

Oxfordshire Primary Care Commissioning Committee

Date of Meeting: 15 August 2019	Paper No: 5.1
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Title of Paper: Enabling Primary Care through Digital Transformation

Paper is for: <small>(please delete tick as appropriate)</small>	Discussion	✓	Decision		Information	✓
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Purpose and Executive Summary: The aim of this paper is provide the Committee with information on GP IT and associated digital transformation as it relates to GP Forward view and the NHS Long Term Plan
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Financial Implications of Paper: GP IT budget = £1,824,000
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Action Required: OPCCC is asked to note the report
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OCCG Priorities Supported <small>(please delete tick as appropriate)</small>	
✓	Operational Delivery
✓	Transforming Health and Care
	Devolution and Integration
✓	Empowering Patients
	Engaging Communities
	System Leadership

Equality Analysis Outcome: Use of NHS App, the ability to book appointments online and direct booking via 111 should enhance access to Primary care services.

Link to Risk: AF26 Delivery of Primary Care Services
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Enabling Primary Care through Digital transformation

1. Background

- 1.1 There are numerous challenges facing Primary Care in Oxfordshire, including estates pressures, workforce challenges and increasing workload. Digital transformation can assist with these challenges and it is essential that Oxfordshire CCG realise these benefits to help create more sustainable Primary Care.
- 1.2 NHS England is accountable for the delivery of GP IT services, with responsibility for commissioning of GP IT services delegated to CCGs under the NHS Act 2006 (as amended).
- 1.3 The GP IT Operating Model¹ and 2018/19 Addendum² outlines accountabilities and commissioning responsibilities for the provision of high quality GP IT support services. We recognise that a full review of the GPIT Operating Model covering 2019 – 2021 will be released later in 2019, which may impact the accountabilities and responsibilities the CCG has under the existing operating model, and will require all practices to sign a further CCG/Practice agreement covering the lifetime of the new GPIT Futures framework, which will replace the existing GP Systems of Choice agreement.
- 1.4 The CCG commission South, Central and West Commissioning Support Unit for the provision of these services.
- 1.5 The Contract reform for GP services also detailed digital milestones and this has been further clarified in the Long Term Plan Implementation Framework.
- 1.6 GP IT is overseen by the CCG IM&T Programme board and the governance structure is show in Appendix 1.
- 1.7 Members of the Committee will be aware that the NHS Long Term Plan sets out ambitious plans for the integration of primary care and community services. Digital technology has a major enabling role in the delivery of joined up care for patients across health and care settings. Primary Care's future approach to IT and digital technology will need to fit with that direction of travel in order for Oxfordshire to be able to meet the requirements of the Long Term Plan and deliver better care for patients.

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/03/gp-it-operating-model-16-18.pdf>

² <https://www.england.nhs.uk/wp-content/uploads/2018/06/2018-19-Addendum-GP-IT-Operating-Model-2016-18-Revisions.pdf>

1.7 This paper explains our primary care digital projects in two groups:

- The projects that are necessary to maintain business as usual in general practice
- The projects that we could be transformational and/or improve primary care efficiency

2. Meeting the requirements of the new GMS contract

The GP contract reform introduced a number of digital requirements and aspirations including booking online, electronic prescriptions and online consultations. We are working with CSU to ensure that we support practices to meet these requirements.

Requirement	CCG Position	
CCGs will need to provide a data protection officer function to practices	We are awaiting the NHS E specification for this service	
1 appointment per 3,000 patients a day made available for 111 to direct book for each practice	Contact made with SCAS – call on 09/08 in the diary to confirm the project scope.	
All patients will have the right to online and video consultation by April 2021	Currently rolling out e consult (see later) Developing a plan for video consultations	
All patients will have online access to their full online record from April 2020.	All but two practices currently offer patient record access. Project plan to be developed to ensure that it is full access by April 2020.	
All practices will offer and promote electronic ordering of repeat prescriptions and using electronic repeat dispensing for all patients as a default from 2019	All offer script ordering. 4 dispensing practices don't offer electronic prescription. Work is underway to get these practices set up	
All practices will ensure at least 25% of all appointments are available for online booking	Work is underway to understand how best this can be achieved, and how progress will be monitored by NHSE/I	
All practices will need by April 2020 to have an up to date and informative online presence	All have a website	
NHS App – national campaign	All practices in Oxfordshire should now be connected to the NHS app. While there is not a national mandate to use it, the NHS App should be an enabler for increasing use of online services by patients. There will be a national campaign on the NHS App this Autumn/Winter so there is a need to ensure practices are ready.	
By April 2020, practices will no longer use fax machines for NHS or patient communications	Audit to be undertaken to identify any practices that are still using fax machines.	

3. Maintaining business as usual in general practice

The following projects are essential and are planned for implementation during 19/20 and 20/21.

