

NHS Rotherham Clinical Commissioning Group

Primary care sub-group - virtual

Primary care committee – 14 February 2018

Memory Jogger (MJog) use in GP practices

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Purpose:

To discuss the impact of MJog and consider the options going forward for year two, following patient and practice feedback

Background:

After a pilot period, a tele-health solution (MJog) was approved and the contract (1 year) began in February 2017. CCG officers aimed to improve outcomes for patients by making best use of technology, research proved other areas have had some very positive results utilising a tele-health tool. Tele-health has been proven to improve access, DNA rates within General Practice and can impact other areas i.e. A&E attends through closer patient management of LTC's.

MJog was chosen as it offers a range of tele-health solutions and numerous other tools, it also works with both EMIS and SystemOne. MJog has been used for call and re-call as well as Flu campaigns. It is estimated that a letter (i.e. inviting for a Flu Jab) costs a practice around 80p, including admin time, stamp and stationary. MJog can do this with a couple of clicks to thousands of patients for a low or even no cost for those with the Application on their phone.

Practices have been monitoring some stable Long Term Conditions (LTC) remotely, for example Hypertension. The practice nurse selects some suitable patients with their own blood pressure monitor. These patients can send in their results to the practice to MJog (via SMS/MMS) and their results are automatically recorded and read-coded. Automatically generated advice can be sent to the patient based on the results they submitted. There is scope to use this for numerous conditions i.e. Asthma, Diabetes etc.

Practices can use MJog to send appointment reminders; the patients can then cancel appointments using their phones (via text or smart message). The appointments are then automatically freed up in their clinical system. We are receiving around 1,400 cancelled appointments per month, which has impacted positively on DNA rates and access. It is also possible to offer patients appointments via SMS/MMS which can be accepted / booked into clinical systems automatically.

There are numerous other tele-health tools available on MJog and ways that it can be used to benefit patients and practices alike. Practices have reported hugely positive QoF results by using MJog to gather patient information. There are patient groups such as children with Asthma that are historically difficult to manage; it is possible to use MJog for Peak Flow readings and also the Control Test.

Work has commenced with the Lead Community Nurse in relation to use of MJog in the wider system. A pilot is being developed to better manage diabetic patients using Tele-Health. Another pilot is also being developed to better manage pregnant diabetic patients to improve outcomes in a historically difficult to manage patient group. Exploring using tele-health to evaluate pre-diabetic patients has also commenced and would be the first of this nature nationally. Newly diagnosed diabetic patients will be asked if they want to use MJog to help manage their insulin dosage, work is ongoing to integrate this workstream from community to practice staff.

Cancer Screening DNA's –CCG officers have developed templates to be used on MJog for practices to use, once they are notified that a patient has DNA'd. Again Rotherham is the first regionally to utilise technology for this issue and the regional cancer screening group are keen to monitor our progress.

The CCG have also created templates to communicate with patients, for example a message was sent to patients on practice Carers Register to advertise a Carers Right event. It was a quick effective way of communicating with a specific group of patients.

It has already been approved to extend the contract for a further 12 months until February 2019. However, at the January Primary Care Committee it was decided that as messaging via the App results in no charge that practices should be supported leading up to the new financial year to promote the App to achieve the anticipated 40% level for the use of the App to stabilise costs. It was agreed that the messaging function should be switched off April to June to further encourage this uptake and for this to be then reviewed. The CCG is contractually obliged to pay for the SMS Messages sent by our GP Practices and restricting the length of messages is also difficult. There is however no cost to send smart messages, the patients need to download a free app.

This outcome was communicated to practices and there has been a negative response from both practices and patients. There is concern regarding equity, feedback regarding the App and the impact of losing the messaging facility on practices.

Analysis of key issues and of risks

How is MJog being used?

