



Saving General Practice

Digital Primary Care

Dr Masood Nazir

**National Clinical Lead – Digital Transformation of Primary Care, NHS
England**

GP & CCIO – NHS Birmingham & Solihull CCGs

April 2018

Saving General Practice – Digital Primary Care

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



Dr Masood Nazir

GP and National Clinical Lead
Digital Transformation of Primary Care
NHS England



Dr Farah Jameel

GP and BMA GPC Executive



Dr Paul Atkinson

GP and CCIO, NHS Gloucestershire CCG
Digital Clinical Champion, NHS England



Sue Cooke

Digital Primary Care(GP IT)
Senior Programme Lead



Douglas Scott

Digital Primary Care(GP IT)
Senior Programme Lead

Saving General Practice

Digital Transformation of Primary Care



Dr Masood Nazir

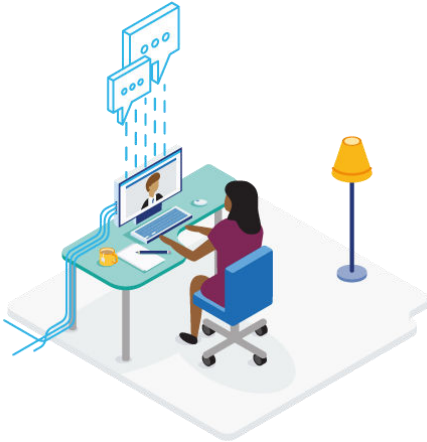
National Clinical Lead – Digital Transformation of
Primary Care
GP and CCIO – NHS Birmingham and Solihull CCGs

Digital Transformation in General Practice

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

Challenges faced by the Practices

- Integration challenges between core systems
- Paperless challenge
- Practice Workload



Objectives agreed by the Digital Transformation in General Practice Domain Board and referenced in General Practice Forward View

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

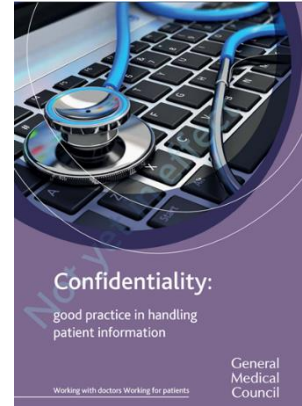
Help practices who want to work together to operate at scale

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

Contractual Agreements - IT

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 roll-out. 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)

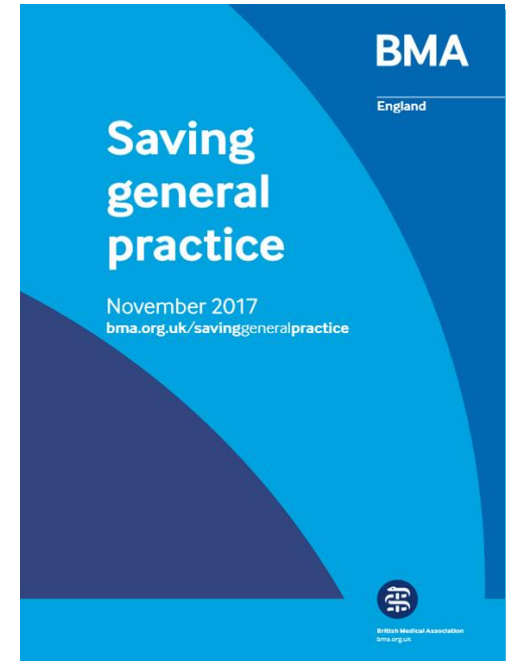
Use of GP appointments data which is already being extracted

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.



