

## To: All Practices in Surrey and Sussex LMCs

18 February 2019

Dear Colleague

## GP Contract Agreement 2019: Update - IT/ 'Digital First'

Nearly all these areas are non-contractual, and also dependent on local functionality being available. Digital technology is seen as having "the potential to improve access, quality and outcomes including through better data, more accurate diagnosis, and support tools for patients", and, for many patients, "digital will become the channel of choice when interacting with the NHS" (both quotes 5.6). Many colleagues might support the aspiration but have seen too many digital false dawns.

In terms of practice-based aspirations, these include patients having:

- The right to on-line and video consultation by April 2021
- On-line access to their full record by April 2020; including, rather challengingly "the ability to add their own information", which is not explained further
- The option of electronic ordering of repeat prescriptions and electronic repeat dispensing, where appropriate
- At least 25% of appointments being available for on-line booking by July 2019 although the nature of these appointments (for example, triage, or face-to-face) will be at the practices' discretion, and they do not have to be a GP appointment.
- Access to an up-to-date and informative practice on-line presence
- Access on-line to patient related correspondence

## and that practices:

- Have a dedicated MHRA Central Alert System receiving email address
- Do not use fax machines for NHS or patient communication after April 2020
- Offer new patients registered after April 2019 on-line access to prospective data from their health record

Although not strictly part of the Contract Agreement, NHS England are planning to replace GPSoC (GP Systems of Choice) with a new practice IT support framework called GP IT Futures. which will support GP2GP functionality, improved cyber-security, better interoperability between IT systems and real-time secure access to data by patients and other NHS users.

NHS England are also seeking to address what they see as inappropriate incentives to digital providers; hence the changes to the London weighting and rurality index, although these in themselves will have a very small absolute financial impact on digital providers. The London weighting is £2.18, which is 2.5% of current Global Sum. Two further current regulatory matters will also be reviewed during 2019, these being:

Local Medical Committees for Croydon, Kingston & Richmond, Surrey, East Sussex and West Sussex

The White House **T:** 01372 389270 Leatherhead

18 Church Road F: 01372 389271

Surrey KT22 8BB www.sslmcs.co.uk

- The Out-of-Area Regulations
- The current 46% Carr-Hill weighting for patients in their first year of registration

However, there remains, outside this Contract Agreement, widespread NHS England willingness to see newer digital providers as being innovative demonstrators of the way the NHS might better offer digital and remote consultation services to patients.

111 access to practice appointments is seen as demonstrating both 'joined up' NHS digital services, and also urgent access services to patients, and although trialled by practices in a number of areas, particularly in the North-East, will be significant change for many practices; more details of this are given in the LMC update: Integrating Urgent Care Services.

With best wishes

Dr Julius Parker

Chief Executive