NHS Rotherham Clinical Commissioning Group:
Primary Care Access

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Purpose:

To provide an update on the plans for extended access into primary care and to recommend the commissioning of an Application (APP) to support the wider delivery of the GP Forward View.

Background:

Through the General Practice Forward View (GPFV), each CCG has being asked to improve access to primary care through commissioning additional hours and to use technology to make it easier for patients to navigate the health care system. A paper was originally brought to Primary Care Committee in October 2017 outlining proposals from the Access task and finish group for achieving the requirements identified in GPFV however the proposals were not supported and the group were tasked with undertaking wider patient engagement to develop further proposals. A paper was presented to Primary Care Committee in January 2018 in relation to the patient engagement exercise undertaken in November 2017 and it was identified that a further paper outlining more detail of how the access requirements would be achieved would be presented once more detailed information was available.

There are a number of programmes of work which Rotherham CCG is required to deliver to meet the GP forward view, these include:

Extended Access to Primary Care: - to commission an additional 131 hours of primary care consultation time to make it easier for patients to access primary care when they need it.

Patient E-Consultation programme: - enabling patients to access an online symptom checker to guide them into accessing the right service for their needs. This may range from self- care advice, suggestion to see a pharmacist or nurse, freeing up GP consultation time for those that need it the most. Patients will also be able to manage their appointments and repeat prescriptions and their long term conditions.

Patient Online: - which encourages patients to utilise GP services without having to visit their practice e.g. prescription ordering, booking and cancelling appointments and admin requests, such as fit notes.

Presently Rotherham is delivering 17% of the required hours for extended access to primary care. This paper sets out our plan to provide the full 131 hours minimum by October 2018 and how the procurement of an APP can support not only delivery of extended access, but also meet the requirements to deliver E-consultation and Patient on-line.

Analysis of key issues and of risks

Extended Access Plan

Presently Rotherham is delivering 22 hours of the 131 hours required for extended access via 3 hubs across Rotherham at Broom lane, Dinnington and Kimberworth.

Table 1 below outlines, the plans to increase provision of services to deliver the full extended access requirement.

	Hub 1	Hub 2	Hub 3	Hub 4	Total Hours
Monday - Friday	30 Hours		15 hours	15 hours	60
Saturday	16 Hours	16 Hours	12 hours	24 hours	68
Sunday	6 hours				6
Skill mix	GP/Nurse/HCA	GP/HCA	GP/HCA/Nurse	GP/HCA/Nurse	**134 hours**

Table 1: Proposed Extended Access Plan

It is planned to open up a 2 additional hubs, at Dalton and Wath, prior to the cessation of provision at Kimberworth. This will then provide better coverage of access across the borough. Discussions have taken place between the federation and Magna Group Practice who plan to open up an additional hub initially at Dalton from May and then rolling out to a hub in Wath within 3 months.

Further discussions are taking place with the present hub providers to increase provision Monday – Saturday as these appointments are well utilised. Sunday access must be delivered as part of the extended access requirements, however it is proposed to keep these 'as is' and as they are not well utilised.

Patients access hub appointments via their GP practice; however this means that when the practice is closed patients are unable to book or cancel appointments. Cancelled appointments result in a DNA. Plans are in place to support direct booking into the Hubs via NHS 111, for those patients with a disposition of primary care within 12 and 24 hours, however it is anticipated that these numbers will be quite small. We are reviewing ways of enabling patients to book and cancel hub appointments, without needing to contact a practice directly.

Primary Care APP
The patient engagement undertaken identified that patients did feel that technology could support primary care access particularly on Sundays. It is therefore recommended to procure an APP which provides an opportunity to facilitate extended access, *and* support the delivery of both primary care online and e-consultation, offering more value for the 'Rotherham Pound'.

The initial proposal is for a patient to log into the APP be able to:

- Book/cancel appointments – both GP and nurse appointments telephone/face to face
- Share their GP record in real time
- Order repeat prescriptions
- View all their appointments
- Notification of diagnostics, such as blood test results and if there is a need to contact the practice
- View all medications
- Manage their long term condition/s
- Have tailored lifestyle advice using read codes from the patients records
- Access e-consultation – for quick queries and immediate advice
- Receive appointment reminders
- Receive key messages – such as 'Don't forget to book your flu jab' and directly book in via the app, rather than contacting the surgery.
- As a carer have access to parent/client/child record to be able to access their appointment and help to book repeat prescriptions

Appendix 1 provides more detail on how an APP can facilitate delivery of the GP forward View.

By investing in an APP which meets the 'must do's' of primary care, it can be used as a lever to facilitate new models of care across the system. For example, the APP could be utilised to support locality working, where a federation may deliver services on behalf of practices such as repeat prescriptions, which via the APP, patients will

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be directed to book a virtual telephone review which is undertaken by the federation rather that the practice.

Other opportunities may be in the form of diagnostic booking. For example a patient uses the e-consultation element of the APP complaining of being tired. The patient is signposted to book blood tests, by the time they attend a face to face appointment, the diagnostics have been undertaken to better support the consultation, providing better utilisation of GP time and reducing the need for a patient to attend 2 appointments.

Other future opportunities could be to link the APP to deliver the Rotherham place plan, for example developing an on-line social care consultation tool, or utilising the e-mail facility to e-mail leaflets, such as physio exercises to patients and after care advice across the health economy, reducing printing costs.

