Online Clinics: Where does a new PCN start?

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The quadruple aim of effective primary care

- Improved patient experience
- Improved provider experience
- Population health
- Sustainable cost
Patient access goes to the heart of the problem

- It is estimated that 27% of all GP appointments booked are avoidable or inappropriate.

The patient could have been seen by a member of the multidisciplinary team, visited a pharmacist or ordered repeat prescriptions without seeing their GP.
How do we shift the channel?
The future patient journey will be *digital first*.

1. **Information gathering**
   - I’ve had coughing, fever, and a headache.
   - For how long have you experienced this? 1 week
   - What is your current body temperature? 38.5 °C
   - Have you recently experienced a shortness of breath?

2. **Digital consultation**

3. **In-clinic consultation**
The digital transformation in healthcare is just getting started

Before the year 2030, 50% of all interactions between patient and provider will be managed digitally.
What’s in the sweetie jar?

- Online video
- Chat rooms
- VOIP telephony
- Symptom checker
- Picture sharing
- Messaging
- ePrescribing
- Online appointment booking
- MDT conferencing
- Links to secondary care/mental health/social services
- Clinical effectiveness programmes
- Smart templates
- Data sharing/business intelligence
Recently, the Royal College of General Practitioners (RCGP) announced its vision for the future:

• End the standard 10-minute GP consultation
• Improve access to appointments for those that need them
• Expand multidisciplinary teams to better manage patients in primary care.

The RCGP anticipates that its future vision will be met by 2030, which will see GPs delivering round-the-clock care and working at scale in collaboration with neighbouring practices, to proactively improve the health outcomes of their patients.
What are the benefits?

1. Practice Benefits

- Increased practice efficiency: Knowing a patient’s symptoms up front helps manage your patients by clinical need, and based on available resources
- Saved time for your staff: Patients can be triaged more quickly
- Reduced inappropriate appointments
- Improve work-life balance: GPs, HCPs and practice staff can use their working day more efficiently
What are the benefits?

2. Admin Benefits

• Work can be directed straight to admin team, with relevant clinical input as required
• Reduction in patient frustration at the reception and better QOL for staff
What are the benefits?

3. Patient Benefits

- Patients may not need a trip to the surgery. Their query may be resolved with a phone call or online consult
- Continuity of care
- Medical advice 24/7
- Access wherever and whenever they want, from any device, and at a pace that suits them
- Request sick notes, repeat prescriptions, and test results, without the need for an appointment
Lambeth: Our journey to online consulting

- Five Year Forward View
- The GP Five Year Forward View
- Strategic Commissioning Framework
- Long Term Plan and new contract

April 2021 deadline for online consultation
Lambeth is a vibrant, dynamic inner London borough with a diverse population. Our borough is:

- **Young and mobile**: We have a higher proportion of young adults, and a smaller proportion of people aged 55 plus than the rest of England. Our 20–39-year-olds make up 44% of the total population, while just 8% of Lambeth people are aged over 65. We have a high turnover of people, where approximately 40,000 people leave the borough, and equally so, 40,000 people move into Lambeth every year.

- **Densely populated and growing**: Lambeth is one of the most densely populated areas in the UK. In 2016 our population was 327,600, and it is expected to reach 355,200 by 2025 – a rise of 9% from 2015. Our current registered population is 423,158, and the rate of population is steadily going up.

- **Extremely ethnically diverse**: 60% of Lambeth’s population (3 in 5) describe their ethnicity as other than white British. People from black and other minority ethnic groups will make up 41% of our population by 2025, and the main languages spoken after English, are Spanish and Portuguese.

- **Continuing to struggle with high levels of deprivation and rising inequalities**: Within Lambeth, the life expectancy and healthy life expectancy gap varies significantly between the most and least deprived areas. 31% of our population live in areas of high deprivation, and 27% of Lambeth children live in poverty.
Three Targets

- Partners – high-profile decision makers
- Salaries/locums – low-profile workers
- Others (nurses, pharmacists) – even lower profile workers
What do we know about clinicians in General Practice?

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<th>Be in the know</th>
<th>Express yourself</th>
<th>Ready for IT?</th>
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<td>• We’ve been our own masters (relatively speaking) for 70 years</td>
<td>• Most clinicians don’t make a lot of noise – too busy doing the day job, often 12 hours a day</td>
<td>• Relatively IT savvy</td>
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<td>• Partnerships are small businesses, focused on patient care (and profitability)</td>
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<td>• Seen the benefit from clinical systems such as Emis</td>
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<td>• Embracing practice websites</td>
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- We love IT that makes our life/job easier
- We hate IT that brings us more work
Lambeth CCG salaried GP survey (June 2019)

- 75% said that they do not have enough information about Primary Care Networks (PCNs) to make up their mind about whether it will affect their career intentions.
- 66.7% felt that they are not being kept in the loop about the development of their own PCN.
- 83.3% said they would like more input into the development of their own PCN.
- 75% said that they felt neutral about the development of PCNs. The remaining 25% felt positive about the development of PCNs.
How to make it work in practice
How to make it work in practice

PCN

Feds

Supplier

CCG

PPG

CSU

ICS
How to make it work in practice?

- Clinical Directors
- Listening/Trust/Understanding – can one size fit all?
- Retaining control – choosing the best fit for your PCN
- Workforce – how do we keep everyone onside?
- Training
- Money
Clapham PCN aspiration

- Establish an eHub
- Retain control of online solution
- Signpost on practice website/NHS app
- Rota for GPs/nurses/pharmacists (social prescriber)
- Input from Digital Accelerator
For discussion

- Should we just adopt one system or should we try to cherry pick what's best?
- Where will the money come from?
- How can we bring in a wider team?
  For patients with multiple long term conditions, e.g. hospital consultants, pharmacists
- What role should the patients have in co-producing the Practice's online offer?
- How can digital tools help reduce inequalities?
- What do we do about non-English speakers?
Any questions?