfulhamccg.nhs.uk/media/160024/PCCC-16-July-Item-7-GP-at-hand-Evaluation-PCCC-paper-jul-2019.pdf

remote GP practice hope to be able to work collaboratively and within local guidelines is their key question.

10.16 The LMC representatives we heard from underlined that their issue is not with digital approaches in themselves but with these not being a universal offer to all patients and practices. The NHS was founded on the principle of health care equality for all citizens they reminded us. They raised concerns about these new systems not being integrated with the GP clinical system and there being a risk that important information would not be recorded in a patient's health record. Likewise they cautioned that by increasing availability you also increase demand and this would only be successful if the increase in demand was met by an increase in self-management. They also had concerns that the system for identifying vulnerable patients was not robust enough and so those who are not digitally savvy would be even more likely to not receive the same level of care. They reiterated that digital solutions can't be add-on and must be part of a 'whole system' approach and they pointed out that repeated inquiries following cases of harm to a vulnerable patient ALL raise the issue of lack of communication between different agencies. For this reason they argue digital transformation must address equalities aspects and not contribute to a deterioration of services to the wider public.

10.17 City and Hackney CCG raised a number of key questions which GP at Hand and similar providers must address, namely:

- How can GP at Hand, with patients from all over, replicate the local system in City and Hackney for Consultant Advice Services[12]which obviate the need for a referral?
- How could the work of such a practice be informed by locally agreed pathways of care (of which there are over 50 in C&H) when they are remote?
- What is GP at Hand's patient churn and what are the implications of this?
- How can having a dispersed list contribute to the wider drive in the NHS for 'Place Based Commissioning' e.g. our own Neighbourhood Model
- What will the other impacts be on the wider healthcare system?

As GP at Hand and its imitators expand their geographical reach these issues will become more pronounced is the warning from local CCGs.

We now look at the 3 main platforms for online triage in the North East London STP area:

11. Ask My GP

11.1 One of the more innovative national approaches to digital first primary care is askmyGP provided by the company GP Access Ltd. We corresponded with the founder Dr Harry Longman, based in Leeds, and heard from their Senior Training Partner at committee.

[12] Arrangements where hospital Consultants provide advice to GPs

11.2 We also observed this system in operation at Lower Clapton Practice. Under this system askmyGP is dominant on the Practice's home page and it immediately offers patients electronic triage to progress their enquiry. Face to face appointments are no longer booked over the phone at 8.00 am in the old style and instead the slots are made available on the website the day before and patients can book initially a telephone slot with a GP for the following morning. GPs return the call if face to face is required and the patient is called in otherwise the matter is dealt with online or the patient is referred to a nurse or other practitioner at the practice, as appropriate. Very little is purely message managed and the system allows for a mix of approaches. The initial response was polarised with the young preferring it and the old uncomfortable with the change. They still allow vulnerable patients to come into the surgery and make appointments in the old way. At the time of our evidence gathering 6 of the 7 practices who had used askmyGP switched to Egton but Lower Clapton decided to stick with it so as not to confuse their patients. The young GP partner we met was a great champion for the new digital first approach.

11.3 GP Access, which provides askmyGP was incorporated in October 2011 and was originally devoted to the introduction of telephone triage into GP surgeries. Their view has been that clinical judgment is at the heart of the triage process, consequently they're providing a clinical triage system operated via a secure portal and not just an appointments system and they do not use artificial intelligence (AI) software that diverts patients. Online booking has an immediate attraction, they argue, but it carries the significant disadvantage that it is another way for unfiltered demand to get an appointment, often resulting in patients with more serious needs unable to get an appointment and a high proportion of DNAs. Equally, they proudly state they are not a software vendor and there is no software for Practices to download. In addition, the latest version goes well beyond simple triage facilitated by modern technology as they are now a complete workflow solution for the management of patient need, regardless of list size, demographic or practice structure. They are fully compliant with all regulatory standards and GP indemnity is unaffected. In all, they support consistent triage and clinical decisions via a single workflow which is accessible via any web browser.

11.4 Because they work with existing practices bringing the benefits of digital first standards, they argue that their approach does not destabilise systems. Their approach does not interfere with the operation of clinics, for example, and it allows Practices to stand back, reassess how they operate and embrace a new way of working. Their approach means that the online requests were not additional activity, but activity displaced from telephone and walk-ins. The segmentation of demand meant that the response was more appropriate to the needs inherent in each request.

11.5 GP Access argue that while the pressure to use online services is coming from Government, the reality is that it can actually make the lives of patients and GPs better if it is carefully adopted. But online access of itself will change nothing, they argue, and only if demand is managed through a workflow approach and that approach is supported by the segmentation of demand will the full benefit to patients and practices be realised.

12. Egton

12.1 We also looked closely at the offer by Egton which during the course of our evidence gathering appeared to become the most popular system among Hackney GPs. It is also widely adopted in Newham and the case studies we heard about were from there e.g. Stratford Village Surgery.

12.2 Egton Medical Information Systems (EMIS) was founded by two clinicians in Yorkshire in the 80s to give clinicians access to complete and shared medical records, no matter where patients present for care. What followed was the development of a clinical IT system and a plan to make more information instantly available at the point of care.

12.3 EMIS then went on to create 'Patient Access' which is a website and mobile app which gives the patient access to a range of GP services online, as well as access to their health records. It can be used to book GP appointments, order repeat prescriptions and access medical records and is one of the most widely used platforms nationally for these basic functions.

12.4 We heard from Egton's Services Development Manager about their online triage system. This is a web based platform operated from a cloud and there is no downloading of software and crucially no patient data is held by them. Their system starts with an electronic form which the patient fills in. The two entry points are online or via an EMIS web app and the patient is signposted appropriately. They described how for example the Practices they worked with in Newham had reduced their number of Do Not Attends (DNAs) by 50% and only 25% of those who completed forms i.e. used the system, needed to see a GP in the end. Waiting times went down from 4 weeks to 1 or 2 days. A case study of the GP Practices using their system produced the following results:

Case study – headline results

- *Approximately 75% of patients who fill in the forms do not need a physical appointment with the GP.*
- *33% reduction in daily face-to-face consultations.*
- *Average waiting times down from 2 weeks to 1-2 days.*
- *50% reduction in DNA rates in the first month alone.*
- *20% reduction in phone calls to the surgery.*
- *22% increase in resolved patient requests per day,*
- *For the first time, the surgery is able to meet 100% of enquiries on the day they're made.*
- *30 patient queries dealt with in a session which previously dealt with 18 face-to-face consultations.*
- *Some online forms are resolved within minutes and all are complete within 48 hours.*

12.5 On the issue of workloads and staff and patient satisfaction, case studies of their practices showed that GP workloads were more manageable because unnecessary appointments had been reduced and staff were now only seeing patients that needed to come into the practice. Receptionists were happier

with the system because they no longer had to turn patients away. They could send patients a direct link to the Online Triage system and advise them that the GP would respond to their request. Patients were, in some cases, initially unhappy with the system because they were used to being able to get an appointment straight away, however, they were now less likely to be told there were no appointments and so overall satisfaction rates had increased.

12.6 When challenged on equalities and access both Egton and askmyGP detailed how those experiencing difficulty with digital access would be fully supported and vulnerable patients would be carefully flagged in the system. They stated that their practices still allow walk-ins and they help patients to get appointments and use the system so they would be treated the same as those who successfully used it online. Egton gave an example of a practice of theirs in Plaistow, in a highly diverse and economically deprived area, where they already had 80% of patients using online in some way. We continue to have concerns about the initial form filling aspect, particularly of Egton's system, as this constitutes a barrier for those who are not fully literate or who do not have English as a first language.

