

<b>Primary Care Commissioning Committee</b>			
<b>Meeting Date</b>	23 February 2022	<b>Action</b>	Receive
<b>Item No.</b>	12	<b>Confidential</b>	No
<b>Title</b>	Ongoing COVID-19 response for patient triage Bury CCG		
<b>Presented By</b>	FOR INFORMATION		
<b>Author</b>	Dr. Sanjay Kotegaonkar and Dominic Siddall		
<b>Clinical Lead</b>	Dr. Sanjay Kotegaonkar, Clinical IT Lead		

<b>Executive Summary</b>
<p>This proposal outlines the ongoing need to continue the Digital COVID-19 response the CCG can make related to triage and managing GP patient demand. In March 2020 the solution using askmyGP was approved and financed using emergency COVID-19 NHSE funding.</p> <p>askmyGP was purchased from the framework at the start of the pandemic and implemented CCG-wide across Bury (bar two practices). This enabled the offer of full coverage of the solution to cope with ongoing primary care demand and insight into patient flow and emergency status. The uptake across practices has been reasonable throughout the pandemic but there has been some variability in how it has been deployed and in usage rates by practice.</p> <p>The current COVID-19 threat posed by the Delta and Omicron variants, allied to the vaccination and booster delivery requirements necessitates further provision of safe and effective Digital First access to Primary Care.</p> <p>The Department of Health and NHS Digital have mandated that CCGs ensure Digital First systems are in place to enable frontline services to reduce footfall (and manage demand across) to the end of March 2022.</p> <p>The move towards a GM Integrated Care System (ICS) is ongoing and the current intent is to provide a centrally led procurement solution for online and video consultations. The target date for this has not been determined but has been proposed to being between December 2022 and March 2023.</p> <p>Funding has been set aside for the current requirements that would allow a significant proportion of the purchase of a solution for the interim period until a GM-wide decision has been made to be covered.</p> <p>AskmyGP has created a transformational change during an unprecedented period of risk to patients and staff. Feedback across the patient population has demonstrated a high level of patient satisfaction. Practice feedback and satisfaction has however been variable and there has been ongoing engagement from the Digital Team to aid in increasing uptake.</p> <p>The GMHSCP ICS have stated that they would prefer CCGs to determine one product across</p>

their footprint. The intent from GM is for them to procure a GM-wide solution in 2023.

The opportunity for discussion was regarding the best solution for Bury for the next eight to twelve months in deciding which interim proposal to adopt in relation to the online and video consultation requirements.

## Options

There were 4 options for consideration regarding a digital first system to enable frontline services to continue to reduce footfall to practices and manage demand across individual practices in the health crisis. The four options were as follows:

1. Do nothing (noting video/online access is a contractual requirement).
2. PCNs choose their own online consultation management platform.
3. CCG funding a further 8-12 months of askmyGP across the Bury footprint.
4. CCG funding a new platform across the Bury footprint.

The four options were considered by the Finance, Contracting and Procurement Committee at their meeting on 17<sup>th</sup> February 2022. The paper was discussed accordingly and as such **option 3** was **supported** by the Finance, Contracting and Procurement Committee as being the preferred option and approach.

A summary of each option put forward is listed below:-

<b>Option 1:</b>	<b>Do Nothing</b>
<b>Summary:</b>	<b>Do nothing, allow the contract to lapse and return to mixed systems via telephone</b> and return to the pre-COVID-19 situation.  'Do Nothing' is the starting option to act as the basis for quantifying the other options.
<b>Advantages:</b>	<ul style="list-style-type: none"> <li>▪ No additional costs incurred</li> </ul>
<b>Disadvantages:</b>	<ul style="list-style-type: none"> <li>▪ Non-compliance with mandatory NHSE directives.</li> <li>▪ Bury practices will be unable meet the demand for triage in the COVID-19 situation.</li> <li>▪ Increased risk of face-to-face demand.</li> <li>▪ The improvements realised in the access noted will disappear.</li> <li>▪ Loss of patient acceptance of a transformational Digital First approach.</li> <li>▪ Little practice control to stream and manage demand as a single point of entry during COVID-19 outbreak.</li> <li>▪ Poor patient access and empowerment.</li> <li>▪ Historic and longstanding poor feedback over the Bury footprint regarding telephone access.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Increased length of wait for appointments.</li> <li>▪ High administrative burden.</li> <li>▪ Reduced continuity of care.</li> </ul> <p>This option increases risk to patients and clinicians during a health crisis. This option does not enable the practices to take advantage of improved technology and deliver the Digital First strategic transformation.</p>
<b>Finance:</b>	No direct outlay but this could potentially cost highly in terms of patient and staff injury, compensation, litigation and reputation.

