

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 25th September Time: 9-11.15am Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 13

Report title: e-consultations & NHS APP: BNSSG Pilots

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Report Sponsor: Deborah El-Sayed, Executive Director of Transformation

1. Purpose

The purpose of the paper is to brief the Primary Care Commissioning Committee on the progress to date on:

- 1) BNSSG Primary Care implementation of e-Consultation and the selection of suitable partners to support us understand, evaluate and develop together the specification for a future procurement of a BNSSG wide e-Consultations solution.
- 2) Trailing the new National NHS APP in two practices.

The e-Consultations project has been agreed as part of the Urgent Care Strategy, previously agreed with the governing body and will inform, the full procurement commencing in Spring 2019 to meet the NHS England General Practice Forward View national target for 95% of GP patients to be offered e-Consultation by March 2020.

A sustainable UEC system is dependent on sustainable primary care and this work will support this and links to the UEC strategy as well as the system wide integrated care work.

2. Summary

Following BNSSG Governing Body approval on 4th September, the e-Consultations pilot contract has been awarded to two vendors for a 12-month contract with the option to extend for 6 months to work with five practices. The two vendors are:



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- 1) Doctorlink (Highest overall scoring product and top product using a triage engine that reaches a disposition outcome e.g. Pharmacist, GP appointment within 72 hours, self-care).
- 2) e-Consult (Highest scoring history taking product to support practice triage a patient and identify the most appropriate response e.g. offer phone triage, appointment, referral to another service, self-help advice).

Following several discussions with practices across BNSSG, two practices have agreed to support the initial trial of the new national NHS App and work with NHS Digital to provide user experience and support future design requirements; West Walk Surgery and Stoke Gifford Medical Centre.

3. NHS App

Health Secretary Matt Hancock announced the trial of the NHS App during his speech at the NHS Expo in Manchester on 6th September 2018 and BNSSG has been chosen to support the initial trial with Liverpool, Hastings, Staffordshire and South Worcestershire before its national roll-out from December 2018.

The trial will support NHS Digital learn from:

- Patient and practice user experience
- Learning from mobilisation and integration with general practice
- General practice requirements for future development and functionality

The NHS App will have the initial functionality to:

- Order repeat prescription
- View patient record
- Access symptom checker
- Select organ donation preferences
- Access NHS 111 online
- Data opt out preferences
- View test results
- Book appointment or request practice triage (Replicates General Practice set up via

NHS England have identified the following

- Improve access for patients that is more convenient than conventional telephone access and available 24/7
- Promote self-care
- Patients empowered to take control of own health and to make more informed decisions.
- Improve patient experience
- Release time in GP practices
- Reduced Do not attend rates

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Following discussions with several practices across BNSSG, West Walk Surgery and Stoke Gifford Medical Centre have agreed to support the trial, that will start in late October.

4. Background to e-consultations

BNSSG CCG engaged with its members through GP forums and other locality meetings to discuss the possibility of proving the concept of redesigning access to General Practice aided by the implementation of an e-Consultation package.

Many practices responded and contributed to a requirements document that was further reviewed by all the practices that have volunteered to support the proof of concept before being provided to product vendors through a procurement process.

Through the initial engagement exercise several practices expressed an interest in the future pilot and all practices were initially contact, with seven confirming their continued interest and capacity to implement the pilot.

Five vendors, from a pre-approved NHS England list, were chosen to engage with the CCG, through a procurement guided processes:

- o Doctorlink
- o Sensely
- o eConsult
- o Egton
- Wiggly Amps.

5. e-consultation procurement approach

All documentation including scoring criteria has been co-produced with all practices involved in the process and support by the CSU procurement team, specifically funded by NHS Digital to provide subject matter advice on e-consultation and share learning from early procurements.

Scorers were a combination of senior clinicians and practice managers from seven surgeries, that volunteered to be part of the initial pilot and four additional experts from BNSSG CCG:

- Cedars Surgery
- Old School Surgery
- Pioneer Medical Group
- Tyntesfield Medical Group
- Hanham Health
- Courtside Surgery
- Broadmead Medical Centre
- Dr Geeta Iyer, GP representing BNSSG CCG
- Simon Jones, BNSSG Technical Consultant Primary Care
- Beverley Haworth, BNSSG Models of Care Development Lead
- Matthew Nye, BNSSG Head of Digital Transformation
- Mark Bradford, BNSSG Project Lead, Integrated Urgent Care



The table below identifies the key dates of the procurement guided process we have followed.

20th July	 1500 word expression of interest received outling vendors ability to meet the specification requirements. 			
24th July	 Vendor demonstration to practice representatives, clinical leads, patient lead and CCG team. Initial moderation of products and identification of clarification questions. 			
30th July to 2 August	•14 clarification questions sent to all vendors.			
1st August to 15th August	 Visit practices using each of the five shortlisted products. 			
16th August	•Final moderation of scores.			
23 August	 e-consultation Project Steering Group meeting with representation from practices, PPI, Communication, BNSSG Evalutation & Research, Localitity Teams and OneCare. Practices confirm chosen vendor. 			
4th September to 14th September	 4th September:- Governing Body Recommendation to Award Contract 5th September:- Award Contract 			
24th September to 6th November				

6. Types of e-consultation products

After exploring the products available, the group agreed to categorise the products into two types of solution:

- 1) Triage engine to assess the patient, that results in a disposition outcome and potentially triage them to self-care or other services using the local Directory of Service information.
 - a. Doctorlink
 - b. Sensely
- 2) Structured history-taking for a range of conditions to potentially raise red flags to alert the patient to emergency services or to offer them advice on self-care. The practice would use the information to identify next steps with patient e.g. offer phone triage, appointment, referral to another service, self-help advice.
 - a. eConsult
 - b. Egton
 - c. Wiggly Amps

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7. e-consultation procurement outcome

Doctorlink was the outright winner and the winner of the triage engine category 1; and eConsult the winner of the history taking product, category 2.

