Londonwide LMCs
The professional voice of London general practice

August 2018

Londonwide Local Medical Committees' response to "Digital-first primary care and its implications for primary care payments" Consultation

Londonwide Local Medical Committees (Londonwide LMCs) is the clinically led independent voice of general practice in the capital, supporting Local Medical Committees; bodies recognised in statute (NHS Act) which represent the interests of all local GPs and their teams. We aim to secure the future of general practice in London through our work with all partners in the health and social care sector and beyond. We support and represent over 7,000 GPs and over 1,250 practice teams in London through our 27 locally elected committees. We ensure that London's GPs and their practice teams have access to the information and support they need to help them provide the best possible service to their nearly 9 million patients.

Londonwide LMCs welcomes this opportunity to respond to the consultation on proposals to update the GP payments system to take account of digital technology in general practice.

Summary Response:

Evidence shows that primary care is best delivered by expert generalists working with registered lists in defined geographic communities. The core funding that allows and supports this care delivery at individual and population level must be maintained and, where possible, increased.

GPs in London are adept at managing their practice resources and can adapt the services they offer to their practice lists, treating each patient as an individual, without the need to move patients between practices when their health care needs change. However, there are significant workload pressures which must be addressed to allow all patients appropriate access to their chosen GP. There are significant infrastructure issues relating to digital working that also need to be addressed. There are also additional costs – referenced as the higher "Market Forces Factor" (p19) - borne by general practitioners operating within the greater London area, including elevated property and staffing costs, which are reflected in current resource weightings.

There are concerns that proposed amendments may result in unintended financial risk to the delivery of core primary care services in the Capital and the stability of practices delivering them, since they equate to a redistribution, rather than any new digital technology-related investment. In effect they amount to already finely-balanced fixed practice resources being cut to pay for digital change. Before further decisions are reached we believe that a full review of the financial impact of these changes should be provided, including regional breakdowns, rather than the single practice examples included in the consultation document.

Additional Points:

In addition to the comments above, we have chosen to respond to specific points within the consultation. See below:

- **Underpinning principles (Q1)**

Londonwide LMCs works with GPs across the breadth of their roles, from clinical provision to business services and patient engagement. GPs acknowledge the importance of engaging with patients in designing how to deliver services, making these as responsive as possible. We also recognise the power of information shared with patients in helping them make decisions about their treatment and to manage their own health through regular feedback at the practice, via technology, and through practice Patient Participation Groups (PPGs).

Such principles of engagement and consultation are not inherent in the current application/ interpretation of the out of area regulations and as such, we believe that they are no longer fit for purpose in their current form. They are open to misinterpretation benefitting neither the patient community, nor the current model of general practice in the Capital.

- **London adjustment (Q3)**

Of particular concern are the following statements:

- "With digital-first access to general practice, more care is being delivered remotely across a bigger geography, so an additional payment based on the location of the practice may be inappropriate"

Clarity is needed as to whether the proposals distinguish between patients who are registered 'normally' and within a practice's delivery area, for whom a practice would continue to hold an obligation to visit should the need arise, and those patients who are registered as 'out of area', such as commuters previously registered to their home-based practice, and who therefore live beyond existing practice boundaries, for whom there is no obligation to visit.

These national proposals may have a disproportionate impact on practices in London with patients who are registered "normally" though they reside outside the London postcode areas but within the practice delivery area agreed with their CCG/NHSE, such as the significant number of practices who operate on the boundaries of Greater London but are still subject to a higher MFF. There are concerns that proposed amendments may result in unintended financial risk to the delivery of core primary care services in the Capital. Before further decisions are reached we believe that a full review of the financial impact of these changes should be provided, including regional breakdowns, rather than the single practice examples included in the consultation document.

Having recently surveyed practices working across such boundaries, we found that from the responding practices up to 11.9% of patients would be considered as non-London residents. We have a keen interest in how the proposals for revised funding would impact on practices and primary care services across London.

- **Benefits and disbenefits of digital-first models for general practice (Q5)**

We believe that there could be significant benefits for GPs and practice teams currently struggling to manage workload and deal with the medical complexity who might, utilising the digital-first model, benefit from increased and improved usage of virtual appointments and care navigation. An online (or in-practice) e-consultation with patients could distinguish between a patient needing a routine review and can be advised on self-management. Incorporating digital working into core GP business could reduce the number of in-person appointments, with a more appropriate caseload and longer to spend with each patient. This would require a significant utilisation by patients of digital platforms designed to improve triage and signposting.

For the potential of digital health to be realised, all practices need the infrastructure to provide it, the knowledge to use it effectively, and the patient demand to justify the investment of time/ money in new systems and ways of working. 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 just the belief that rolling out more online services will somehow inherently reduce workload.

Patient Online figures show that simple digital services such as managing online appointments, repeat prescriptions and accessing medical records are still not well used in London. Although 99.4% of practices in London offer online appointment booking, less than a third of patients are registered to do so. The practice offer is nearly 100% for repeat prescriptions but the take up is even lower at just over a quarter of patients and only 7% of patients are registered to view their records online (97.3% offered). This is low uptake for a programme that has been running for some years now.

People expect to be able to access more and more services via mobile devices, which suggest there may be demand for online GP services. However, there will only be significant uptake if these services meet public expectations of how an online service should work, namely: that they are simple to sign-up for, what users can and cannot expect from the service is clearly outlined, and the quality of service that is promised is consistently delivered. To create a reliable 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.

The NHS needs to consider that those people with high technological literacy and access to modern mobile devices tend to come from socio-economic groups which already have above average health outcomes. Demand for online access from this cohort may not be proportionate to their actual need for improved access to NHS services. The inverse care law would suggest that the greatest need for improved access actually lies elsewhere in the population, in particular in this city, to those experiencing the greatest health inequalities directly related to their life circumstances, ie the wider determinents of their health.

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.

Any commissioning decisions regarding different aspects of primary, community and secondary care must take care that actions benefiting one sector do not have negative unintended consequences elsewhere.

- **Additional costs for the provision of digital-first primary care (Q5.3)**

Additional costs will include the need for investment in supplementary IT infrastructure, both software and hardware, the provision of high speed internet services as well as resources being made available for the training of practice teams. We should also not forget awareness raising for patient groups as well to get them to use digital-first services.

- **Payment for newly registered patients (Q5.4)**

London has a highly mobile and transient population. As such, we do not agree with removing the additional funding for newly registered patients, as to do so would disadvantage a range of practices including those in areas with high numbers of rented properties and HMOs, those who have a high turnover (university practices), and those with new high density housing developments either in-development, or planned. In addition, London practices incur higher employment and infrastructure costs when delivering patient care.

- **Mandated reporting of activity (Q6)**

Including something as a contractual requirement should not be the 'go to' for data on costings that may be difficult to source.

Adequate investment and infrastructure to ensure a level playing field for all practices needs to be in place before this is considered as a contractual requirement.

Contacts

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