<b>Option 2:</b>	<b>PCNs choose their own online consultation management platform</b>
<b>Summary:</b>	<b>PCNs conduct a procurement to choose their own consultation platform.</b>
<b>Advantages:</b>	<ul style="list-style-type: none"> <li>▪ Ensures choice and promotes buy-in.</li> <li>▪ Potential increase in uptake amongst practices.</li> <li>▪ All practices receive FairShare funding for the system of their choice</li> </ul>
<b>Disadvantages:</b>	<ul style="list-style-type: none"> <li>▪ Pathfinder assessment potentially required.</li> <li>▪ Organisational change from current practices needed.</li> <li>▪ Patient awareness and acceptance of a new system.</li> <li>▪ Time-sensitive turnaround.</li> <li>▪ The platforms available include telephone triage, workflow, video consultation and could end up with up to 4 systems in use.</li> <li>▪ Impact on other service users accessing video/online consultations on behalf of patients for example care home staff</li> <li>▪ Potential clash with non-migrated practices within the GPIT Futures programme.</li> <li>▪ Multiple solutions would be more difficult to support.</li> <li>▪ Solution may only be in place for up to 12 months.</li> </ul>
<b>Finance:</b>	<p>Overall cost unknown as it would be driven by system chosen but additional costs would include:</p> <ul style="list-style-type: none"> <li>▪ Small, anticipated outlay from PCNs.</li> <li>▪ Remuneration available from existing CCG and GM funds though is not likely to cover full costs.</li> <li>▪ NHSE ACC02 PCN target would also provide additional funds.</li> </ul>

	£113k is in 2022/23 budgets currently as the expected cost of askmyGP
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<b>Option 3:</b>	<b>Re-instituting askmyGP across the Bury footprint</b>
<b>Summary:</b>	<b>Instituting askmyGP online consultation and workflow system across the Bury CCG footprint</b>
<b>Advantages:</b>	<ul style="list-style-type: none"> <li>▪ Supports NHSE 'Digital First' offer.</li> <li>▪ System currently in use and uptake is high (patients and service users are experienced in its use).</li> <li>▪ No set-up or infrastructure / hardware needed.</li> <li>▪ No organisational change.</li> <li>▪ Maintain continuity across Bury in the event of reduced access e.g. through home working, buddy or hub working etc.</li> <li>▪ All digital consultation types supported.</li> <li>▪ Currently deployed over wide areas of GM and supported regionally to resolve technical issues.</li> <li>▪ Financial economies of scale</li> </ul>
<b>Disadvantages:</b>	<ul style="list-style-type: none"> <li>▪ No choice for individual PCNs.</li> <li>▪ Uptake variable at present in certain areas.</li> <li>▪ Patient access and practice workload issues (capacity/demand).</li> </ul>
<b>Finance:</b>	<ul style="list-style-type: none"> <li>▪ £113k which is covered in budgets for 2022/23</li> </ul>

<b>Option 4:</b>	<b>CCG-Wide procurement of new platform</b>
<b>Summary:</b>	<b>CCG-Wide procurement of new platform</b>
<b>Advantages:</b>	<ul style="list-style-type: none"> <li>▪ Supports NHSE 'Digital First' offer.</li> <li>▪ All digital consultation types supported.</li> <li>▪ Maintains continuity across Bury for patient care.</li> <li>▪ Potential increase in uptake amongst practices.</li> <li>▪ Bury practices will be able meet the demand for triage in the COVID-19 situation</li> <li>▪ System currently in use and uptake is high (patients and service users are experienced in its use).</li> <li>▪ No set-up or infrastructure / hardware needed.</li> <li>▪ Currently deployed over wide areas of GM and supported regionally to resolve technical issues.</li> <li>▪ Financial economies of scale</li> </ul>

<b>Disadvantages:</b>	<ul style="list-style-type: none"> <li>▪ Time-sensitive turnaround necessitates gap in services during pandemic.</li> <li>▪ Pathfinder assessment potentially required: some organisational change.</li> <li>▪ Patients not experienced in use.</li> <li>▪ Training required for staff.</li> <li>▪ Potential hardware / software required.</li> <li>▪ Potential clash with non-migrated practices within the GPIT Futures programme.</li> <li>▪ Solution may only be in place for up to 12 months.</li> <li>▪ Impact on other service users accessing video/online consultations on behalf of patients for example care home staff</li> <li>▪ No choice for individual PCNs.</li> <li>▪ Loss of patient acceptance of a current Digital First approach and risks of increased risk of face-to-face demand / urgent care presentation.</li> <li>▪ No NHSE ACC02 as a PCN target only</li> </ul>
<b>Finance:</b>	<p>Additional costs would include:</p> <ul style="list-style-type: none"> <li>▪ Potential large, anticipated outlay for set-up costs.</li> <li>▪ Remuneration available from existing CCG and GM funds.</li> </ul> <p>£113k is in 2022/23 budgets currently as the expected cost of askmyGP</p>

<b>Links to CCG Strategic Objectives</b>	
<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	<input checked="" type="checkbox"/>
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	<input checked="" type="checkbox"/>
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	<input checked="" type="checkbox"/>
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

<b>Implications</b>						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
<b>Loss or disruption of the current Digital First offer will destabilise care and threaten safety during the pandemic.</b>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Have any departments/organisations who will be affected been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes, insert details of the people you have worked with or consulted during the process:</i>						
SRO (Kate Waterhouse)						
Head of Primary Care (Zoe Alderson)						
Clinical lead (Dr. S Kotegaonkar)Senior Digital PMO (John Buttle)						
Digital PMO (Suzanne Russell)						
Digital PSO (Dominic Siddall)						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Include details of any conflicts of interest declared</i>						
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
The CCG received monies towards the delivery of Digital innovations.						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
<i>If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - <a href="mailto:lynnebyers@nhs.net">lynnebyers@nhs.net</a> about the risk register.</i>						

Governance and Reporting		
Meeting	Date	Outcome
Finance, Contracting and Procurement Committee	17 February 2022	Considered the options as presented in the report and supported option 3 as the preferred option and approach to be taken.