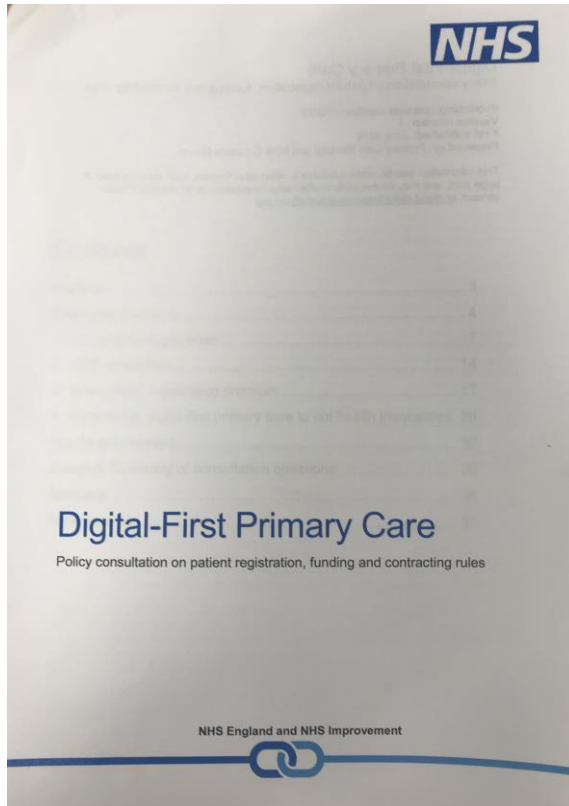




Call to Action : Digital First Primary Care
15 August 2019
PCN Clinical Directors & CCG Executives

AGENDA



1.00 pm Welcome & Introductions

1.10 pm Background – Digital First Primary Care

1.15 pm National Consultation Document

1.45 pm SBAR – GP at Hand

2.00 pm Online Services - Local Picture

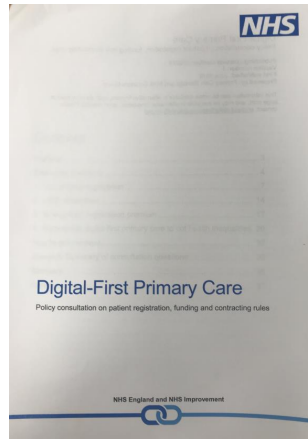
2.15 pm Next Steps – Response to Digital First Primary Care

3.00 pm Close

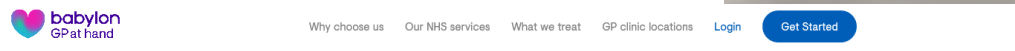


Background – Digital First Primary Care

National Requirement:-
Practices will have available
Online Consultations to
patients AND
Repeat Prescribing by
March 2020



National Requirement:-
111 Direct Booking Practice
Level October 2019 &
hub/PCN by March 2020



OHP Announce partnership with Digital
Provider, LIVI KRY

NHS
Providing NHS services



**If you need to be
seen in person, you
can go to any of our
clinics**



9/10 appointments can be done quickly and safely via video call, but we know sometimes you'll need to see somebody in person. In these cases you'll have the option to book into one of our London or Birmingham clinics.

LIVI to reach over 400,000 Birmingham and Shropshire patients with announcement of new NHS partnerships

Birmingham and Shropshire – 11 August 2019 – From today, 470,000 patients across greater Birmingham and Shropshire will be able to access GP services on their smartphones and tablets with digital healthcare app, LIVI.