13. eConsult

13.1 The GP Confederation told us about the local use of the eConsult platform. This is a web based patient triage platform, developed by the Hurley Group of GP Practices, who also run the Allerton Road surgery in Hackney. eConsult provides for a consistent online offering for the practice websites (via GP Web Solutions), which allows them to retain their existing practice website address. Alternatively a practice can create a link to eConsult from their existing practice website. Patients use eConsult to ask for advice about their condition online. Patients can self- check their symptoms and receive on the spot medical advice 24/7. This helps 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. Their App is licenced to a surgery and the cost is proportional to the number of registered patients. They provide personalised training on the system and support with marketing and it bolts on to the exiting Practice website without the need to invest in any software. The E-Consult banner is required to be highly visible on the home page of the Practice

13.2 We heard at our first session that 13 practices signed up for the new one year trial, ten of which were renewals and three of which were new adopters of the platform. Practices had mixed views about whether this actually helped them or patients. Some practices really rated this platform, others said that it is "clunky" and required patients to input a lot of information about their need and so there was a high rate of patients abandoning the eConsult process. The GP Confederation concluded that like most innovations, the Practice has to really own the concept and support it and the patients in order to get the most out of it. The GP Confed was working with practices to drive up the use of eConsult.

14. The NHS App

14.1 For some years now most people who wanted to have been able to achieve a basic level on online access to their GP Practices via the practice's website. GP Practices have adopted systems such as EMIS' Patient Access or Evergreen Life to provide this access for their patients. As the technology developed we are now moving towards online chats and video consultations, the latter pushed by providers such as GP at Hand. There are also a number of national online Pharmacists such as Pharmacy2U who connect with your GP to provide repeat prescriptions to patients which are then sent out by mail making it much easier for busy patients to get their medication. Separately to this NHS England has been trying to find a way to draw these various stands together and The NHS App is one way they have gone about it.

14.2 Nationally 4 platforms were procured by NHS England to provide the NHS App and EMIS totally dominated as the key platform provider. It went live in North East London on 13 May with connectivity across all 42 Practices in City and Hackney, all using the EMIS platform to connect with the App.

14.3 The NHS App allows patients to:

- check symptoms
- find out what to do when you need help urgently
- book and mange appointments at your GP surgery
- order repeat prescriptions
- securely view your GP medical report
- register to be an organ donor
- choose how the NHS uses your data.

It can be easily downloaded and a rapid programme of connecting GP Practices to the app has taken place over this summer.

14.4 The number of registered users of the App across London remains very small but NHSE is confident this will change rapidly with the roll out of a national marketing and communication campaign in autumn-winter 2019. You register for the App by either using a code provided to you by your GP Practice or by using your phone to photograph yourself and then your passport ID page to prove identity as part of the sign-up process. Currently if you experience difficult with the App you can still go to your GPs website and avail of Online Consultation.

14.5 We heard directly from the Leeds based national Programme Delivery team for the NHS App at NHS England. They clarified that the first version of the App will have no online triage at the front end. They began by working with E-Consult but would not be locking any providers out. It would be a modular system whereby various pieces would be added on as they become ready. They were also working on electronic referral systems and enhancements such as electronic prescriptions but the focus was very much on the primary

care. 15m people had already signed up for the App and so there was another 40m to go. The ambition for the NHS Log-In (required for the App) was that once signed up an individual would use it throughout their life. They were also working with social care providers on e-referrals. This was not about putting other offers out of business and they were not replicating other system, instead the NHS App would function as part of what they hoped would be a vibrant market.

14.6 We learned how they were working on a number of approaches e.g. 'Empower the Person', to target groups such as those with low educational background or those who are homeless and who might therefore be digitally excluded. They were working on ensuring that patients could use iPads at GP Practices or in Libraries for example and there were also a system for proxy access, for example, for the elderly living at home, whereby a family member of carer could log-on on their behalf. There were similar plans for accommodating parents and guardians of children. You had to be over 16 to use the App and 13-16 years olds must have ID verified at their GP Practice. There were significant safeguarding issues for children's access which we were reassured were being taken on board.

14.7 A key challenge in developing the App was to standardise the naming of all clinical interactions and appointment types so that the system will work efficiently. Pharmacists were very important to the App they said and they were working with them on using an iterative approach on the business change which will be needed. They also hoped to develop a similar triage system for pharmacists.

14.8 The central point of Digital Frist they stressed was that when appointments were freed up by use of digital methods this released resources to provide more support to those who cannot easily use those digital methods. General Practice was not currently coping at all well with its workloads, the developers said, and part of the answer was transforming the triage systems. They also stated that the role of the GP Receptionist would not be lost but rather the role would change over time.

15. Focus Group with Hackney Residents

15.1 As well as hearing from designers and commissioners of 'digital first' systems we also decided to hear directly the views of some local residents. We did this via the Council's *Hackney Matters* engagement panel and we are grateful to the Hackney Matters team for their support in setting this up. Panel members who are all Hackney residents and are representative of the population are invited to express interest in the subject under consideration and are then usually invited to take part in online moderated discussions. In our case however we were able to invite the panel members in for a Focus Group. We had 6 participants joining members' for the discussion.

15.2 We explored the following questions with them:

- How much digital interaction you've had with your local GP if any

- Whether or not you'd switch GP to another who provided more services digitally
- Your views on the GP at Hand, if you're aware of it. (they promise a video consultation via a smartphone app within 2 hours but means you would have to de-register from your existing GP)
- Your views on how your digital GP is linked up with local services and any concerns you might have here on use of your data
- Whether you'd be comfortable with video consultations and in what circumstances
- What you need from your local GP Practice to make it easier for you and your family to interact with it

15.3 There were obviously a range of views depending on how familiar people were but the majority were very welcoming of digital first approaches and wished to embrace them. Appendix Three lists comments recorded in response to the initial questions used to generate discussion.

15.4 A number of panel members complained about the difficulty in getting electronic access and it was obvious that they had needed greater support to register, while others were already using the 'Patient Access' app and ordering repeat prescriptions online. Some were apprehensive that moves to digital might mean fewer face to face channels and that some access might disappear. There were criticisms of those whom they felt abused the system by going to GPs with minor ailments which could be resolved elsewhere. There was a general consensus in the group that the trade-off between confidentiality and convenience was worthwhile in that allowing others to access records to enable more efficient use of the system was worth it. Similar views were expressed about the potential for video consultations which were generally welcomed. There was an acknowledgement that it would help manage workloads but was not appropriate in all situations as there would always be a need for some face-to-face appointments and physical examinations. It would depend on the nature of the medical problem concerned and the quality of the phone reception was vital they said.

15.5 Panel Members put a premium on being able to see the same doctor each time or at least most of the time. Some had heard of GP at Hand but when explained to them all said they would be wary of being de-registered by their local Practice if they used GP at Hand and all agreed that this fact needed to be communicated much more clearly to patients. There was an acceptance that GP at Hand would be more attractive to and useful for young people. There was concerns that those with special needs for example could not be expected to effectively use video phone consultations. Panel Members mentioned how some of their surgeries have Advocates to assist for example with those who do not speak English and there was a view that similar support needed to be provided to encourage greater take-up of digital approaches.

AREAS FOR ACTION

We decided to focus our recommendations in four key areas:

- Driving Up Access
- Improve Communications
- Alignment with Pharmacy
- Driving up ‘digital first’ at the NEL level

As well as making some general conclusions in section 11 which we hope will inform progress in this area.

