



## Comment on digital first and APMS

We were approached by Pulse for a comment on proposals for creating new APMS contracts in 'under-doctored areas'.

Londonwide LMCs' comment on digital first and APMS contracts in general

'Based on our experience in London, we are concerned that APMS contracts are notoriously unstable and poor vehicles for the provision of the continuous and effective health care relationships beneficial to patients and staff. Considering the benefits of stable and continuous patient care and a sustainable and stable workforce, we believe that commissioners would see improved patient outcomes through increased investment and support for GMS contracts which are nationally negotiated, and provide long term stability for patients and staff.

Londonwide LMCs' comment on digital first and APMS currently being proposed

"As the representative body for NHS general practice in the Capital, it is disappointing that we are yet to be consulted or advised of planned changes to NHSE's seemingly well advanced changes to general practice contracting. We have seen GPs make dramatic leaps in the use of digital consulting since the start of, and over, the pandemic. For the further potential of digital health to be realised, all GP practices need the infrastructure to provide it, the knowledge to use it effectively, and the patient clinical demand to justify the investment of time/ money in new systems and ways of working. While online access and consulting could reduce the need for unnecessary attendance at GP practices and appointments in the long-term, potentially freeing up capacity for face to face appointments for those with the greatest clinical need, how to apply the technology in ways which actually do this needs to be established by rigorous evaluation, rather just rolling out more online services. Technology is an enabler, not a panacea. 'Areas that are under-doctored may (and probably do) have patients with a high level of complex need, including around IT access, as well as infrastructure and access challenges – all of which add to health inequalities. As has been the case with the current highly successful GP IT systems, GP digital services should be developed in a collaborative, integrated way, alongside other services within existing practices so that they are there to be used if required. Evidence shows that primary care is best delivered by expert generalists working with registered lists in defined geographic communities.

"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. It is critical that more focus is placed on understanding the high turnover rate for patients registered with digital first providers; a point made in the recently published 'independent evaluation' of Babylon GP at Hand, conducted by Ipsos Mori last year. It is imperative that a commitment is made to ensure that the core funding that allows and supports care delivery at individual and population level is maintained and, where appropriate, increased. Doing so will not only allay some of the financial uncertainty within general practice at present, but could help address the currently rock-bottom morale of the committed NHS general practice staff who have worked heroically through the past six months.'

Press office contacts can be found [here](#).

[Link to publication](#) – Digital GP providers to bid for 20-year APMS contracts in 'under-doctored' areas.