National Consultation Document

Digital First Primary Care

- NHSE/I Policy Consultation on patient registration, funding and contracting rules
- June 2019 to 23 August 2019
 1. Out of Area Registration
 2. CCG Allocations
 3. New Patient Registration Premium
 4. Harnessing Digital-First Primary Care to cut health inequalities
 5. Series of consultation questions.....
- Regional & National Meetings to raise the profile (August)
- CCG SBAR (August) and corresponding actions



Digital first

- Patients have the right to digital first primary care
- Achieved by helping existing practices digitize their offer, NHSE has committed to creating a new framework for digital suppliers to offer their platforms and products to primary care on standard NHS terms for use from 2021

Overview

- Amendment the out of area registration rules
- Number is rising and system is being some providers to increase numbers of patients across vast geographies. Challenges include:-
 - Delivering integrated service and population based care
 - Delivering screening services
 - Commissioners to plan budget for local services
- Hence rules are being revisited. The proposal is set a number of out of area patients that a practice can register in any one CCG if a provider exceeds that threshold contract will be issued to provider and new premises will be opened in the CCG geography

New patient registration premium

- To apply new criteria for payment of the new patient registration premium
- Proposed that new patient registration premium is only paid if a patient remains registered with a practice for an agreed period if between 6&12 months

Proposed APMS contract terms

full PMS essentials under GMS throughout core hours, established physical premises to offer face to face services in the CCG area such as areas of deprived, provide services for all cohorts of patients, integrate with local services, co-operate with the relevant PCN, become a member of the CCG, agree APMS terms, spec & pricing



CCG Allocations

Proposal to enable quarterly recalculation of CCG funding to reflect patient movements which have been stimulated by registration with digital first practices in London.

The document describes two possible approaches to making the adjustment to reflect health needs of the population

by using the practice specific need indices

ii) by using the indices of the digital practice itself

In addition we propose the make dedicated adjustments to take account of very rapid growth in Babylon GP at Hand in 18/19



GP at Hand : SBAR - Situation

1. GP at Hand is digital first practice based in London – disruptive innovation
2. Patients are registering with the practice out of preference to access online services that have been developed with Babylon Health enabling patients to access online contact with a GP ie mobile access to symptom checker, video consultations via mobile app
3. Registrations are a combination or temporary or permanent registration with GP at Hand sites
4. GP at Hand seek to respond to patient queries within 2 hours, the average response time is 20 minutes – the service is available 24/7
5. A new site has recently opened in Birmingham encouraging registrations from patients who live/work within 40 minutes of the site in Gulliver Street (off peak travel time)
6. A meeting was convened with Hammersmith & Fulham CCG & BSOL CCG on Thursday 1 August to provide greater insight into the potential impact on neighbouring CCGs/STPs
7. The Birmingham Site opened mid June and there are currently 246 registered patients, far less than expected. Targeting students in the city, intentions for fresher's week in particular
8. Due to concerns with pathways management for Immunisation & Screening Programmes NHS England has imposed a cap on the number of registrations (cannot exceed 2360)
9. BSOL CCG are working closely with Hammersmith & Fulham CCG along with NHS England and Public Health England to manage the impact of the Birmingham Branch site opening
10. Keys risks for Hammersmith & Fulham CCG ie prescribing & rent/rates reimbursements default to membership organisation due to branch status of the Birmingham site
11. Key risks for BSOL CCG ie patient safety regarding application of care pathways eg 300+ GPs to register for use of ICE system at Birmingham Hospitals, local incentive/enhanced service offers should extend to the GP at Hand Branch, Health Scrutiny Panel require assurance about patient care/safety concerns,
12. Next Assurance meeting with both CCGs, NHS England & Public Health with GP at Hand is on 12 August – the cap on registrations may be lifted & patients from Wolverhampton and across the Black Country may choose to register
13. Digital First Primary Care Consultation (contract) is currently live and due to close on Friday 23 August – we have an opportunity to provide feedback
14. Due to the impact on Sandwell & West Birmingham CCG they are active participants in fortnightly assurance calls with other stakeholders



