



# Londonwide LMCs

The professional voice of London general practice

## Digital first consultation response

We have responded to NHS England's consultation on 'Digital-first primary care and its implications for general practice payments'. Our full response can be read [here](#), a summary is below.

### Response to proposed contractual changes

The London adjustment should be retained, and in particular practices based on the peripheries of London should receive the adjustment for all patients, regardless of whether they reside in a London borough or a neighbouring county.

The London adjustment should be retained for patients registered 'normally' but residing across administrative or postcode boundaries. In particular, practices based on the peripheries of London should receive the adjustment for all patients, regardless of whether they reside in a London borough or a neighbouring county. Clarity is needed on whether the proposals distinguish between patients registered in a practice's delivery area, for whom there is an obligation to visit should the need arise, and those registered as 'out of area', such as commuters previously registered to their home-based practice and living beyond existing practice boundaries, for whom there is no obligation to visit.

### How to implement greater digital first provision in general practice

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.