16. Driving Up Access

16.1 Our main finding was that there is now an urgent need for a streamlined gateway process for both Online Consultation and for use of the NHS App for all local GPs, one that is accessible and which works better. While we noted the efforts at ELHCP level on enabling online consultations and on Patient Access to Information and driving up the sharing of information, the links with individual efforts at CCG level did not appear sufficiently strong to give the momentum that is needed here.

16.2 Locally we learned about the work of *IT Enabler Group* that has been operating within Integrated Commissioning in City and Hackney for just over three years. Its focus was more on secondary care than primary care but they were working on improving care pathways through the whole system. The first stage of their work had been concentrated on all partners maintaining consistent digital records and the second stage was focused on better sharing of these records e.g. between a GP and secondary care providers. The main concern about GP at Hand from the Group was that it would take patients out of the local systems of support and patients didn’t fully grasp this nor was it made sufficiently clear in the publicity. The next phases of their work will go beyond record sharing to such things as ‘alerts’ and patients having access to their own records. Because of the way data was stored avoiding multiple portals for things like booking appointments was difficult. The aim was to have a single digital identify for people across health and social care and to tie all services to this. We noted that this was partially achieved with the ‘Co-ordinate My Care’ the pan London personalised care plan for end of life/frail patients typically aged 75 and which we learned about during our own scrutiny review on ‘End of Life Care’.

16.3 The IT Enabler Group was also proceeding with work on electronic test results management, electronic referrals, electronic referrals to a social prescribing hub, advanced patient analytics, a Skype pilot for managing appointments of young people with diabetes and digital therapy such as online Cognitive Behavioural Therapy including a Mindfulness App. The CCG drew our attention also to one notable challenge on the records work namely that GP Practices currently do not have the resources to remove all Third Party References from current patient records which would be a requirement before

access to them could be widened. This would be a significant administrative burden.

Recommendation One
The **ELHCP/CCG/GP Confederation** is requested to set out the **strategy and timeline** for ensuring that all City and Hackney GP Practices are seeking to drive up access to digital consultation including The NHS App and what specific measures are being deployed to support patients who are still reluctant to use digital channels or who will be unable to do so.

16.4 The key to driving up access of course is to have more direct support for those cohorts who are not adept with technology. These include but are not limed to some elderly people, the homeless, those who are financially and therefore digitally excluded and those who had a difficult educational background and so may be struggling with literacy and or using technology.

16.5 There are some disadvantaged groups however where the promise of digital might be liberating in some ways for example the house bound and this also needs to be emphasised. This is not just physically disabled or frail elderly but those with mental health issues e.g. agoraphobia, anxiety etc. Investment here would pay off as more people would eventually become digitally enabled and fewer would insist on face to face interactions every time. It was important to note that the elderly and those with Long Term Conditions will always require a higher proportion of face to face interactions, so for them digital is not a replacement but an enhancement.

Recommendation Two
The ELHCP/CCG/GP Confederation is requested to set out what is being done to **encourage patients** who are having difficulty to register for both online consultation and to sign up for the NHS App and what **extra support** the Confederation can give individual Practices to in order to fulfil this strategy. This might include training and mentoring of Practice staff as well as practical on-site support to patients.

16.6 Being digitally adept is key and achieving confidence in using online services will open up opportunities for many. We would urge the GP Confederation locally and the ELHCP in the region to develop plans for how they will work with for example libraries and VCS groups who work with the elderly to provide support and training in using digital tools. Is there potential to work more closely with groups like Hackney Stream for example who provide practical assistance to elderly people on getting digitally confident. Use of health services increases with age and therefore spending more on supporting and mentoring the elderly to engage with digital channels will pay off in the long term.

Recommendation Three
GP Confederation is requested to work with VCS groups such as Hackney Stream and Age UK East London on **encouraging those elderly people** who have the ability to get more confident in engaging digitally with services.

17. Improve Communications

17.1 The challenge of GP at Hand in Tower Hamlets was confronted there by the production of leaflets which were widely distributed locally to explain the consequences of de-registration. As Hackney residents use of services such as GP at Hand continues to increase we suggest that City and Hackney CCG might consider a similar approach, noting that it has to be within the confines of 'Patient Choice' rules.

Recommendation Four
C&H CCG is requested to consider replicating Tower Hamlets CCG's **information leaflets** about the consequences for the individual of being de-registered from your local practice if you decide to switch to GP at Hand for example. These need to be distributed widely at GP Practices and other settings.

17.2 It was interesting to note that much of the concern about digital primary care comes from campaigners, e.g. Hackney Keep Our NHS Public (who made a submission to the review)[13] who have fears about any developments which appear to reduce face to face contacts or alter current arrangements and care pathways. They have concerns about surveillance and data capture by corporates, risk of destabilisation from a private sector provider, misleading advertising and safety concerns. There are concerns about staffing with fears that GP Receptionist posts will be lost and some argue that technology is being used by those in charge of the NHS to replace staff and the level of human face to face contact. Many of these fears are tied up with wider issues in society about the rapid pace of automation and of job displacement. We would argue that the NHS needs to be much more on the front foot with its communication strategies if it is to allay these legitimate concerns. It must point out the benefits and promote the many advantages of a digital first approach overall.

Recommendation Five
The **ELHCP** is requested to ensure that its constituent local NHS bodies co-operate on a **communications campaign** to proactively promote the benefits of digital first approaches.

18. Alignment with Pharmacy

18.1 The LMC pointed out to us that all the current digital offers that are significantly reliant on a GP consultation have a major limitation, which is the declining number of GPs. To upscale any of these digital models there needs to be a digital system that allows minor or self-limiting illness which only requires advice and Over the Counter treatments to be safely diagnosed and managed without the need for a direct GP appointment, so typically at a local pharmacy. There is also a need to look at the pathways for managing long term conditions and how pharmacies could assist with this. Digital innovations

[13] Hackney KONP submission to 12 March 2019 mtg

can of course also assist patients in self-management plans by enabling them to safely step up or step down treatment and again this would take further pressure off the need for direct contact with GPs. We note that whenever transformation of primary care is discussed by the NHS, they always cite the need for a more significant role for community pharmacies. There is a financial imperative here as pharmacy consultations which divert patients from A&E or GPs will generate significant savings. To this end NHS England has been funding local *Minor Ailment Schemes* and *Medicines Optimisation Services*, in Hackney these were branded under the name '*Pharmacy First*'. However, NHSE recently proposed to cut these schemes, deeming them inefficient and out of date and the C&H CCG has been engaged in a struggle with NHSEL (which the Commission has supported) to at least secure funding for suitable replacements. This is an example of where the rhetoric about the importance of 'Pharmacy First' does not match the action and the Commission continues to support the CCG and LMC in lobbying of NHSE London to maintain support for 'Pharmacy First'.

Recommendation Six
The convenience of online ordering of repeat prescriptions either locally or by mail has proven very popular and in itself is a driver of change in encouraging the take-up of digital approaches. The **GP Confederation** is requested to ensure that the **Local Pharmaceutical Committee is fully included** in the work to roll-out more digital consultations locally.

19. Driving Digital first at ELHCP level

19.1 Having spoken to commissioners and providers at the local sub regional and national level our last set of recommendations are aimed at encouraging system level change at the North East London level or the ELHCP as our local STP is called. While our local CCG has been proactive in the issue by commissioning our local GP Confederation to drive progress here the bulk of Transformation work and funding is being driven at the ELHCP level. There is a duty to respond at the ELHCP level to the requirements in the *NHS Long Term Plan* and this will impact on all our residents.