Month	No of Practices using MJog	Cancelled appointments
Aug 2017	29	1,446
Sep 2017	30	1,795
Oct 2017	30	2,097
Nov 2017	30	1,799

Friends and Family Test

	Average Recommended Rate	Percentage of practices achieving Green or Amber	Number of FFT responses	No of practices submitting an FFT return
April 16	47%	38%	816	18
May 17	67%	67%	8,074	23
Sept 17	65%	55%	6,410	24

The FFT results are more meaningful while using MJog and it would appear that this approach gathers a more balanced response, rather than capturing a small number of patients that have received a particularly good or poor service. Over 6,000 responses is high and likely to be duplicates and steps can be taken to reduce this, while still receiving appropriate feedback.

Cancellations

Around 1,800 appointments (per month) are automatically cancelled (and freed up) in Practices clinical systems has a really positive effect on patient access. It takes a step to improve patient access and reduces DNA's dramatically.

Tele-Health

Around 35k tele-health messages are sent each month, as detailed above the CCG is working with

the Practices, as well as Community Nursing and the Federation to maximise this potential. An evaluation of the success of this work will be carried out when possible.

Improve uptake of MMS

It is essential that the CCG works with the Practice Managers to improve the uptake of patients able to receive Smart Messages. The MMS messages are free to send and are also extremely eye catching and interactive. Smart Messages gives the sender the opportunity to use existing images i.e. the “Know your lemons” picture for the breast cancer screening campaign (see appendix 1). It is reasonable for uptake to be around 40% of the population; this would cut the cost dramatically. There are four practices within the CCG area which have good patient uptake of the MJog app, therefore reducing the number of SMS messages being sent out. Below is the MMS usage at these practices for November 2017:

Morthen Road Group Practice	approx. 1,180 MMS sent in November 2017
High Street Surgery	approx. 820 MMS sent in November 2017
Dinnington Group Practice	approx. 800 MMS sent in November 2017
Stag Medical Centre	approx. 700 MMS sent in November 2017

MJog have agreed to provide the CCG with digital materials to promote the app in practices through posters and slides for Public Health TV. The CCG will also work with practices to encourage the promotion of the app on their websites etc. They have also advised that they would be willing to provide training for practices on use of the app, and how they can fully utilise the services e.g. digital asthma reviews. It is proposed that this work is carried out in conjunction with the Federation.

MJog have also advised that they have plans to include online appointment booking and repeat prescription requests on the app and this should be added in the near future. These services will work in conjunction with the clinical systems (EMIS and SystemOne). It is envisaged that this will further encourage the initiative to increase patient online access and achieve the 20% sign-up as per the GPC and NHS England guidance.

There is the potential to reduce the cost of the service by £25k if all practices achieve 40% uptake of the app.

Currently practices have no restrictions as to the length of the messages that are sent out. This impacts on the expenditure under this service as the CCG are charged per string of characters (approx. £0.015 per 156 characters). A recent message sent out by a practice within the CCG equated to seven strings of characters and a cost of approximately £0.10 for the entire message.

Primary Care Committee are asked to reconsider the decision to restrict messaging and instead practices could be instructed to limit the number of characters used in the messages sent out – to a maximum of 468 characters (3 strings) but ideally no more than 156 characters (1 string). This would limit the cost of each message to a maximum of £0.04. It is also proposed that MJog is restricted for Friends and Family test. It is proposed to continue to support and promote uptake of the App to achieve the anticipated 40%.

Financial Implications:

	Average Cost without MJog	Average cost with MJog (unrestricted)	Difference
Monthly	£2,083	£6,280	£4,197
Annual	£25k	£75k	£50k

The year 2 subscription charge for MJog is £34,272. The subscription fee is already discounted as it would ordinarily cost £36,920 per year. The average cost of an SMS message is £0.029 (2

strings).

Unrestricted use would cost around £42k (in sms messages) = £75k in total

Restricted use for FFT would cost around £27k (in sms messages) = £61k in total

Restricted use to smart messages only would cost £34,272 as no SMS costs would be incurred.

The SMS costs are estimates, it not possible to accurately predict how many messages the practices will send.

Human Resource Implications:

N/A

Procurement:

N/A

Recommendations:

The paper recommends the continued use of MJog with restricted use for FFT and restrictions on the length of message alongside increasing the uptake of the App. It is proposed to review this situation in 6 months with a view to considering restriction if uptake has not been achieved.