Practices have individually proposed the type of the product they would like to trial and the table below confirms the product the practices have chosen to mobilise by 6 November 18.

GP Practice	Product
Old School Surgery	Doctorlink
Pioneer Medical Group	Doctorlink
Hanham Health	eConsult
Tyntesfield Medical Group	Doctorlink
Courtside Surgery	eConsult

Cedars Surgery and Broadmead Surgery supported the procurement process and both practices have decided to withdraw from the pilots at this stage.

8. Process for working with GP practices

A project group has been established, with representation from Practice Managers and GPs from the GP practices involved, Provider representatives, Head of Digital Transformation, Integrated Urgent Care Project Lead, Digital Clinical Lead, Models of Care Development Lead, Locality Team, PPI, communication team and NHS Digital.

The communication team is supporting a wider communication and engagement plan to ensure transparency throughout the project. As well as monthly project meetings, weekly calls have been held to support practices as part of the evaluation process.

9. e-consultation evaluation

The wider evaluation of the proof of concept is being supported by the BNSSG Research and Evidence Team, with support from our PPI and communication lead, that will involve qualitative and quantitative data.

The project team have engaged with NIHR CLAHRC West, to learn from the initial eConsult pilot (April 2015 to June 2016) with One Care and have reviewed the previous evaluation data.

The e-Consultation Steering Group will agree a baseline of data to be collected at the end of September and review the Qualitative approach. The evaluation has allowed time for practices to embed the process before Christmas, before collecting 3 months of data in early 2019.



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An Equality Impact Assessment will be carried out with involvement of service users as part of the evaluation.

10. BNSSG wider involvement (Primary Care – Urgent and Emergency Care)

Regular communication from the steering group will be shared with Primary Care, locality team meetings, A&E Delivery Board and Urgent Care Control Centre.

In April 2019, we will set up a number of workshops across our localities to share findings from the evaluation and work with practices, patients and wider system to co-produce the BNSSG e-consultation specification for the future procurement in Spring 2019, that will procure a product for Primary Care.

Practices already using e-consultation products within BNSSG will be engaged to support the evaluation.

11. e-consultation financial resource implications

NHS England has released funding to the CCG for two years at a rate of 25 pence per registered patient. This matches the cost of the required software but does not cover any consulting or staffing costs.

Each practice will invest its time in making each implementation a success and BNSSG CCG managers (Beverley Haworth, Matthew Nye and Mark Bradford) will support individual practices with a named lead.

Our chosen solution vendors also invest in the implementation as part of the cost of buying the software and will provide individual support to each practice.

12. Legal implications

The work complies with Procurement regulations and requirements.

13. Risk implications

No'	Risk	Mitigation
1	 There is a risk that the change in practice processes will: cause disruption to the service for patients. if implemented without the necessary changes, could simply give patients another access route potentially putting additional pressure on practices. Not deliver any benefits 	 Support from the vendors who have implemented their solutions in a wide variety of practices which was shown through our practice visits and clarification questions. Support from named CCG staff and locality teams. Shared learning across BNSSG through the steering group Practices are committed to making the necessary changes to make the project a success and volunteered to be part of the pilot Continued shared learning from practices that have set up -e-consultation from outside of BNSSG, through practice visits.



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		•	Local practice working group to be set up with vendors and CCG support with involvement of practice patient representatives. Evaluation team involved in process from beginning
2	There is a risk that a potential delay in certification of an interface between Doctorlink and EMIS to enable direct booking, will delay the implementation at the three Doctorlink practices.	•	Doctorlink have already completed the process with Systmone and assurance is already underway. Assurance is being sought that the project can progress with NHS Digital and the provider The contract will be clear about the requirements and timescales of the project All practices have agreed that if Doctorlink cannot get the functionality enabled in time, Sensely which already has the functionality enabled, will be used to prove the concept of a triage engine.

14. NHS App and e-consultations implications for health inequalities

There are no direct implications as this is a new channel to an existing service rather than a new service.

Part of the implementation in each practice will be to make the processes work for their entire population.

Practices visited during the process for e-consultations, so far have achieved this through training their staff to either assist patients to perform the e-consultation themselves or when needed to operate the solution on their behalf.

NHS Digital will also provide practices and patients with local support and training using the NHS App.

This will be the approach in our Proof of Concept Practices.

15. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The current versions of software for NHS App and e-consultation are only available in English. Uptake of a digital solution is likely to be lower in some segments of the population than others, but trained practice staff will make the functionality available for those whose first language is not English and for those who find it difficult to use through disability or a lack of access due to owning a suitable device or the skills to use it.

16. Consultation and Communication including Public Involvement

This is a limited exercise in five practices for e-consultation and NHS App in two. The implementation phase will include engagement and training of their population (or in some cases subsets of it). At this early stage it would be unwise to start to promote it more widely where it is not yet available.

The project group includes members of our Patient and Public Engagement, Communication and Evaluation teams.