19.2 One area which we would suggest merits some attention is the issue of whether having some GP triage delivered at a sub-regional level might generate some savings and/or make the system more effective. Noting that Tower Hamlets CCG, having taken over from Waltham Forest as NHSE's "accelerator" for digital first, is now trialling a hub based approach to online consultation, we would ask ELHCP to report back on whether having digital first GP triage delivered at a more sub regional level would improve the overall effectiveness and responsiveness of the system**.** We learnt of GPs concerns that they feel they know their patients best and patients are loyal to a 'family doctor'. On the other hand there is continued pressure for greater access arising from a rising population together with rapidly falling numbers of GPs. The Commission asks therefore whether part of the initial online triage could be better be done at a sub-regional or hub level and whether local delivery, at all times and in all circumstances, is still the preferred model Doesn't the

existence of GPAH demonstrate that for a younger cohort 'the family doctor' concept no longer holds the sway that it once did and that it is not a reality for most people in London. We noted that for sub regional triage to work the GPs involved would have to be enabled to read all patient notes across the STP patch. Currently for example with 'NHS 111' services this is not the case.

Recommendation Seven
The issue of how you meet different patient priorities within a single GP primary care system is a difficult one. The Commission requests **ELHCP** to report back on whether patients could be given a **choice of online triage** at a neighbourhood level e.g with a familiar GP or a local GP or for those who prioritise speedy responses over retaining the personal link to have some online triage delivered at a sub-regional level, similar to NHS 111. The Commission would be interested to hear about how this issue will be addressed in the context of the requirements of the NHS Long Term Plan.

19.3 Primary Care of course does not exist in isolation and is inextricably tied up with secondary and tertiary care. In the time available to use we could not look at the parallel changes taking place in driving digital first in secondary care. We noted however the progress being made the IT Enabler Group of our Integrated Commissioning Board and we look forward to hearing how their work will streamline digital pathways more from primary though to secondary care.

Recommendation Eight
The work of City and Hackney's IT Enabler Group in Integrated Commissioning has been very much focused on secondary care and patient records. **IT Enabler Group** of ICB is requested to detail how they intend to give greater focus to driving up access to digital primary care and align this work with their efforts on digital interactivity in secondary care e.g. hospital follow-up appointments at Barts via video calls. They are requested to detail what current planning there has been on the **streamlining of digital pathways from primary through to secondary care**.

19.4 We noted in our conversations with GPs that having time to provide leadership and co-ordination at CCG and now additionally at STP level is a major challenge for front line GPs. Our main observation about the mobilisation of digital first platforms across NEL is just how fragmented and piece-meal it has been. While other boroughs' CCGs have taken a much more prescriptive approach about what systems or platforms their GP practices should use, City and Hackney has gone for a more laissez faire approach. This has both advantages and disadvantages and we are unconvinced that the speed of progress which is needed here, to respond to system disrupters such as GP at Hand, can be achieved without more dedicated and coordinated support at the level of clinical leadership.

Recommendation Nine
ELHCP is requested to report on how it is providing both **Clinical and Managerial leadership and coordination on this across the ELHCP area**. Is there sufficient resource for the GPs who are Digital Leads in each of the 3 CCG group areas (BHR,WEL,C&H) to drive the Digital First agenda in order to share knowledge and learning and how closely are they working with IT Steering Groups in each of the 7 CCGs.

19.5 Finally, one area where we look forward to hearing about progress is with the Online Registration project.

Recommendation Ten
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

20. Aligning with Digital First approaches in Secondary Care

20.1 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.

20.2 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.

20.3 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.

21. Planning for Digital at the ELHCP level

21.1 We learned from ELHCP about '**Discovery East London'** which is a clinical partnership programme, first established in 2016, to create a linked dataset of real-time health records across five boroughs: City of London, Hackney, Newham, Tower Hamlets and Waltham Forest. The initiative was designed to share patient records seamlessly, improving the quality of the care experience across an area that has 20 per cent patient turnover each year, and a high rate of hospital-based care needs. Discovery also provides a way to understand the wider population health patterns in some of the most deprived parts of the country.

21.2 We learned that 95% of GPs in the five boroughs have now signed-up to the scheme, covering 1.2 million patients. GP records can be seen by staff in mental health services and hospitals. Doctors and other clinicians, can see summarised records of medications, diagnosis, investigations and other key information. Tower Hamlets is piloting data sharing with approved pharmacies. Clinical performance against chronic disease indicators is now amongst the best in the country.

21.3 We also learned about the NEL wide plans to introduce digital technology to allow doctors and healthcare professionals to provide more care in local communities, something that they hope will also reduce the pressure on hospitals. They are also looking at digital devices, such as those that can monitor patients' heart via a smartphone, which would enable a patient to care for themselves in their own home yet remain in constant touch with expert help and support, should it be needed. Work is also going on to introduce digital outpatient services – virtual clinics that allow a consultant to assess a patient's records to decide if they actually need to visit hospital, or if the GP can take the required action.

22. CONCLUSION

22.1 The aim of our review was to gain an understanding of the pace and scale of transformation which digital changes will bring to primary care over the next few years. We wanted reassurance that City and Hackney was not on the back foot on these developments.

22.2 Our impression has been that there is a lack of sufficient clinical and managerial ‘buy in’ to ‘digital first’ combined with a poor articulation to GPs and the general public of the benefits of using online consultation. Locally we learned that 80% of practices in Hackney are engaged with an online consultation system which means that 20% still think this isn’t a priority. We heard that while practices might sign up they’re not fully maximising the opportunities open to them. It was suggested the there is a need for experts/mentors to work within Practices once they’ve signed up to ensure they are embracing the change fully. The key issue for us therefore is what proportion of patients within each Practice is actually using digital first as opposed to just being enabled to do so.

22.3 There also appears to be a lack of trust from some quarters and a feeling, even among supporters of digital approaches, that digital first primary care is yet another attempt to simplify a process using technology rather than full on system change. In our view askmyGP, in particular, take this problem beyond tech solutions and represent a genuine attempt to bring about whole system transformation in how GP surgeries deliver their services. Needless to say the crisis in GP recruitment and ongoing primary care funding challenges are likely to act as a major catalyst and perhaps lead to rush for more digital solutions sooner rather than later.

22.4 We noted that there have been some challenges with the mobilisation of the roll out of both online consultation, Apps and video consultations. There seems to be little standardisation of approaches when it comes to the mobilisation of online systems in the STP area with the result that there is great uncertainty about what is being deployed and a confusion caused by the sheer number of suppliers operating in the system and about how they are supposed to interact. It is probably not surprising therefore that many GPs are less than enthusiastic.

22.5 We don’t yet see accurate local mechanisms to report on the impact of online consultation solutions including their impact on levels of patient demand and patient redirection. Obviously, it is early days, but these need to be more transparent and more systematic, if the public is to be convinced.

22.6 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 online consultation or video consultations be in allowing clinicians to pick up

on these, often, non-verbal cues? The effectiveness of these is still a matter of contention in academia and there appears to be great deal of polarisation in how these research findings are reported in publications such as *Pulse* and in the wider media.

22.7 There is a danger too in forgetting that **Access** (which ‘digital first’ is primarily concerned with) is just part of the picture in Primary Care and it has to be balanced with **Quality of Care** and provision of sufficient **Resources** for the system to work. In addition there will always be a cohort who will always find it hard to access digital approaches and they should not be disadvantaged by the moves to digital first.