Background

1. GP at Hand is a GMS Practice based in Hammersmith & Fulham CCGs membership
2. There are multiple branch sites that have opened close to major transport networks encouraging patients to access quick and timely GP support when they need it
3. The GMS practice list size prior to it's name change in 2017 was c6,000 patients this has risen to 58,000 in 2019
4. Hammersmith & Fulham are unable to oppose the actions of the practice when opening additional branches (legal advice sought), significant cost pressure to CCG if more sites are opened in other STP areas – no financial liability for other CCGs in current contracting model
5. Registrations in 2017 & 2018 fluctuated, patients deregistered within 3 months of registration returning to their original practice, this has since become more stable
6. Additional sites are classed at branch sites operating under one ODS and M code. However, the Birmingham site has recently been allocated it's own ODS code enabling site based registration and management of patients to be easily traceable
7. Babylon Health employ 300+ GPs and continue to offer attractive rates of pay/package(s)
8. Hammersmith & Fulham regard GP at Hand at one PCN due their list size but treat the Birmingham site as a neighbourhood and in turn requires GP at Hand to engage with PCNs in Birmingham ie CDs Meetings
9. Patients who register tend to be 21-30 age group and have been those who ordinarily had been high users of A&E/111 – this activity has notably reduced and includes mental health patients also
10. GP at Hand sites work in accordance with Local Prescribing Formularies hence no adverse impact has been observed on spend nor antimicrobial prescribing
11. GP at Hand are a TPP/System One Practice that interfaces with Babylon Health software and the NHS App



Assessment

1. Impact on the Wolverhampton & the Black Country

- Registrations from West Birmingham patients are particularly evident c15-20 per week since mid June
- Potential for Wolverhampton patients to register given the attractiveness of the service ie quick access and site now available in Birmingham
- Practices may lose income if large numbers of patients choose to register with GP at Hand (Global Sum is currently paid annually)
- Wolverhampton practices have online services available but uptake is poor, despite publicity
- If large numbers of Wolverhampton patients register and/or a further sight opens closer to patients GP at Hand should be included in PCN discussions / development and local enhanced services/QOF+ scheme
- CCG advertising & availability of online functionality continues to be advertised to encourage local uptake to mitigate the risk of losing patients from practices

2. Public Health

- All screening programmes affected ie colonoscopy based on ODS code - Birmingham patient referred to London - this has been addressed - protocol in place for non London patients
- Management of diabetics has been a concern ie eye screening service annual cycle (depends on registration may/may not be picked up)
- Bowel - cohort of patients in this age group is very small
- Screening programmes delivered by regional teams ie London, patients from other regions could potentially be missed however PHE have prepared protocols to mitigate this but not yet agreed hence no new arrangements in place yet. Being managed by local team PH Team with BSOL CCG

3. Babylon Health & UHB

- Software solution to interface with the hospital being developed, other trusts may do so too (trust sub-contract service provision or enter into an agreement to purchase the software/platform)
- RWT may choose work in conjunction with Babylon Health for service delivery (can't sub contract twice) or software solution



Recommendation(s)

1. Risk to be included on the CCGs Risk Register due the impact of GP at Hand on the possible changes to contracting rules should the consultation be approved implemented in GMS contracts (August 2019)
2. Maintain close liaison with Hammersmith & Fulham CCG to remain sighted on judgements of Primary Care Commissioning Committee & Governing
3. Outcome of GP at Hand Assurance Meeting will be shared after 12 August
4. Digital First Primary Care Consultation should be considered and a CCG response prepared before 23 August
5. Recognise locally the impact at CCG level should large numbers of patients register with the Birmingham Branch and/or should a further branch open in close proximity of Wolverhampton patients – multi agency response local & national including NHS England and Public Health
6. Alert CCG Teams including Safeguarding, Quality (pathways), Public Health to the potential impact on Wolverhampton patients and the importance of preparedness ie Immunisation and Screening Programmes
7. Explore with provider trusts their intention(s) to work in partnership with Babylon Health (GMS contracts sub contracted to RWT cannot be sub contracted again to Babylon Health for provision of medical services)
8. Arrange Call to Action Meeting with CCG Executive attendance and Clinical Directors from all PCNs (post national meeting on 13 August)
9. CCG advertising campaign for different consultation types and extended access will be reviewed to ensure robustness and impact to affect patient behaviour change
10. Include SBAR in next report to PCCC (September 2019)
11. Review risk fortnightly with Executive Team to ensure they remain sighted & well informed



