

Meeting: Strategic Commissioning Board			
Meeting Date	07 March 2022	Action	Approve
Item No	9	Confidential / Freedom of Information Status	No
Title	GP Online Video Triage		
Presented By	Kate Waterhouse, Joint CIO		
Author	Dr. Sanjay Kotegaonkar and Dominic Siddall		
Clinical Lead	Dr. Sanjay Kotegaonkar, Clinical IT Lead		
Council Lead	Kate Waterhouse, Joint CIO		

Executive Summary
<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 across Bury. 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 good throughout the pandemic.</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. At present there are over 30 suppliers available on the framework.</p> <p>The latest weekly figures for usage across the CCG have demonstrated a level of between 8,000 to 10,000 online and video consultations per week. NHSE have stipulated that from the 1st of December 2021, there should be a target of 1,053 weekly online and video consultations over the population of Bury.</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 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>

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.

The GMHSCP ICS have stated that they would prefer CCGs to determine one standardized product across their footprint. The intent from GM is for them to procure a GM-wide solution in 2023.

The purpose of this paper is provide:

- A high-level options appraisal.
- A recommendation to choose and fund option

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 this health crisis:

1. Do nothing.
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.

Option 1:	Do Nothing
Summary:	<p>Do nothing, allow the contract to lapse and return to mixed systems via telephone and return to the pre-COVID-19 situation.</p> <p>'Do Nothing' is the starting option to act as the basis for quantifying the other options.</p>
Advantages:	<ul style="list-style-type: none"> ▪ No additional costs incurred
Disadvantages:	<ul style="list-style-type: none"> ▪ Non-compliance with mandatory NHSE directives. ▪ Bury practices have increased difficulties to meet the demand for triage in the COVID-19 situation. ▪ The improvements realised in the access noted will disappear. ▪ Loss of patient acceptance of a transformational Digital First approach. ▪ Little practice ability to manage demand as a single point of entry during COVID-19 outbreak. ▪ Reduced patient access and empowerment. ▪ Increased length of wait for appointments. ▪ High administrative burden. ▪ Reduced continuity of care.

	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.
Finance:	No direct outlay.
Option 2:	PCNs choose their own online consultation management platform
Summary:	PCNs conduct a procurement to choose their own consultation platform.
Advantages:	<ul style="list-style-type: none"> ▪ Ensures choice and promotes buy-in. ▪ All practices receive FairShare funding for the system of their choice
Disadvantages:	<ul style="list-style-type: none"> ▪ Pathfinder assessment potentially required. ▪ Organisational change from current practices needed. ▪ Patient awareness and acceptance of a new system. ▪ Time-sensitive turnaround. ▪ The platforms available include telephone triage, workflow, video consultation and could end up with up to 4 systems in use. ▪ Impact on other service users accessing video/online consultations on behalf of patients for example care home staff ▪ Potential clash with non-migrated practices within the GPIT Futures programme. ▪ Solution may only be in place for up to 12 months.
Finance:	<p>Overall cost unknown as it would be driven by system chosen but additional costs would include:</p> <ul style="list-style-type: none"> ▪ Small, anticipated outlay from PCNs. ▪ Remuneration available from existing CCG and GM funds though is not likely to cover full costs. ▪ NHSE ACC02 PCN target would also provide additional funds. <p>£1113k is in 2022/23 budgets currently as the expected cost of askmyGP</p>

Option 3:	Re-instituting askmyGP across the Bury footprint
Summary:	Instituting askmyGP online consultation and workflow system across the Bury CCG footprint
Advantages:	<ul style="list-style-type: none"> ▪ Supports NHSE 'Digital First' offer. ▪ System currently in use and uptake is high (patients and service users are experienced in its use). ▪ No set-up or infrastructure / hardware needed. ▪ No organisational change. ▪ Maintain continuity across Bury in the event of reduced access e.g. through home working, buddy or hub working etc. ▪ All digital consultation types supported. ▪ Currently deployed over wide areas of GM and supported regionally to resolve technical issues. ▪ Financial economies of scale
Disadvantages:	<ul style="list-style-type: none"> ▪ No choice for individual PCNs.
Finance:	<ul style="list-style-type: none"> ▪ £113k which is covered in budgets for 2022/23.
Option 4:	CCG-Wide procurement of new platform
Summary:	CCG-Wide procurement of new platform
Advantages:	<ul style="list-style-type: none"> ▪ Supports NHSE 'Digital First' offer. ▪ All digital consultation types supported. ▪ Maintains continuity across Bury for patient care. ▪ Bury practices will be able meet the demand for triage in the COVID-19 situation
Disadvantages:	<ul style="list-style-type: none"> ▪ Time-sensitive turnaround necessitates gap in services during pandemic. ▪ Pathfinder assessment potentially required: some organisational change. ▪ Patients not experienced in use. ▪ Training required for staff. ▪ Potential hardware / software required. ▪ Potential clash with non-migrated practices within the GPIT Futures programme. ▪ Solution may only be in place for up to 12 months. ▪ No choice for individual PCNs. ▪ Loss of patient acceptance of a current Digital First approach and risks of increased risk of face-to-face demand / urgent care presentation. ▪ No NHSE ACC02 as a PCN target only

Finance:	<p>Additional costs would include:</p> <ul style="list-style-type: none"> ▪ Potential large, anticipated outlay for set-up costs. <p>£113k is in 2022/23 budgets currently as the expected cost of askmyGP</p>
-----------------	---

The four options were considered by the Finance, Contracting and Procurement Committee at their meeting on 17th 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. The Finance, Contracting and Procurement Committee recommended **option 3** as funding is available and forward this for **approval** by the Strategic Commissioning Board.

Recommendations

It is recommended that the Strategic Commissioning Board:

- Approve **Option 3** to re-institute Askmygp for 12 months across the Bury Footprint.

Links to Strategic Objectives/Corporate Plan	Choose an item.
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Implications						
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	System/online support allowing that flexibility for patients across the Bury footprint in order to support their health and wellbeing.					
How do proposals align with Locality Plan?	Continued implementation of a triage online system to support and help patients across the Bury footprint in their health care outcomes.					
How do proposals align with the Commissioning Strategy?	As detailed above					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	As detailed above					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
Finance, Contracting and	17/2/2022	Supported option 3 and recommended option 3

Governance and Reporting		
Meeting	Date	Outcome
Procurement Committee		be approved by the Strategic Commissioning Board.