22.8 Our CCG points out that increasing access to patient records for example will also inevitably lead to an increase in patient dissatisfaction and therefore patients will need more clinician time not less to discuss their concerns. CCGs also argue strongly that there is no evidence that opening new digital channels will reduce demand and in fact it might stimulate more. While this poses a challenge for them it is no reason, in our view, to disregard these innovations and the need to properly embrace them. Not doing so has the consequences of more patients moving to ‘disruptor’ services. Services such as Babylon/GP at Hand are here to stay and we note for example how they are now moving into providing services within hospital trusts. HSJ recently revealed that University Hospitals Birmingham Foundation Trust’s board agreed to explore using Babylon’s services, including video appointments and digital triage, to help divert pressure from its severely strained hospitals. If the deal goes ahead, it would be Babylon’s first partnership with an NHS hospital.

22.9 Finally the ongoing 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 to GPs is fully off the ground. This needs to focus on the cohorts where most progress can be made initially i.e. quick wins. It is a big enough to be the subject for a separate review.

23. CONTRIBUTORS, MEETINGS AND SITE VISITS

23.1 The review's dedicated webpage includes links to the terms of reference, findings, final report and once agreed, the corporate response. This can be found at https://hackney.gov.uk/health-in-hackney-commission

232.2 Evidence was gathered at the following meetings and site visits:

No.	***Date***	***Event***	***Met with***	***Members present***
1	7 Jan	HiH meeting	**Paul Bate**, Director of NHS Services, Babylon Health/GP at Hand **Dr Mark Rickets**, Chair, City & Hackney CCG **Sunil Thakker**, Chief Finance Officer, C&HCCG **Richard Bull,** Programme Director – Primary Care, City and Hackney CCG **Laura Sharpe**, Chief Exec, GP Confederation **Dr Fiona Sanders**, Chair of C&H LMC *Plus written submissions from*: ***Jane Lindo***, Primary Care Programme Director ELHCP Primary Care Transformation Team ***Mark Jarvis***, Head of Governance and Engagement, Hammersmith and Fulham CCG re GP at Hand evaluation	All members
2	4 Feb	HiH meeting	**Dr Fiona Sanders**, Chair of City & Hackney LMC **Dr Gophal Mehta**, C&H LMC, Partner at Richmond Rd Medical Practice **Dr Jackie Applebee**, Chair of Tower Hamlets LMC **Jane Lindo**, Primary Care Programme Director ELHCP Primary Care Transformation Team **Niall Canavan**, City and Hackney Integrated Commissioning's IT Enabler Group **Dr Mark Rickets**, Chair, City & Hackney CCG	All members

3	20 Feb	Site visit Lower Clapton Medical Practice	**Dr Nick Brewer**, GP Partner at Lower Clapton Medical Practice re. use of AskMyGP	Chair Vice Chair
4	12 Mar	HiH meeting	**Ian Barratt**, Trainer Partner at GP Access (provider of AskMyGP platform) **Ifrhan Mururjani**, Development Manager, Egton **Marion Macalpine/Shirley Murgraff**, Hackney Keep Our NHS Public	All members
5	2 April	Site visit Tower Hamlets CCG	**Dr Osman Bhatti** (Lead GP for digital first for Tower Hamlets CCG and Partner at Chrisp St Medical Centre) **Arshad Takun**, Project Manager – GP Care Group, Tower Hamlets CCG	Chair
6	4 April	HiH meeting	**David Hodnett**, Programme Delivery Lead, The NHS App at NHSE **Tristan Stanton**, Implementation Lead – the NHS App, NHSE **Dr Phil Kozan**, NHS App group at NHSE	All members
7	13 May	Hackney Matters Panel Focus Group	**6 Hackney residents** who are members of the council's Hackney Matters consultation panel	Chair Cllr Snell

24. MEMBERS OF THE SCRUTINY COMMISSION

24.1 The following served on the Commission during this review

Councillor Ben Hayhurst (Chair)
Councillor Yvonne Maxwell (Vice Chair)
Councillor Deniz Oguzkanli
Councilllor Emma Plouviez
Councillor Tom Rahilly *(from May 2019)*
Councillor Peter Snell
Councillor Patrick Spence

Overview and Scrutiny Officer: Jarlath O'Connell ☎ 020 8356 3309
Legal Comments: Joe Okelue ☎ 020 8356 5208
Financial Comments: Naeem Ahmed ☎ 020 8356 7759

Lead Group Director:	Anne Canning, Group Director - Children, Adults and Community Health
CCG Lead:	David Maher, Managing Director
Lead Cabinet Member:	Cllr Feryal Clark, Deputy Mayor and Cabinet Member for Health Social Care, Leisure and Parks

25. FURTHER READING

25.1 The agenda pages for the Commission meetings on 7 Jan 4 Feb 12 Mar 8 April on the Hackney Council website contain minutes of the evidence sessions, background briefings/papers submitted and notes on the site visits.

25.2 The following (not exhaustive) was consulted as background:

National:
The NHS Long Term Plan (2019)
NHSEL Five Year Forward View
NHSEL Consultation on Digital First Primary Care July 2018
NHSE Digital First Primary Care consultation June 2019

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

GP at Hand:
https://www.gpathand.nhs.uk/
Pulse article on 'online providers disrupting the market'
FT article on "*High profile health app under scrutiny after doctors' complaints"* on the controversy around the AI algorithm which is used.
Evaluation of GP at Hand by ipsos MORI for H&F CCG May 2019
CQC inspection report on GP at Hand home practice May 2019

Research on advantages/limitations of virtual online consultations:
NHS UK website note on '*Patient choice of GP Practices'* and the change in the law which enabled this
NHS UK website note on '*Seeing same doctor every time reduces risk of death'*

And here are links to two academic research papers on the advantages and limitations of video consultations
https://journals.sagepub.com/doi/full/10.1177/0141076818761383

https://bmjopen.bmj.com/content/6/1/e009388?utm_source=TrendMD&utm_medium=cpc&utm_campaign=BMJOp_TrendMD-0

Royal College of GPs guidelines on Patient Online:
RCGP Patient Online Getting Started Checklist