Further examples of how we could use an APP to deliver wider benefits/opportunities to support different models of care across Rotherham are detailed in appendix 2.

The benefit of utilising one APP is that patients will have one place to access to meet their needs. Previous consultations have suggested that patients prefer one place to go to access services. It makes sense to follow this through with one APP.

By procuring an APP with wider functionality we will be able to centralise marketing it to patients. At present on-line access is via the practice website. Marketing 31 different ways to access on-line services is difficult and existing take up of patient on-line is low across Rotherham. The ability to book/cancel/order repeat prescriptions via a Rotherham Health APP is easier for patients to understand, a significant proportion of the population now bank via an APP and order their weekly shopping therefore navigating what they require from primary care is the expected direction of travel. Rotherham council (RMBC) are also undertaking a project to upskill the population on the use of digital alongside support like the 'Google bus' which sets up in communities providing support. We will work with RMBC to ensure we use this opportunity to market and train users to use the APP. booking your GP appointment is

Procurement

The Access group had been considering developing a bespoke APP however NHS England have developed a dynamic framework of suppliers for e-consultation and a number of these providers have more comprehensive offers which could meet our requirements. There is therefore a requirement to test the market. It is recommended that we undertake a mini competition against all the providers on this framework to ensure that we procure a product which can deliver not only e-consultation, but also utilise the APPs functionality to facilitate existing models of care, such as improved utilisation of extended hours, as patients will be able to book directly into hubs rather than via their GP practice as outlined in appendix 1.

Once awarded it would be expected that the APP is rolled out to practices in population cohorts of 50,000-60,000, with full roll out across Rotherham by Nov/Dec 18. This will ensure that RCCG meets the timeframe for roll out of e-consultation (March 19) and enable the testing of the APP during winter pressures.

As part of the mobilisation it will be expected that the procured service will supply a project manager (PM) to manage the implementation, roll out and provide regular reports on delivery against plan, it is also expected that the PM will undertake a post project review against KPIs to support future commissioning intentions.

Equality Impact:

Extended Access

By increasing access to primary care it enables those who work/ need a family member to help access care, to be able to book appointments at times more suitable to them without having to take time off work.

APP

The APP is web based and can be access via Smart Phone/Tablet/ Computer. It also has a function that, with the patient's permission, a family member or carer can access the APP on behalf. For patients wanting to use the APP who do not have a phone or access to the internet at home, computers can be accessed in libraries. As already outlined we are also exploring working with RMBC who are already working on a programme of education to improve public IT skills.

It is also envisaged that if patients are accessing appointments via the APP, it frees up the practices phones for those who need to contact the practice directly.

Financial Implications:

The anticipated 18/19 financial envelope for Access into primary care is £850,000. It is proposed to utilise this resource to deliver both the extended hours and Primary Care APP.

Extended Hours	APP
£570,000 which assumes a full 12 month payment.	£315,600 for 12 months, which assumes a full 12 month payment. This includes implementation and licence costs and a dedicated programme manager to support the mobilisation.

The anticipated 19/20 allocation for access into primary care is expected to increase to over £1m and therefore the revenue costs for both the hours and APP would be met.

Given the phased approach to implementation for both schemes it is not expected that the full costs will be realised and will be delivered within the financial envelope however £40k has been identified as a pre-commitment as a precautionary measure.

Human Resource Implications:

It is a requirement that the successful supplier of the APP will appoint a Project Manager. The cost of this post would be included as part of the mobilisation costs.

Procurement:

Procurement advice has been sought for the purchase of an APP. It is recommended that we test the market by utilising the Dynamic Framework set up by NHS England, to undertake a mini competition across the providers on the framework to procure the service which will take approximately 6 weeks.

Recommendations:

The committee is asked to support the plans for Extended Access and the recommendation to commission the APP and initiate procurement as per the arrangements identified.

Appendix 1 How an APP can support delivery of the GP Forward View

Extended access	- Enables delivery of Extended Access general practices e.g Patients can book into extended GP and Nurse Appointments across multiple sites without having to ring the practice directly. - Video consultation
E-consultation	Perform online consultations via web (e-mail) or in app-chat
Patient on-line	- View their full coded medical record including problems/conditions, immunisations, and allergies (with read and write access via a bi-lateral interface via API) - Book appointments into single or multiple practices and/or classes of clinical performers i.e. GP, Nurse, Physio, etc. - Issues patient appointment reminders and friends and family feedback - Self-testing devices are also compatible with the APP which input data directly into the GP record - Video consultation could also be piloted to support care homes and locality development to reduce the need for face to face meetings - Access to the APP can also be enabled for carers, e.g those looking after older relatives, with their permission, can have access to medication lists, notification of when prescriptions are needed and appointment management.
Lifestyle management	- Manage and monitor their key lifestyle risk factors with active sign-posting to regional services - Receive tailored self-care guides and content driven by their coded record with active sign-posting to regional services and content
Long term conditions management	Enables self-monitoring of LTCs e.g self-management of diabetes/COPD/Hypertension/Asthma with self-readings running alongside their GP medical record to enable a more holistic view when they have medication reviews.
RCCG Campaigns	Bulk SMS and Email services can be utilised to support winter campaigns such as promoting flu jabs with the functionality to directly book in at the practice or hub.

Table 2: How the APP can support delivery across Primary Care