Saving General Practice
Digital Primary Care

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National Clinical Lead – Digital Transformation of Primary Care, NHS England
GP & CCIO – NHS Birmingham & Solihull CCGs

April 2018
Summary of the webinar and possible learning outcomes

• Understand the technology commitments in the GP contract for 2018/19
• BMA role in Saving General Practice - IT
• How the GP IT operating model will support resilient infrastructure for practices
• What cybersecurity and GDPR regulations will mean for CCGs and practices.
• How online consultation funding may support practices with digital transformation

Aimed at: CCG Clinical IT Leads, CCIOs, CIOs and Heads of Digital
Panel

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Saving General Practice
Digital Transformation of Primary Care

Dr Masood Nazir
National Clinical Lead – Digital Transformation of Primary Care
GP and CCIO – NHS Birmingham and Solihull CCGs
Digital Transformation in General Practice

OBJECTIVE: By 2020 we will have transformed the way in which technology and information supports General Practice to:

Enable self-care and support self-management for patients
Reduce burden in General Practice through patient services.
Enable patient self-care through access to record

Reduce workload
Reduce the burden in general practice to free up time to better serve patients

Help practices who want to work together to operate at scale
Support practices that want to work together at scale and new models to deliver integrated care

Support greater efficiency across the whole system
Support the integration of services across the NHS and support the ambitions from other care settings to implement new services for patients
Clinical Engagement with Local Professional and National Bodies
Dr Farah Jameel
GPC England Executive Team lead for IT
British Medical Association

@DrFJameel
@BMA_GP
Electronic referral service £10m

- October 2018 implementation target for practices and hospitals
- Where local GPs have concerns, the national team will meet to listen and understand those concerns, and jointly develop an action plan to address any system-wide issues
- A revised local paper switch-off date could be set
- CCGs will not take a punitive approach to practices who are unable to implement e-RS
- Practices struggling to use e-RS will agree plan with CCG to resolve issues in a supportive way
- NHS England and GPCE to work to improve referral process that minimises workload for practices
- In-year review to identify any workload implications prior to next year’s negotiations
Non contractual agreements

Electronic Prescribing Service (Phase 4)

- We have agreed for a number of pilots to move to phase 4 of EPS rollout. This moves to a fully electronic prescribing service, prescriptions would be sent via EPS by default, whether a patient has an EPS nomination in place or not.

Patient access to online services

- Support will be offered for the minority of practices who have less than 10% of patients signed up to use practice online services.

Other areas we have agreed to work on together:

A replacement for NHS Digital’s General Practice Extraction Service (GPES)

Use of GP appointments data which is already being extracted
**Problem:** Insufficient investment, slow IT networks, outdated hardware and software.

**Impact:** delays in consultations, difficulties with data sharing, vulnerable to cyber-attack, patients at potential risk, destabilising practice finances, exacerbating workforce crisis

**Solution:** IT refresh; recurrent fully funded systems; end paper records; superfast data connections; fully functioning PCSE/back office support systems, ePS for hospitals

**Progress:** Discussions regarding the replacement of GPSoC; GP2GP implementation progressing, strengthening framework that addresses IT estate maturity and addresses system responsibility, eRS review, Online consultations framework, resources for GDPR implementation.

**Joint GP IT committee – RCGP and BMA**
GP IT Operating Model

April 2018

Sue Cooke and Douglas Scott
Digital Primary Care (GPIT) Senior Programme Leads, NHS England
GP IT Operating Model

What is it?
• ‘Securing Excellence in GP IT Services’
• Provides a commissioning framework supporting the delivery of GMS (digital) obligations

What does it do?
• Complements GMS (digital) contractual obligations & guidance, and the CCG-Practice Agreement
• Describes the operating system, leadership & defines accountability and responsibility for the delivery of GP IT – national, regional, local
• Key focus to define RESPONSIBILITIES for those commissioning GP IT/digital services (CCGs)
• Defines what are core & mandated (must do) and what are (local) discretionary services
• Sets out key elements necessary to support effective delivery of GP IT including:
  • Financial procedures & associated controls
  • Governance arrangements, including roles / responsibilities
  • Leadership required to achieve excellence
  • Service Schedule / GP IT Services
GP IT Operating Model Agreements and controls