26. GLOSSARY

Alternative Provider Medical Services (APMS) contract	A contract between **NHSE and any qualifying body** including general practices, NHS trusts, voluntary and private sector providers for delivering a range of services. This allows NHSE and CCGs to commission locally flexible and innovative solutions for patients. The provider does not necessarily have to hold a registered list of patients for example when providing GP Out of Hours services.
Carr-Hill Formula	The formula used to calculate the core payments (see global sum) to GMS contracted GP practices. Payments are made according to list size of patients adjusted using the Carr-Hill formula to provide a weighted count of patients by taking in consideration a range of factors which reflect characteristics of these patients e.g. age, gender, levels of morbidity and mortality and patient list turnover
C&HCCG	NHS City & Hackney Clinical Commissioning Group
ELHCP	East London Health and Care Partnership is the Sustainability and Transformation Partnership (STP) for the 8 North East London boroughs.
Enhanced Services	Those which require an enhanced level of provision above what is required under the GMS contract. Directed Enhanced Services are those the NHSE and CCGS are required to commission. They are mostly commissioned locally and practices can choose whether or not to provide these.
General Medical Services (GMS) contract	A **nationally agreed** contract between general practices and NHS England for delivering primary medical services. The majority of practices are currently on GMS contracts.
Global sum	The basis of core funding for GMS practices since 2004. This funds a practice for delivering essential medical services to its registered list of patients.
GP Choice Policy	The Choice of GP Practice scheme was introduced in 2015 to enable patients to choose to register with a participating practice anywhere in the country. This policy was intended to, for example, allow commuters to register near work or to maintain continuity with an existing GP when a person moves house.
GP Confederation	City and Hackney GP Confederation is made up of a membership of all 40 City & Hackney GP practices The Confederation provides true population coverage, mitigating against uneven service provision.
INEL	Inner North East London covering boroughs of Newham, Tower Hamlets, Waltham Forest, Hackney and City of London.
LMC	Local Medical Committee. The BMA committee in each CCG area which represents local GPs and acts as a voice for them in negotiating with the CCG and NHS England.
NEL	Refers to the 8 boroughs of Barking & Dagenham Havering, Redbridge, Waltham Forest, Tower Hamlets, Newham, Hackney and City of London.
ONEL	Outer North East London covering boroughs of Barking & Dagenham, Havering and Redbridge,
Personal Medical Services (PMS) contract	A **locally agreed** contract between NHS England or delegated CCGs and qualifying bodies, including general practices, for delivering primary medical services. PMS contract offer local flexibility compared to the nationally negotiated GMS contract.
Quality and Outcomes Framework (QOF)	Was established in 2004 as a key component of the GMS contract. It is a pay for performance scheme which provides funding to practices on the basis of the quality of care delivered to patients as described by a set of quality indicators.

Appendix One – July 2019 data update on GP at Hand- Lillie Rd Practice
By City and Hackney Public Health Intelligence Team

July 2019 data update. City & Hackney Public Health Intelligence

- NHS Digital currently release overall numbers of registered patients by GP practice every month, with a full geographical breakdown every quarter in January, April, July, October. This report includes figures published in July 2019.

- These figures show a continued rise in the number registered at Lillie Road Health Centre, now renamed "GP at Hand", (practice ref E85124) from 2,500 in July 2017 to **57,248** in July 2019 - see Figure 2

- In July 2019, 0.9% of registered Hackney residents were registered at Lillie Road, and 3.5% of City of London residents – see Figure 2

- Data from January 2019 show that nationally, 28% of patients are of younger working age (20-39). In City & Hackney 42% of registered patients are in this age group, reflecting the local demographics. Patients registered with Lillie Road have an even higher proportion in this age group – 84% – see Table 1 and Figure 3.

- In January 2019, 50% of patients registered with City & Hackney GPs were male. 50% of patients in London and England were also male. At Lillie Road, patients were 56% male – see Table 1 and Figure 3

- More female patients were registered with the Lillie Road practice in the 20-29 age band. More male patients were registered with Little Road practice in the 30-39 age band.

- In July 2019, 9% of patients registered at Lillie Road were resident in Hammersmith and Fulham, 86% elsewhere in London, and 5% outside London. Hackney residents made up 5% of the practice list, and City of London residents 0.5% – see Figure 4

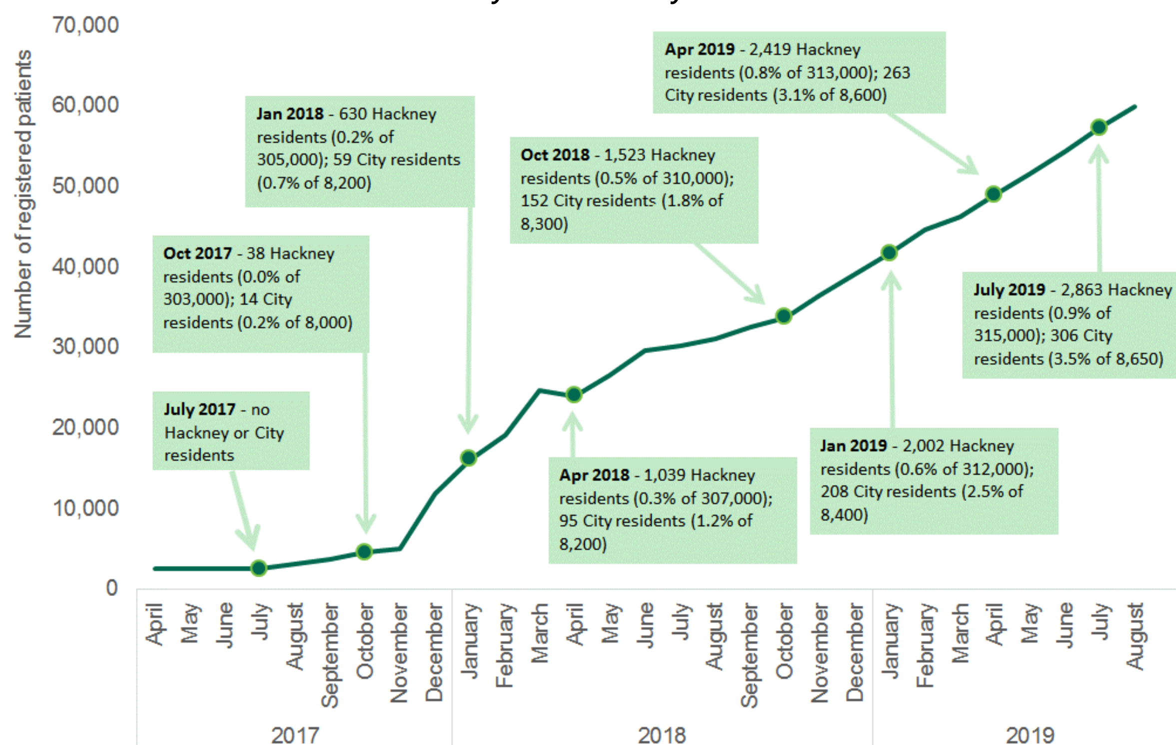
- The highest proportion of a GP registered population registered with Lillie Road are now in the City of London – 3.5% compared with 2.2% of the Hammersmith and Fulham population – see Figure 4b.

Figure 1a: GP at Hand website (accessed April 2018)

Figure 1b: GP at Hand / Little Road Health Centre

Source: Google Street View (accessed April 2018)

Figure 2: Number of patients registered at Lillie Road Health Centre over time, with the number of residents of Hackney and the City of London.

