## Meeting: Primary Care Commissioning Committee

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|---|---|---|---|
| **Meeting Date** | 22 January 2020 | **Action** | Receive |
| **Item No.** | 11 | **Confidential** | No |
| **Title** | Primary Care Workstream Update - Digital First Primary Care | | |
| **Presented By** | Jeffery Schryer Primary Care Clinical Lead | | |
| **Author** | Zoe Alderson, Head of Primary Care | | |
| **Clinical Lead** | Sanjay Kotegaonkar, Clinical IT Lead | | |

### Executive Summary

The Primary Care Workstream is in the process of reviewing its annual work programme with the aim of capturing and prioritising everything that ideally needs to be delivered within the next 12/18months.  Part of this review includes looking at the way in which the group assure and inform Primary Care Commissioning Committee around programmes of work so that updates become insightful rather than tokenistic by having a focused paper at set points in the year in addition to highlighting areas of concern. How this revised assurance process will work will be presented to PCCC in March 2020.

In line with that vision the PCWG update this month is around Digital First Primary Care.

The NHS Long-Term Plan commits that every patient will have the right to be offered digital-first primary care by 2023/24.

In addition, the GP Forward View set out a number of GP contractual requirements for on-line consultations and GP On-Line Services and there has also been the introduction of the NHS App.

The purpose of this paper is to:
- outline where Bury CCG is against the key digital asks
- provide an update regarding online consultations specifically
- highlight compatibility, capability and capacity issues that may impact on delivery timelines

### Recommendations

It is recommended that the Primary Care Commissioning Committee:
- Note that there is a potential risk that we will not fully deliver against the online consultation's requirement by the deadline of April 2020 and therefore the approach that is being taken to have an interim solution in place using email.
- Note the current position with regards to video consultations and the project management support that is now needed to drive this forward by the required deadline of April 2021.
- Note that there is a discrepancy between contractual and aspirational targets for online access

- Note that three practices are currently not meeting contractual obligations of 10% for online access.
- Note that there is currently no robust method for measuring the percentage of appointments that are offered online.
- Note the interoperability issues with our current IT system and the impact this has on meeting key requirements by the deadlines required.

| Links to CCG Strategic Objectives | |
|---|---|
| **SO1 People and Place**<br>To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life | ☒ |
| **SO2 Inclusive Growth**<br>To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value | ☐ |
| **SO3 Budget**<br>To deliver a balanced budget for 2019/20 | ☐ |
| **SO4 Staff Wellbeing**<br>To increase the involvement and wellbeing of all staff in scope of the OCO. | ☐ |
| Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below: | |
| GBAF *[Insert Risk Number and Detail Here]* | |

| Implications | | | | | | |
|---|---|---|---|---|---|---|
| Are there any quality, safeguarding or patient experience implications? | Yes | ☒ | No | ☐ | N/A | ☐ |
| *If you have ticked yes provide details here. Delete this text if you have ticked No or N/A* | | | | | | |
| *Digital first may/will affect the way that some patients choose access general practice* | | | | | | |
| Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report? | Yes | ☐ | No | ☒ | N/A | ☐ |
| *If you have ticked yes provide details here. Delete this text if you have ticked No or N/A* | | | | | | |
| Have any departments/organisations who will be affected been consulted? | Yes | ☒ | No | ☐ | N/A | ☐ |
| < *If you have ticked yes,* Insert details of the people you have worked with or consulted during the process:<br>Clinical leads (S Kotegaonkar, R Deacon Appendix A only)<br>Practice manager (Ann Stewart Appendix A only) | | | | | | |
| Are there any conflicts of interest arising from the proposal or decision being requested? | Yes | ☐ | No | ☒ | N/A | ☐ |

| *If you have ticked yes provide details here.* <Include details of any conflicts of interest declared> | | | | | | |
|---|---|---|---|---|---|---|
| Are there any financial Implications? | Yes | ☒ | No | ☐ | N/A | ☐ |

| | | | | | | |
|---|---|---|---|---|---|---|
| *If you have ticked yes provide details here. Delete this text if you have ticked No or N/A*<br>The CCG received monies towards the deliver online consultations, the majority of this has already been used on purchasing equipment e.g. screens/webcams to deliver video consultations. | | | | | | |
| Has a Equality, Privacy or Quality Impact Assessment been completed? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Is a Equality, Privacy or Quality Impact Assessment required? | Yes | ☐ | No | ☒ | N/A | ☐ |
| Are there any associated risks including Conflicts of Interest? | Yes | ☒ | No | ☐ | N/A | ☐ |
| Are the risks on the CCG's risk register? | Yes | ☐ | No | ☒ | N/A | ☐ |
| *If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.* | | | | | | |

| Governance and Reporting | | |
|---|---|---|
| **Meeting** | **Date** | **Outcome** |
| Primary Care Workstream | 04/12/2019 | More detailed update to be provided to PCCC |
| | | |

