National Voices: Consultation response to NHS England

Digital first primary care

August 2019

Overview

The National Voices coalition of 160 charity members working in health and social care has made the reform of primary care its principal priority in the wake of the Long Term Plan.

Scaled up, integrated and redesigned primary and community care is the key to delivering the comprehensive model for personalised care which we helped to produce, as a means to secure better outcomes and experience of care for people with long term conditions and other complexity.

We are heartened by the renewed focus from system leaders on the centrality of primary and community care, and optimistic that the extra funding, together with the creation of Primary Care Networks will have a real impact on the experience and outcomes of people who rely on health and care services. We are providing external advice to NHS England on primary care transformation and on the primary care networks programme.

Overall, we are concerned that the consultation is **too focussed on only a small, rather technical aspect of the wider question of how to best integrate a digital offer into primary care** in such a way that it benefits all patients, and particularly those with ongoing needs.

- Our **starting point** is that **continuity of care matters to people**, particularly to those with ongoing or complex issues. There is now clearly established evidence for the effect continuity has on user experience and even on clinical outcomes (https://www.nuffieldtrust.org.uk/research/improving-access-and-continuity-in-general-practice).
- **Further**, our priority is that primary care, whether digital or face to face, needs to remain accessible and provide support to the '**core user' of services**, probably best thought of as a person who has one or more long term, at times complex health issues.
- **Finally**, we are (and NHS E/I also is through the Long Term Plan) committed to **reducing health inequalities**. Therefore we believe that any proposals put forward need to demonstrate that they won't

exacerbate inequalities of access or outcomes, also through further destabilising the 'deal' for primary care.

Inequalities

That deal, which has been re-asserted by the GP Forward View and other national initiatives, means that a relatively small sum of money per capita for primary care can still sustain a fully responsive free at the point of use service, because the funding for the relatively 'well' population subsidises the extra cost of caring for people with greater complexity.

The Ipsos Mori evaluation of GP@Hand (https://www.hammersmithfulhamccg.nhs.uk/media/156123/Evaluation-of-Babylon-GP-at-Hand-Final-Report.pdf) confirmed that it works by attracting a segment of the patient population which is relatively well, bringing their registration and per capita funding to the new service. This leaves local practices with a higher ratio of more complex patients to be served by reduced funding.

According to this evaluation, 94% of the new service's patients were under 45; most came from relatively affluent home areas; and most were in better than average health,

These patients use health services more frequently than the average patient in this category, and thus appear to be a specific segment of frustrated consumers wanting faster access.

National Voices supports patient choice and flexible, multi channel access to services. We are concerned however that **the mechanisms proposed through this consultation won't overcome the negative impacts that arise when relatively well patients and their funding leave practice lists.** This has the potential to destabilise existing services for people who remain registered with 'conventional' primary care providers – thus possibly increasing health inequalities.

Detailed proposals

We are aware that the proposals aim to tackle this risk of exacerbating inequalities through a number of technical mechanisms, but we remain unconvinced that these will work, for the following reasons:

i. The **threshold number** proposed is to an extent arbitrary and can be easily gamed: the digital first provider just needs an automatic flag to alert them when the numbers from a specific area are nearing the threshold, and it can stop further registrations;

ii. The proposals do not deal with how to define the size of local area for which a threshold would be set: its talks of numbers 'per CCG' but this is problematic. CCGs have varied widely in geographic and population size since their inception, and also vary widely in terms of deprivation and burdens of ill health. Moreover CCGs are now changing again – in some areas following NHS England's expressed preference in the Long Term Plan to have one merged CCG per STP/ICS. These larger units will have larger populations – over two million for the four London segments, for instance. In this context, one or two thousand patients in a 2.5 million population is not a meaningful threshold, but no other unit of selection is offered.

National Voices wishes to see the **inverse care** law tackled, and therefore if these proposals do go ahead despite our objections and concerns, we would support efforts to use new providers to enter under-doctored areas. But:

i. The proposal notes that digital first providers have managed to attract/retain GPs who are otherwise detached from practice, thereby adding to the workforce. However, we are more sceptical that these GPs will necessarily be willing to engage in 'real world' local practice in areas that may not be geographically close to their other work or home area.
ii. Moreover, the fact that some early provision of digital first services has managed to recruit successfully does not in itself mean that, if such services continue to spread, they will be able to continue doing so. In other words the supply of these part time, 'virtual' GPs may be limited.
iii. Finally, the proposal overlooks the finding of the Ipsos Mori evaluation which concluded that the GP@Hand service actually provides a higher than usual ratio of GPs in order to fulfil its rapid access promise, and questions whether this would be sustainable across a larger population.

Core customers

As we stated above, our main concern is that primary care reform supports people with higher levels of need, who are also the majority users of primary and community care services – the 'core customers' of the NHS – who are **people with long term conditions (often multiple conditions) and/or other complexity.** It is well known that this complexity is directly and starkly related to inequalities.

Many National Voices member charities work with these groups of people. Over years, our members and their patient partners, advocates and beneficiaries have told us that a digital offer in primary and community care

needs to be much more than rapid access to stand alone GP consultations: it should include a suite of applications that underpin and enable person centred ('personalised') care.

Our collective experience suggests that **many people with long term conditions and other complexity would want a digital entry point to primary care that is achieved through and with their existing local practice**, and which enhances their experience of, and outcomes from, that continuing relationship.

Widening the question

We think it would be beneficial therefore to widen the approach to consultation NHS E/I have so far adopted and to start from a set of questions that aim to explore how the majority users of primary care wish to see digital services integrated into their existing primary care offer and what value truly integrated digital care would bring to the care of people living with one or more long term conditions.

Where a stand alone digital offer emerges as a model some segments of the population might want to access, we think this offer needs to be truly additional and not impact on the funding of other users who need the ongoing support from a primary care team which they might need to access in a variety of ways.

The consultation document itself reaffirms that:

> "The NHS Long Term Plan commits that every patient in England will have access to digital GP services. We need to make it easier for existing GP surgeries to expand and improve their own digital services."

National Voices therefore calls on NHS E/I and other actors including NHSX to focus on the objective of helping *all practices* to go digital, to provide *all patients* with an up to date and personalised offer of digital access to flexible and personalised primary care.

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