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| **To all practices – Surrey & Sussex LMCs** | U:\Marketing and Communications\Marketing Literature\SSLMCs logo\lmcs NEW REV logo generic.jpgThe White House, 18 Church Road, Leatherhead, KT22 8BBTel: 01372 389270 |

14th October 2019

Dear Colleagues

**Digital First Consultation outcome and on-line consultation support**

I am writing to highlight to colleagues’ recent developments – some of which have been discussed in the medical press.

Over the summer NHS undertook a consultation on patient registration and contracting rules with specific reference to ‘digital first’ providers such as Babylon and GP at Hand.

The outcome of this is summarised below, noting that some of these proposals require GP contract change, and so await negotiation, and some retain the status quo and will mean, in effect, no change for existing practices. Other proposals will certainly require further clarification.

* In order to understand the purpose of the consultation, it is important to note that patients are registered with ‘digital-first’ providers under the Out-of-Area (OOA) Regulations. These were introduced in 2013 to enable patients who lived in one area, but worked in another, to register with a GP in the area where they worked. To enable this approach, OOA registered patients are not eligible for Home Visits, and it is possible, under the OOA Regulations, to distinguish patients whose clinical conditions might make it difficult for an OOA registering practice to provide care, especially if the patients care involved significant overlap with local community services, and decline to register them under the OOA registration arrangements
* This is the only aspect of the Regulations which allows a registering practice to decline registration in relation to a patient’s medical condition, which is obviously not possible under ‘normal’ registration.
* By registering patients under the OOA Regulations, digital-first providers are not restricted geographically; in addition, their “offer” appeals to a particular demographic, which has led to concerns about ‘cherry-picking’ patients. Initially, many patients also appeared not to realise that by registering with GP at Hand, for example, they would be deregistered from their previous NHS GP, which led to a high turnover, but the terms of registration do now make this clearer.
* NHS England are now proposing that once a ‘digital-first’ provider has a certain number – proposed at 1000 – of patients registered within a CCG, the provider would be offered a new APMS Contract by that CCG. Such local patients would be disaggregated from the current providers patient list, and the provider obliged to provide a physical location within the CCG, with such patients registered in the normal way [not as OOA registrations]. This would enable better links with local community services.
* Although discussed, there is to be no change in the current OOA patient capitation fee [which is the same as ‘normal’ registration] as the proposed reduction would be marginal, thus opening the door to a rather difficult debate for NHS England. There is also to be no change in the current (1.46) weighted Carr-Hill Global Sum premium applied to newly registered patients in their first year of registration.
* NHS England have stated digital-first providers will be encouraged to target new opportunities in ‘under-doctored’ areas, although it is unclear how the proposals above automatically achieve that.
* NHS England’s recent Board paper on these proposals included the following:

*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.*

Thus there is a plan, which may not be realised, that by encouraging all practices to improve their ‘digital offer’, current, or to be accredited, providers of core digital services, such as on-line and video consultation systems, triage mechanisms and symptom checkers for patients, will preferentially create a business model of supplying these to existing practices, or to PCNs, rather than a model in which they create new practices along the lines of the arrangements discussed above.

There are clearly numerous questions arising from these proposals; any new APMS practice contract delivering patient services equivalent to existing GMS/PMS contractor holders should not be funded differentially, any new practice would need to identify a practice boundary and also, for example, be a member of a PCN.

NHS England have also developed a series of documents to support on-line consultations in primary care; these are available at

<https://www.england.nhs.uk/publication/using-online-consultations-in-primary-care-implementation-toolkit/>

The primary document is 193 pages long, although half is directed at CCGs, not GP practices, and it includes a range of ideas and options that practices may want to consider, rather than being required to do. Some of these may eventually be relevant to PCNs, as they undertake what is described by NHS England as an “implementation journey”.

I hope this background information will be helpful for colleagues, especially as there has been significant comment about the digital-first consultation outcome; the final picture will probably be a mixture of these proposals and, to use Donald Rumsfeld’s famous phrase, the impact of ‘unknown unknowns’.

With best wishes



Dr Julius Parker

**Chief Executive**