- DHSC
- NHS England
- NHS Digital
- CCG
- General Practices
- GMS Contract
- GPSOC Framework
- National Digital Services Contracts (e.g. SCR, NHSMail, EPS)
- GPSOC Call Off Agreement
- Local CCG Contracts (e.g. GPIT, HSCN)
- Local Services Schedule
- End User Terms & Conditions
- CCG-Practice Agreement
- Local Practice Contracts (business systems & clinical system add-ons)

GP IT Operating Model
Background and current status

- Initially published December 2012
  - Currently version 3, 2016-18
- **Addendum** to be published April/May 2018 – will extend version 3 into 2019

Service Provision Requirements:

- **Core and Mandated** – Technologies and systems required to deliver Primary Care Essential Services (ie registered list based) and (contractually) mandated services and compliance (‘must be done’)
- **Enhanced and Transformational** - discretionary strategic rather than tactical solutions to be developed & agreed locally to support local strategic priorities & commissioning strategies to help improve service delivery
Core and mandated services include the following:

- Cyber security services
- Health and Social Care Network provision
- Software licensing and asset management
- IT estate management and refresh (capital funds)
- Device and maintenance management
- Mobile working and Wi-Fi
- Disaster recovery and business continuity
- Clinical safety
- Information Governance
- Data Quality support services, Systems Training & Project Management
Addendum – pending publication:

- To be viewed in conjunction with GP IT Operating Model 3rd edition
- Timeframe covered – 2018/19
- Addressed to CCGs as responsible commissioners of GP IT services
- Outlines key areas of revision – strong focus on Cyber and Data Security
- Together with updates on:
  - **National programmes** – HSCN, Wi-Fi, Online Consultation Systems, SNOMED CT
  - **Digital Primary Care Maturity Assurance** model
  - **Primary Care IT Enabling Services** (PCES)
  - **Operating Systems and Software Licensing**
  - **GP IT Commissioning Specification Support Pack** - support (for CCGs) to enable effective commissioning of GP IT support arrangements
  - **New Models of Care contracts**
  - **Capital Submissions and Treatment** – clarification related to GP IT and ETTF
Data Protection & Cyber Security

Guidance:

• GP guidance has been issued by the IGA:
  • https://digital.nhs.uk/information-governance-alliance/General-Data-Protection-Regulation-guidance

• Further specific advice for General Practice being developed via the Data Security and Protection Team, NHS England
Digital Primary Care Maturity Assurance (DPCMA)

- Three years data now available
- Access locally (to CCGs and practices) though the Primary Care Web Tool
- Provides assurance on provision of ‘core and mandated’ services
- Shows activities and trends in services supporting efficiency, effectiveness and transformation (GP FV) eg significant progress in digital services enabling practice collaborative working
- Continues to be developed and remain aligned to GP IT Operating Model updates
CCGs need to commission high quality, secure and good value GP IT & digital services

Commissioning support pack published within the Addendum assists CCGs with:

- Asset discovery in the GP IT estate
- Template service specification
- Procuring new GP IT support service
- Reviewing current services against national requirements

Aligned to GP IT Operating Model updates
Next Steps…

- Addendum – national engagement activities

- **2019-21 GP IT Operating Model** (version 4) – Work started on full revision to reflect new drivers, trends, models of care, safety of practices, patient expectations, GP Systems of Choice (GPSoC) replacement (GP IT Futures model)

- Associated **Digital Primary Care Maturity Assurance Model (DPC MA)** – annual review

- **Proposed review 2018/19:**
  - CCG Practice Agreement
  - Good Practice Guidelines on Electronic Record Keeping
  - GP IT Infrastructure Specification

- GMS annual contract review continues (digital obligations and guidance)
Online Consultations

About  Benefits  Process  Support

Dr Paul Atkinson

Digital Clinical Champion, Primary Care Digital Transformation, NHS England
GP and CCIO – NHS Gloucestershire CCG
10 High Impact Actions
to release time for care

2: NEW CONSULTATION TYPES
- Telephone
- E-consultations
- Text message
- Group consultations
The GPFV fund

£45m over 3 years … equivalent to £0.80/pt average

Available for every practice

To pay towards costs of purchasing & using solution to enable patients to consult their practice through an app/web portal
  • not about private providers
  • other features not essential (eg video calls)
  • join-up with other services not essential (but note pilots)

System procured by the CCG, for bigger impact and value
The practice has a licence for a system operating via web portal +/- app (ie no software to install / maintain on-site)

A link is put on the practice website

Patients use it as their first port of call
- information about symptoms, conditions and treatments
- ask a question / initiate a consultation with practice
What does it look like?