GP IT Operating Model

April 2018



Sue Cooke and Douglas Scott

Digital Primary Care (GPIT) Senior Programme
Leads, NHS England

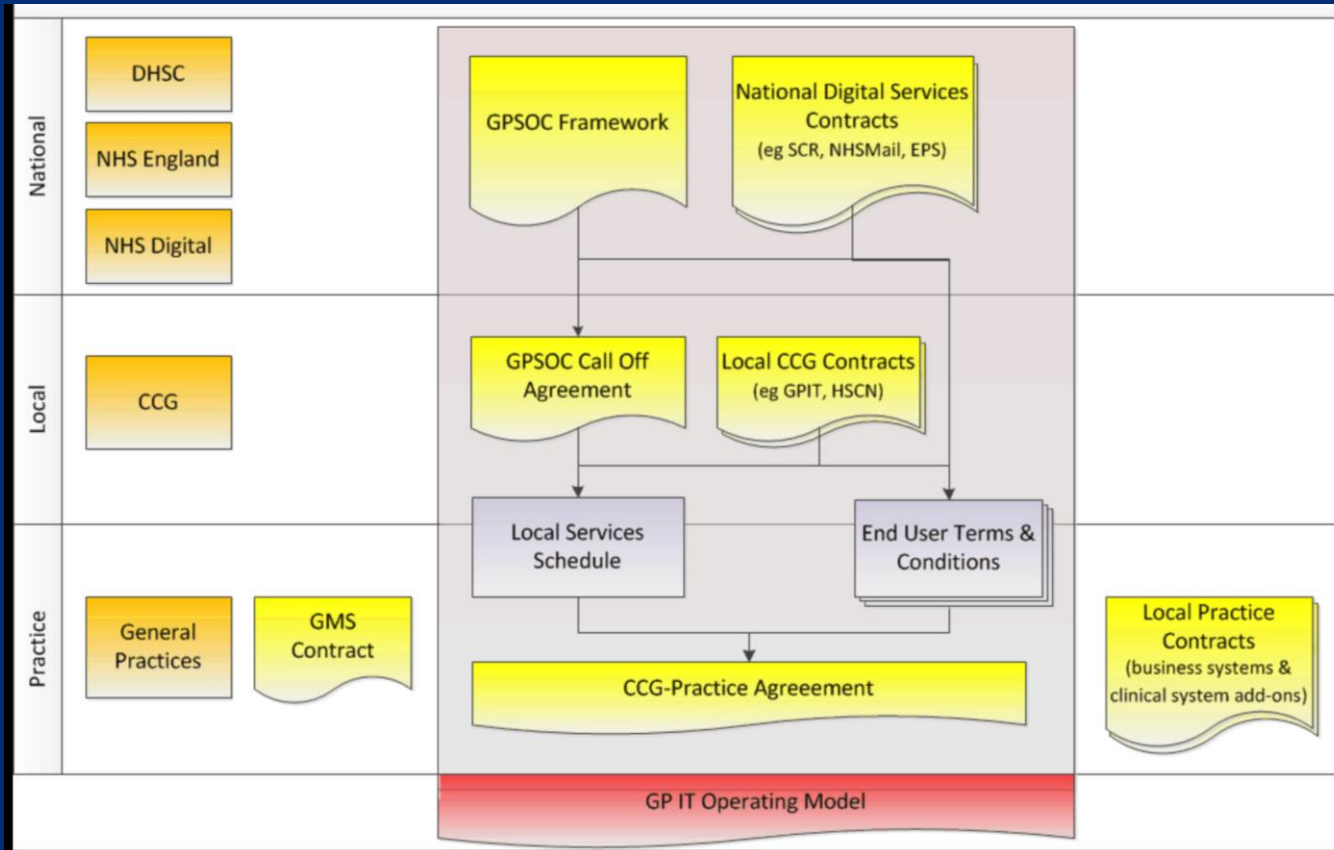
What is it?

- '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



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

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

- 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



NHS

Digitising primary care
and GP online services

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

1:
ACTIVE SIGNPOSTING



2:
NEW CONSULTATION TYPES



3:
REDUCE DNAs



4:
DEVELOP THE TEAM

2:

NEW CONSULTATION TYPES

- Telephone
- Text message
- E-consultations
- Group consultations



PRODUCTIVITY



7:
PARTNERSHIP WITH

SELF CARE



10:
DEVELOP QI EXPERTISE



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

What does it look like?

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

The NHS choices logo, with 'NHS' in blue and 'choices' in orange.

Health A-Z

Symptoms, conditions, medicines and treatments

Find conditions and treatments

Most common

- Stomach ache
- Chest infection
- Depression
- Back pain
- Diabetes

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

Send

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.

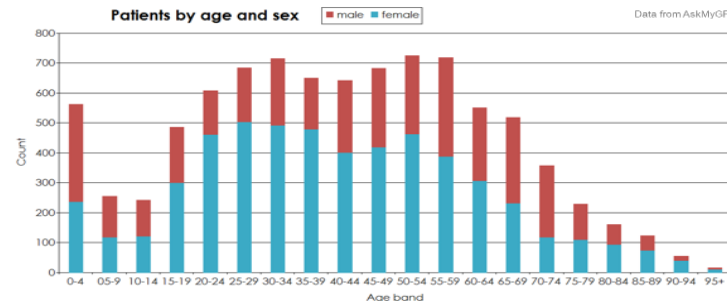
This is not surprising, but it is sometimes overlooked by practices. Recent academic publications confirm this.

Use crosses the generations

Potential shift to 'click first' for patients:

eg Rydal practice (N London): 40% contacts online within 3 months

eg Unity Health (York): 87%



Is it 'approved'?

Safety standards

Detailed standards published by NHS England, October 2017, covering legislation / standards for clinical safety, cybersecurity and information governance.

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

National webinars for
practices and CCGs

November
and
December

CCG plan

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

Plan approved by NHS England

Funding allocated to CCG

Procurement advice and
support from Hub

January
onwards

CCG procures systems for practices

Ongoing programme of
showcases (through General
Practice Development
Programme)

Practices go live

Marketing materials and
support to engage with
patients

Support for procurement

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

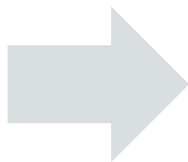
The Hub will keep the DPS **updated** with new features, standards and suppliers

April 2018

- 28 submissions to join the DPS
- **15 Approved Suppliers**
- 6 further in evaluation currently

Support for procurement

DPS
launch
in
Jan 18



CCGs 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?



Thank you