**Digital First Primary Care**

## 1. Introduction

1.1    The NHS Long-Term Plan commits that every patient will have the right to be offered digital-first primary care by 2023/24.  An important step will be to help existing GP Practices to digitise their offer. NHS England has already committed to a programme to support practices and commissioners to do that via a framework for digital suppliers to offer their platforms and products to primary care on standard NHS terms.

1.2    Recently, there has been a growth in new digital GP providers offering a model which allows patients to register with them directly and contact the practice through an app. Under current arrangements, the expansion of these models has taken place by registering patients across wide geographies from a single GP Practice (based in Hammersmith and Fulham CCG).

1.3    NHS England undertook a consultation for a Digital-First Primary Care Solution during the Summer of 2019 and a response to that consultation has now been published[1].

1.4    In addition, the GP Forward View set out a number of GP contractual requirements for on-line consultations and GP On-Line Services and there has also been the introduction of the NHS App.

1.5    The purpose of this paper is to:
- outline where Bury CCG is against the key digital asks
- provide an update regarding online consultations specifically
- highlight compatibility, capability and capacity issues that may impact on delivery timelines

## 2. Background

2.1.    As the name suggests a Digital First Primary Care approach will put an increasing focus on the use of digital solutions thereby changing the way in which patients will access primary care.  For this paper we are referring to Primary Care as General Practice.

2.2.    Bury CCG and Bury Primary Care Trust before that has always been a forerunner when it comes to using/implementing technological solutions e.g:
- it was first area in the country to have all practices on the same GP clinical system
- the second area in the country to adopt the Summary Care Record Programme.

2.2    Of late this approach is becoming increasingly difficult to sustain due to several issues with compatibility, knowledge and capacity within the system and unless this is acknowledged and addressed we are in danger of being left behind by our peers.

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

### 3. National Requirements

### 3.1 Online and Video Consultations

3.1.1 NHS England expect GP Practices to make progress towards the digital changes that will become contractual requirements from April 2020 and April 2021. These include that all practices will be offering online consultations by April 2020 at the latest. There is also a requirement for the delivery of video consultations by April 2021.

3.1.2 **Online Consultations** – NHS E has described an online consultation system as one which has the following features:
- Connection via web browser, mobile app or both. Apps should be accessible to patients without payment.
- Functionality to allow the patient to enter a query, symptoms or other information and for this to be transmitted securely to their registered GP practice.
- Information provided by patients used for clinical purposes must be capable of being imported back into the GP practice system with minimal manual intervention.
- Optionally, the system may provide functionality to provide or signpost the patient to information relating to their query or symptoms. This may include information about conditions and treatment or about local health, care and support services.

3.1.2.1 To meet the deadline required of April 2020 we propose to initially formalise the email functionality that most if not all practices already use as a temporary solution to part meet the requirements. A draft process as to how this currently works within a practice has been included as Appendix A. Other options will continue to be explored which may or may not be fully rolled out by the April 2020 deadline.

3.1.2.2 PCCC are asked to note that there is potential risk that we will not fully deliver against the online consultation's requirement by the deadline of April 2020.

3.1.3 **Video Consultations** – All practices now have the functionality to deliver video consultations having been provided with two screens and web cam per clinical consulting room. The CCG has also purchased 'One Consultation' from Modality Services which makes use of investment in Skype/teams and essentially creates a virtual waiting room in order to virtually admit patients, it ensures zero data loss, enables a single sign on using nhs mail address and password, has the ability to customise the landing page and post consultation screens.

3.1.3.1 What is now needed is project management support to create and drive business change which includes:
- Process mapping of current ways of working
- Which services would be offered (specific condition clinics or part of triage process)
- How will patients be communicated with
- Who makes sure that only the people who should be in the waiting room are
- Communications both patient facing and practice facing
- Collating feedback from pilot

- Decision that this solution is correct
- Ongoing contract with Modality
- Roll out to all practices
- Ongoing training, access to a helpline, guides, support

3.1.3.2  PCCC are asked to note the current position with regards to video consultations and the project management support that is now needed to drive this forward by the required deadline of April 2021.