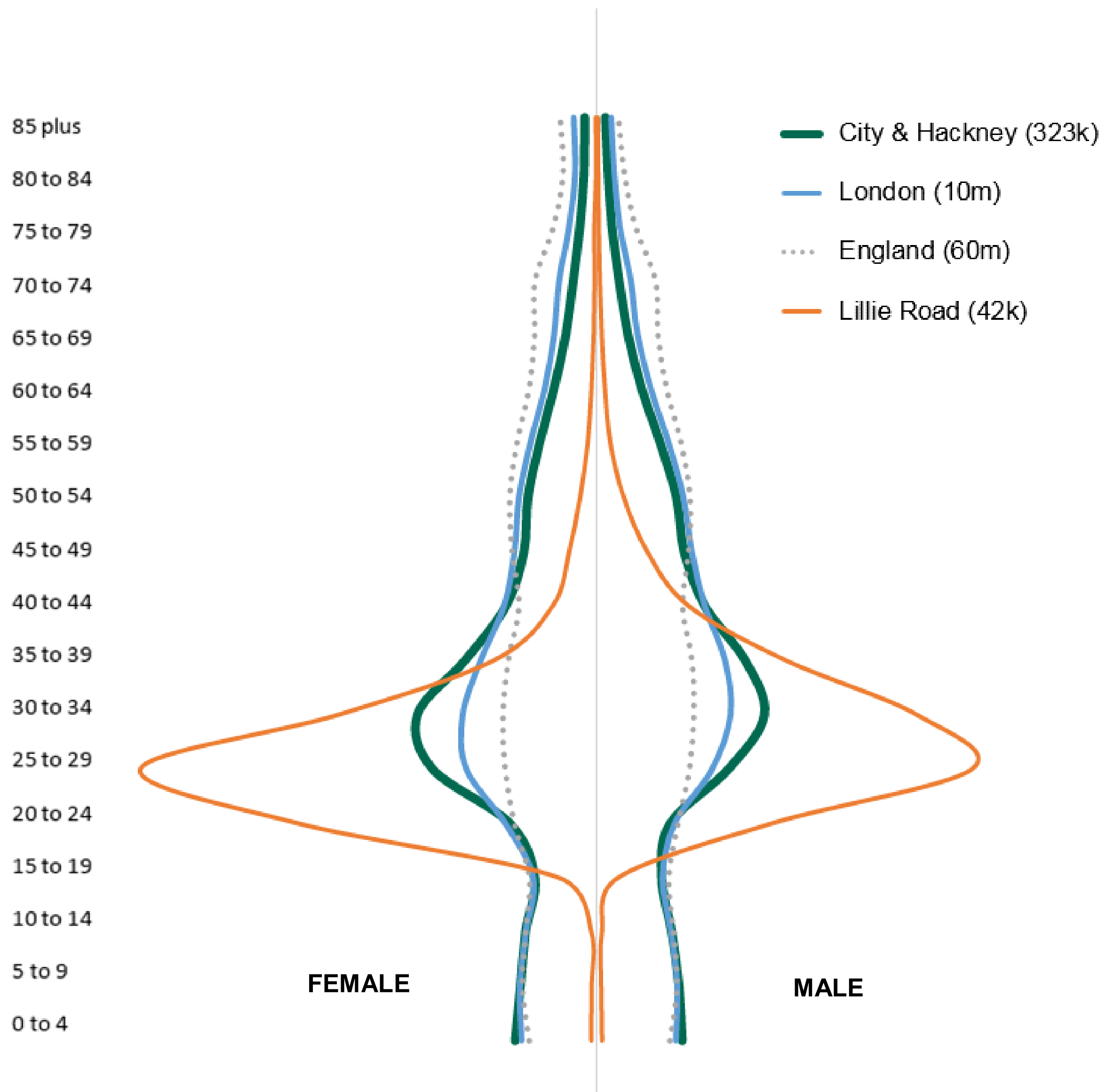


Data source: NHS Digital https://digital.nhs.uk/article/4197/Primary-care-services

Figure 3: Number of patients in City & Hackney and Lillie Road by gender and age profile (January 2019)

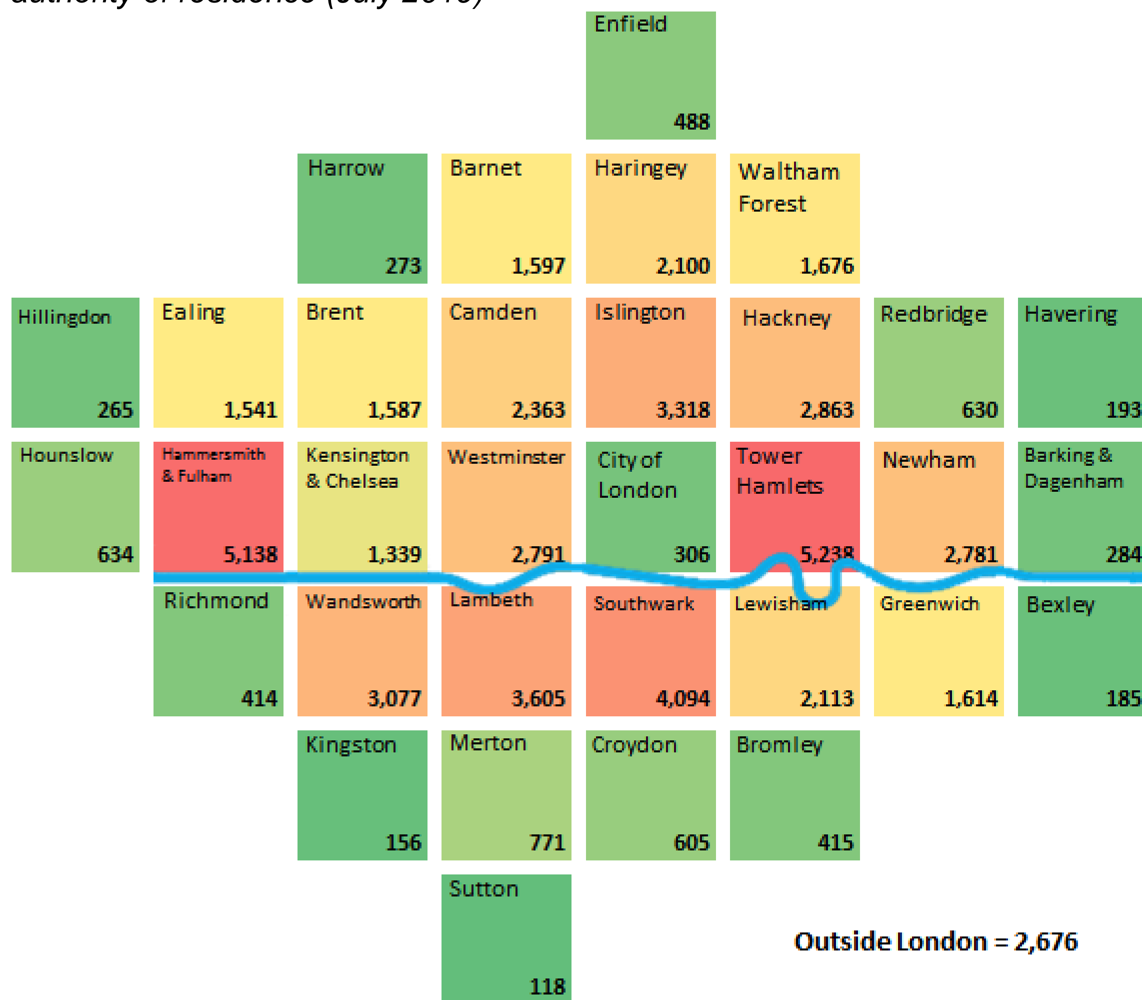
	England	London	City & Hackney	Lillie Road
% Male	50%	50%	50%	56%
% Aged 20 to 39	28%	36%	42%	84%

Figure 4: Age and gender of patients registered at Lillie Road Health Centre compared with City & Hackney CCG registered patients (January 2019)