Local Picture

Video Consultation (installed)

- Poplars
- Primrose Lane
- Coalway Road
- Lea Road
- IH Medical
- Newbridge
- Mayfields
- Lower Green*
- Ashfield Road
- Grove
- Fordhouses Medical
- Dr Mudigonda

All other practices yet to confirm installation

Activity Reporting available from internal clinical system search (*sound quality issue with Lexicom)

All remaining RWT Practices Alfred Squire, Warstones, Thornley Street, West Park Surgery, Dr Bilas (by October)

Online Triage

Rollout to practices commenced late 2018 & continues
However:-

- Dr Sharma (refused)
- East Park (workload)
- Keats Grove (nil response)
- Castlecroft (workload)
- Dr Whitehouse (nil response)
- Showell Park (nil response)
- Bilston Urban Village (transfer / site merger)

Practices will be instructed regarding installation date in order to meet the national target

- 74% (September)
- 76.1% (November)
- 100% (December)
- Utilisation reports monthly from September
- GPFV Monitoring Tool (Quarterly)

Patient Access (Patient Online)

- Platform for Online Consultations ie Triage & Video etc
- Engagement sessions at practice level (IM&T)
- Engagement with wider community ie Schools, social Clubs, St Johns, Churches, Mosques, Councillors etc (IM&T)
- Engagement Roadshow (CCG)
- Practice Level Sign Up (MJOG)
- Currently % registered

Patient Engagement Roadshow – What Matters to You?

- 11 Site Visits (June/July 2019)
- Online Survey & Social Media Publicity
- WCCG website 397 hits on engagement banner
- 174 Surveys fully completed
- Complimentary feedback regarding care in general practice
- Waiting times for appointments consistent issue
- Access to appointments same day/weekends in PCNs not known
- Different consultation types not clear either
- Feedback includes information about other services including urgent care, mental health etc
- Action Plan under construction
- Publicity also under review.....

	Yes, I would be prepared to	No, I would not be prepared to	Not sure/ would need more information
I would be prepared to talk to a healthcare professional over the phone	63.8%	15.5%	20.7%
I would be prepared to book appointments, see my test results and view my healthcare record online	53.4%	25.9%	20.7%
I would be prepared to see my healthcare professional face to face for an appointment	100.0%	-	-
I would be prepared to have my GP appointments online	37.9%	37.4%	24.7%
I would be prepared to receive the care I need within the community at another nearby location	67.8%	10.9%	21.3%

Next Steps

Response to Digital First Primary Care

- Out of Area.....what should the threshold be?
- 1000-2000 patients dictates the need for a branch / separate APMS contract
- Place of residence is more reasonable approach than place registered
- Two triggers i) growth of self registration with a provider ie out of area ii) under doctored area
- The consultation currently infers – intent to lead to changes to patient registration dataset to ensure registered vs residence (local health need – correct branch)
- Initial feedback suggests consideration of a percentage of CCG % population rather than specific number (particularly as CCGs are merging)
- Choice of patients and impact on CCGs where branch will be imposed by NHSE/I required
- NHSEs intention to introduce a route for business as usual (list of approved providers)
- Connecting patients with PCNs and community services – APMS provider becomes part of PCN (depending on size)
- Preferred model of NHSE is that provider partners with existing practices/PCNs
- Implications for Urgent care and out of hours plus many other pathways ie maternity, screening
- Workload for CCGs where new branch opens can't be under-estimated

Impact on Wolverhampton – SBAR : GP at Hand

- Recommendations made to foster broader discussion
- Cap on registrations in BSOL area remains until September
- Publicity at practice level to promote availability
- Recognise the impact on practice income
- Recognise potential disruption & impact on CCG allocations

Male	Female	Total av per practice 20-30y
445	435	880