## 3.2  GP Online Services

3.2.1  GP Practices are required to offer and promote online services to patients for appointment booking, ordering of repeat prescriptions and access to information in their GP record. Practices were required to register a minimum of 20% of their patients for at least one online service by 31st March 2018 and a further target of 30% has been set to continue to encourage practices to offer this service.

3.2.2  PCCC is asked to note that there is a discrepancy between contractual and aspirational targets for this requirement.  The 2019/20 contractual target for practices remains 10% (as it was in 18/19) with the aspiration being that practices will achieve 20% with this now rising to 30% in 2020/21.

Table 1 – Burys Current Position (as at November 2019)

| Target | Number of practices achieving |
|---|---|
| 10% Contractual (19/20) | 23 out of 26 |
| 20% Aspirational (19/20) | 20 out of 26 |
| 30% Aspirational (20/21) | 14 out of 26 |

3.2.3  CCGs are now being asked to work with practices who are below the 10% requirement. NHS E have confirmed that contractual breech notices have never been issued to practices achieving less than 10%.

## 3.3  Online Booking

3.3.1  All practices will need to make at least 25% of appointments available for online booking by July 2019. Practices retain control of these appointments, meaning that they can choose which 25% of appointments are offered and what format they take – they do not have to be face to face. There are not new or additional appointments, providing an alternative route for patients to access the booking of appointments.

3.3.2  NHS E has confirmed that this requirement is currently self-reported via the EDec and as the commissioner level EDec report has not yet been released, we do not know which of the practices have achieved this requirement, so again no breech notices have yet been issued. There is also no further guidance on how this will be monitored going forward.

**3.4     NHS App**

*3.4.1*   Building on progress already made on digitising appointments and prescriptions, a digital NHS 'front-door' through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. By 2020, every patient with a long-term condition will have access to their health record and care plan through the Summary Care Record accessed via the NHS APP

*3.4.2*   There are currently interoperability issues between the NHS app and Vison, NHS Digital have assured NHS E that Vison will support the NHS app in the future but have not given any update on timelines.

**4.   Interoperability**

4.1     Interoperability issues also impact on other deliverables such as:
   • Practices will be required from April 2019, to provide new patients with full online access to prospective data from their patient record
   • From July 2019, practices will be required to make available 1 appointment per 3,000 patients per day for NHS 111 to book directly into practice appointments.
   • CCGs should by March 2020 be able to direct appointments via 111 to an extended access service when that clinical path is identified for 100% of its population
   • NHS Digital appointment data extractions from vision practices
   • Electronic repeat dispensing (eRP) - Issues around usability being addressed at a GM Level
   • My diabetes, my way currently in a testing phase
   • Work will commence to digitise all paper records so that patient records will be completely electronic. This means that from April 2020 all patients will be able to have online access to their full record, including the ability to add their own information.
   • All practices will provide patients access to online correspondence by April 2020, respecting decision toot-out depending on the patient's preferences. This means that test results, appointment details, etc. will be communicated more effectively with patients. This is another step to support patients managing their health better

**5.   Recommendations**

5.1     The Primary Care Commissioning Committee is required to:
   • Note that there is a potential risk that we will not fully deliver against the online consultation's requirement by the deadline of April 2020 and therefore the approach that is being taken to have an interim solution in place using email.
   • note the current position with regards to video consultations and the project management support that is now needed to drive this forward by the required deadline of April 2021.
   • Note that there is a discrepancy between contractual and aspirational targets for online access
   • Note that three practices are currently not meeting contractual obligations of 10% for online access.

- Note that there is currently no robust method for measuring the percentage of appointments that are offered online.
- Note the interoperability issues with our current IT system and the impact this has on meeting key requirements by the deadlines required.

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January 2020

**Appendix A**

A patient cohort is defined and the parameters for which the communication will take place is defined e.g. non-urgent questions, blood pressure, blood glucose levels, annual review

Patient Cohort Identified by Practice:
- Consent gained regarding being communicated with in this way
- Email address confirmed

Patient Emails specific email address:
- Questions
- Blood pressure
- ???

Response back to patient

Correspondence managers filter as appropriate

Response back to patient

**Information recorded onto patient notes** and any actions flagged

Forwarded to GP for actioning/responding