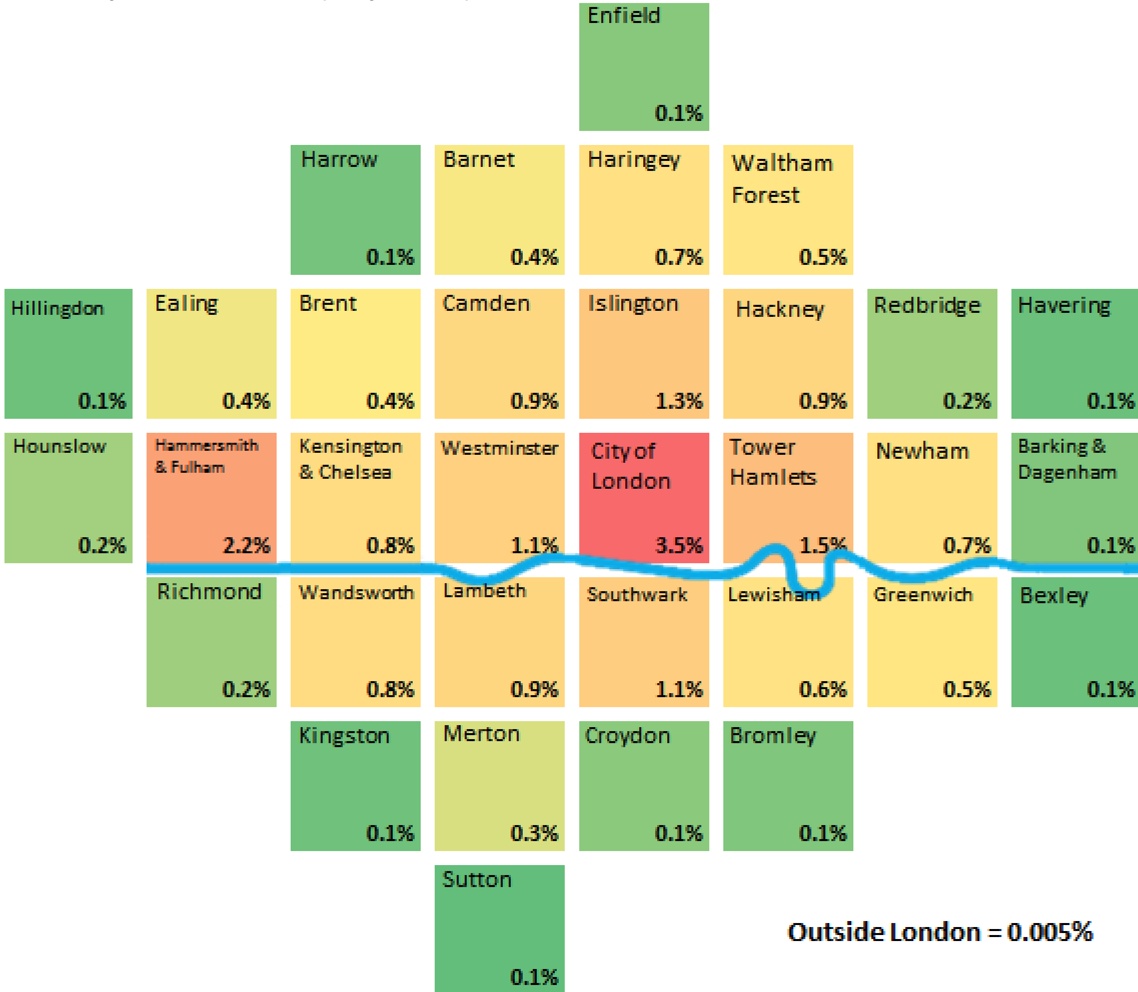
Data source: NHS Digital https://digital.nhs.uk/article/4197/Primary-care-services

Figure 5a: Number of patients registered at Lillie Road Health Centre by local authority of residence (July 2019)



Data source: NHS Digital https://digital.nhs.uk/article/4197/Primary-care-services

Figure 5b: Percentage of patients registered at Lillie Road Health Centre by local authority of residence (July 2019)



Data source: NHS Digital https://digital.nhs.uk/article/4197/Primary-care-services

Appendix Two – conclusions of evaluation report on Babylon GP at Hand

Hammersmith & Fulham CCG/ NHS England commissioned Ipsos MORI / YHEC to evaluate Babylon/GP at Hand (BGPaH). They reported in May 2019 and their conclusions on the impact of GP at Hand on the wider health system were: (our emphasis in bold)

- While the evaluation has not been able to explore the cost-effectiveness of the model, it has highlighted some useful considerations about its affordability and sustainability, if it were to be mainstreamed. To sustain the enhanced access benefits of the BGPaH model **requires considerable numbers of GPs and an embedded IT infrastructure.** While the service provides rapid access for patients, certain aspects of primary care, such as care home visits, are not provided through this model, and would need to be provided from elsewhere in the system.

- A national roll-out of digital-first models should be considered within the context of the emerging primary care landscape, including changes in the way patients experience care and supporting new ways of working for staff. In areas where digital-first models are not well established, this may need fundamental large-scale redesign of primary care services, which may **require substantial changes in the way in which primary care is funded**.

- The evidence available suggests that the **Global Sum Allocation Formula may not work well in establishing the costs** of providing GP services for patients who choose to be treated through a digital-first service and, therefore, in providing appropriate funding levels. The evaluation has shown that BGPaH patients have better health than comparable patients using traditional primary care but that they are higher users of primary care.

- BGPaH patients were previously registered at a large number of CCGs and other practices. This indicates the **impact on any singular practice or CCG would, at present, be minimal** if BGPaH patients were subsidising patient care through the Carr-Hill Formula in their old practices.

Appendix Three – Comments at Focus Group with Hackney residents

Hackney Matters Focus Group for 'Digital First Primary Care' review on 13 May 2019

What benefits and drawbacks do you feel there are by using an online digital GP service?					
BENEFITS			**DRAWBACKS**		
Immediate access to records	Don't have to phone for appointment and be on hold for ages	Can request repeat prescriptions online	The registration process is complicated.	Website must be made easy	Not sure about what services and features I can access
I can have access to my medical records	No long phone call and wait for an appointment or doctor to ring you back	Prescriptions Appointments	Initial registration?	IT assistance	Can't always find a fee appointment with the doctor I prefer
I like the idea of the live Apps	Can book when I want	Very convenient to order repeat prescriptions online	Impersonal	Having too much info online could be a problem	Don't let you book more than a few weeks ahead
Benefit is using the App often so to get used to it all	Don't need to call my GP		No one to talk to To ask questions	Patient confidentiality - accidental access may be gained by others	No good if I can't get through when I need to
I guess it's cost effective	Don't have to queue outside surgery at 8.30 am		If no access to smartphone, computer or internet then can't join	Can change or follow up if patients miss appointments	I don't think my dad could use either the app or online booking
Hopefully cuts down on wasted appointments Is easy to cancel			Older people with no IT skills find this a problem		

What are the positive and negatives aspects of online digital GP service?			
POSITIVES		**NEGATIVES**	
Smartphone apps and online services			
Sounds like a good idea for repeat prescriptions		Impact on jobs would practices close down	As long as the website is clear and one doesn't have to take too long to fill in application

Video calls via smartphone or webcam to a GP			
I think it is a good idea to have Skype talk because it would be more personal some people would like that.	Good idea in theory	Video – could be misdiagnosis if you need an examination and only going on symptoms	Difficult to converse using this form of communication – no physical exam
Great idea, speeds up.	Don't have to go to Practice could do it from work also so no need to take time off	Doctor may not understand the illness	Older folk don't like change
You can do it in your pyjamas	More immediate from own home	Prefer face to face with a GP	Depends on the skills of the doctor to create the right atmosphere
		When and where could this happen as a patient	
Online Pharmacy			
Long queues at pharmacy	Ease and speed	If online pharmacy is out of the drug you need	Pharmacy2U. If it goes wrong or there are problems it is harder to rectify as they're not based in London
Great to order prescription and don't have to collect items from my surgery. Collect medication from my local pharmacy	Convenient. Do not need to collect prescriptions.	Like the chance to see whatever medicines I can	Like to query with pharmacist if I need to
			I would like to look more online with my doctor. I don't always trust the pharmacy.