Find information about your symptoms or a condition

Send a consultation to your practice

Request repeat prescription, check test results, book appointment

Type details of the problem or question here...

How long have you had the headache?
- 1 day or less
- 1 week or less
- Longer

Is it constant or does it come and go?
- Constant
- Comes and goes
### Software on the market

**Rapid growth**

- 2015: 2 systems widely available
- Jan 2018: national approved suppliers list = 6
- Feb 2018: national approved suppliers list = 9
- Apr 2018: national approved suppliers list = **15** (+6 more in evaluation)

**Functionality currently more targeted at first contact than ongoing care** (but rapid evolution occurring)

**Interoperability currently limited - but rapid development…**

- closer integration with clinical systems
- links with 111 Online
- links with NHS.uk
- Citizen ID
- links with apps & wearables
Benefits in practice

**Improved access**
More convenient access, connected to the most appropriate person first time, signposted to self-help and community resources
- eg Unity Health, York: GP wait reduced from 2-3 weeks to 1 day, DNAs from 10% to 3-5%
- eg Larwood surgery, Workshop: named GP wait reduced from 1-5 weeks to a few hours

**More efficient use of GP time**
Clerical queries addressed by clerical staff, some problems resolved without face to face appointment, tests done before appointment
- eg Docklands Medical Centre: 40% of contacts resolved without patient needing to come in, mean 2.9 minutes’ GP time
- eg Unity Health, York: 66% handled remotely, take <10 min for clinician

**More effective consultations**
GP can deal more effectively with the problem because details of the history and the patient’s ideas, concerns and expectations known in advance
- one of the first things reported by many GPs
- it is hoped that future academic research will seek to quantify this
Do patients use it?

Yes … if they know about it and are encouraged by staff

Where patients are not engaged by the practice, the service is hard to find on the website or staff are not confident in describing the benefits, patient uptake can be very low.

This is not surprising, but it is sometimes overlooked by practices. Recent academic publications confirm this.

**Potential shift to ‘click first’ for patients:**
- eg Rydal practice (N London): 40% contacts online within 3 months
- eg Unity Health (York): 87%
Safety standards
National approved suppliers established, January 2018, giving additional assurance regarding essential functionality and financial stability.

Indemnity providers’ view
Inform provider. No additional cost.
Follow GMC and CQC requirements for good care, see in person if clinically appropriate, don’t break confidentiality, check patient agreement with management plan
Contact provider if…
- non-GPs are consulting (additional cost)
- consulting with private patients (additional cost)
- consulting without the record (additional cost)
- consulting online with under 16s (may not be covered)
Launch process

30 Oct 17
Publication of full requirements and planning guidance

CCG plan

Plan approved by NHS England

Funding allocated to CCG

January onwards
CCG procures systems for practices

Practices go live

30 Oct 17
Publication of full requirements and planning guidance

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Practices go live

National webinars for practices and CCGs

Planning support for CCGs from NHS England regional team and national commercial and procurement Hub

Procurement advice and support from Hub

Ongoing programme of showcases (through General Practice Development Programme)

Marketing materials and support to engage with patients
National Commercial and Procurement Hub will create an approved suppliers list to be used in a dynamic purchasing system (DPS). Requirements:

- relevant functionality
- meet all appropriate standards (inc IG and cybersecurity)
- organisational capacity to meet demand
- financial stability standards

The Hub will keep the DPS updated with new features, standards and suppliers

April 2018
- 28 submissions to join the DPS
- 15 Approved Suppliers
- 6 further in evaluation currently
DPS launch in Jan 18

C CGs can then run **mini competitions** using the list

- **assurance** re standards and state-of-the-art solutions
- **fast** procurement (min 15 working days)
- **best value** for money

**April 2018**

- 7 Mini-Competition processes completed
- 3 in evaluation phase currently
- 8 upcoming opportunities

**42 CCG / STP contacts since February 2018**
Key messages

- Digital services need to add value
- We need to involve all staff (clinical and non-clinical) at all levels to ensure change works
- Solutions need technically appropriate and care appropriate
- Breaking down vision into manageable milestones, helps to keep momentum going and demonstrates achievements
What further webinars would you like?

“ALONE WE CAN DO SO LITTLE; TOGETHER WE CAN DO SO MUCH.”
- Helen Keller

Thank you