

NHS England and NHS Improvement Board meetings held in common

Paper Title:	Digital-first primary care consultation outcome
Agenda item:	6
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Paper type:	For approval

Summary:

The Boards agreed the launch of a consultation on digital-first primary care at its meeting on 27 June. On 23 August the consultation closed. Analysis of responses, conclusions and next steps are set out in the response document. The Boards are formally invited to agree to its publication.

Background

1. At its meeting on 27 June, the Boards discussed and launched a consultation on proposals to change patient registration, payment and contracting rules around digital-first providers. These changes were proposed in the context of commitments in the new GP contract framework that by April 2020 all patients should have online access to their full record and by April 2021 all patients should have the right to online and video consultations.¹
2. **The most important way in which this will be supported is by helping existing practices digitise their offer.**
3. NHS England and NHS Improvement will ensure that a core digital-first offer is available to general practice. This will include core capabilities such as online and video consultation systems, triage mechanisms and symptom checkers for patients. As set out in the GP contract agreement, these core capabilities will be centrally funded for general practice and will be available from a national framework consisting of centrally accredited suppliers. Practices and PCNs will be involved in choosing suppliers and will be encouraged to collaborate to achieve economies of scale. This framework will be available for use from 2021.²
4. In addition, NHS England and NHS Improvement will support existing general practice to go through the business change necessary to make full use of these digital-first capabilities. Health systems will receive funding to provide the implementation support, training and backfill required for PCNs and practices to redesign how they deliver services to make best use of the technology provided.

¹ <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>



5. Some providers may choose to support their own services by buying additional clinical capacity from digital suppliers. NHS England and Improvement will consider establishing central accreditation for these services, potentially as part of the new supply framework, to make it easier for all parties to use. Funding of clinical capacity will remain a matter for providers. We expect this framework will be the bigger opportunity for digital-first providers than directly registering patients in competition with existing practices.
6. Our consultation sought to solve four main additional specific questions:
 - should we reform out-of-area registration rules to fit better with the world of digital-first providers and primary care networks, and if so, how?
 - should we also improve the responsiveness of CCG allocation adjustments to reflect in-year patient flows, and if so how?
 - should we change the current premium for new patient registration?
 - should we allow patients choice to register with a wider array of new digital-first providers, and if so, could we do so in a way that helps under-doctored areas and tackles health inequalities, and also avoids current and future transaction costs of local APMS procurements?

Considerations

7. There were 234 written responses to the consultation and over 240 people attended the engagement events, webinars and meetings we held.
8. Following the support demonstrated through the consultation, **NHS England and NHS Improvement will take forward the proposal to disaggregate a patient list and create a new APMS contract when a provider registers a certain number of out-of-area patients in another CCG.** This will ensure that digital-first services are connected back wherever possible to local service delivery via a new APMS contract in that CCG. **The threshold will be set at 1,000 patients.** Some respondents suggested abolition of the system of out-of-area registration which we rule out given its effect in rescinding patient choice of GP. In addition, we affirm our intention, set out in the consultation, not to change the level of payment for out-of-area patients.
9. These proposals require the Department of Health and Social Care to change GMS Regulations and as usual we will discuss the detail of these with the BMA.
10. Given the widespread support that money should follow the patient and for using a capitation approach, **NHS England and Improvement will make a CCG adjustment based on the age and gender of the patients registering with digital first practices, plus the practice they were previously registered with.**
11. There was broad support for our proposal to maintain a new patient registration premium, given the additional administrative and clinical workload new patients generate. There was support in principle for the proposal around setting stricter criteria about how long patients should remain registered with a practice for it to be due. However, **NHS England and NHS Improvement heard significant**

concerns and we have decided not to take forward our proposal in this area and to leave arrangements on the new patient registration premium unchanged. This is because of: (i) the risk of unintended consequences e.g. destabilising existing practices with high churn, (ii) fairness: additional costs are incurred early on for newly registered patients; (iii) materiality: the small increase in rapid re-registrations driven by digital-first models; (iv) opposition from the BMA and RCGP; (v) practicality: the administrative challenge and burden involved. We will review this position in 2021 to determine if further evidence exists that suggests the decision should be revisited.

- 12. There was broad agreement NHS England and NHS Improvement should not create new opportunities for providers to set up new digital-first services anywhere in England and instead for targeting these opportunities in areas of greatest need e.g. under-doctored areas** which is the proposal we will now take forward. There was support in principle for requiring providers taking these new opportunities to set up physical premises in deprived areas, to require new contract holders to bring in additional GP capacity through the service and make all efforts to ensure their lists reflected the make-up of the local population. We were challenged to make these mechanisms as robust as possible. Many could see the benefits of running a national process for the award of contracts to avoid creating additional burdens on local commissioners and minimise transaction costs. During 2020/21 we will aim to create a list of approved providers who could set up new digital-first practices in under-doctored areas only.