3.1 Desktop Replacement

A large number of desktops in general practice are old and have slow performance. Using nationally bid for capital funding, OCCG has invested in 1000 new desktops to replace the oldest ones in GP Practices. These are due to be rolled out in the Autumn, with the practices that have the slowest desktops replaced first.

3.2 Improving Cyber Security

There is an increasing threat of cyberattacks and therefore it is essential that Oxfordshire strengthens its cybersecurity. A full programme of work has been explored with unsupported old software having been removed from the GPIT environment. This included outdated telephony systems and patient check in screens which did not meet the required standard. A project has also begun to remove admin rights, which will restrict what can be installed on practice computers at local level and also prevent computer viruses spreading between practices so easily. In addition to this a cybersecurity working group has been setup with members from primary care, secondary care and community care to address the wider issues.

A new Cybersecurity service specification is being implemented. This will ensure Cyber Essential Plus requirements are met by the end of the financial year at the latest.

All practices have in place business continuity plans so they are able to provide GMS services should IT not available. This was tested last year in Deddington and Bloxham when a virus infection meant that the computer systems could not be used for 48 hours.

3.3 Windows 10 upgrade

Windows 7 is no longer supported by Microsoft from January 2020 and whilst the NHS has an extension in place until January 2021, it will be a large project to upgrade all General Practices computers to Windows 10. Unfortunately there are delays in getting licenses from NHS Digital however a project plan is being developed so that Windows 10 can be rolled out when the licences are available. The introduction of Windows 10 will also improve resilience against cyber attacks.

3.4 Office Upgrade

Office 2010 is currently in all of the GP Practices. Office 2010 will no longer be supported from October 2020 and there is therefore a need to upgrade office on all of the general practice computers.

With the formation of Primary Care Networks and existing federated working, practices are expressing the need for collaboration and sharing tools. Work is being undertaken to understand these requirements, and a cost benefit analysis underway to establish whether the additional cost of the version of Office needed to support GP clinical

systems, is supported by the benefits in ability to collaborate and share documents across the system.

3.5 Server Replacement

Our server estate in GP Practices has just come out of warranty. This risks additional cost for repairs, and potentially practice downtime for some systems. It should be noted that all Oxfordshire practices currently operate their main clinical systems in a hosted environment (the server is not on site), and practice servers are largely for reporting, administration, business continuity and systems that enhance the digital capabilities of practices

Before replacing, we are determining a server strategy so as to outline what hardware is needed moving forward. There are many options available including moving server capability to the cloud or continuing with servers onsite. An options appraisal is being undertaken to make this decision.

3.6 VOIP (GP Practice Telephony)

A number of GP Practices telephony systems are very old and not fit for purpose. Following a bid for national funding, the CCG procured a telephony system that Practices could opt into. This system provided all the modern functionality expected as well as integration with EMIS, the clinical system. Currently 8 practices have adopted this system and it is being further rolled out in conjunction with improved secure data circuits through the national HSCN programme to ensure greater cyber security. One capability of the new system is that it can allow telephones to be answered off site or at a central location, along with the facility to record telephone consultations directly into the medical record.

4. Digital Transformation

4.1 Online Consultation

Oxfordshire CCG is implementing eConsult in Oxfordshire practices. eConsult enables patients to ask their GP for help with a medical condition through an online portal, thus enabling them to get help without needing to go to their GP Practice. This has been very successful in Oxfordshire, with eight practices currently live and 20 more in the pipeline. Feedback has been very positive from patients and practice

Benefits to practices include being able to assess patients upfront based on their symptoms and manage them by clinical need and resources available to increase practice efficiency. It has a red flag system to capture critical illness and sign-posting features. Nationally 70% of eConsult assessments have not needed a face to face appointment. The average eConsult takes 2-3 minutes to read once the change management is fully embedded in practices.

In addition eConsult is interoperable with both EMIS and the NHS login / the NHS App and supports standard scoring systems including PHQ9 for depression and GAD7 for anxiety. There are also administrative benefits and the set-up is simple, practices just need to add a banner to their website. There is an opportunity to radically change

ways of working using online consultations for example hub working could enable new way of working to give clinical staff a better work life balance, supporting recruitment and retention. It can empower staff to use their working day more efficiently.

This is also empowering for patients, saving them unnecessary trips to the surgery where their query may be resolved with a phone call. Medical advice is aligned to NHS Choices and patients have a choice to access the service from a device of their choosing at a convenient time for them. It can also free up non urgent appointments such as requesting sick notes and test results without needing an appointment.

4.2 Health for Oxfordshire

The Health for Oxfordshire Programme is made up of a number of component projects, mainly:

1. Local shared record
2. Population Health Analytics
3. Patient Portal

As part of the population health programme we are working health and social care across Oxfordshire and this currently includes developing pilots with GP practices so they can test the products and ensure they are fit for purpose in the primary care setting. A communications and engagement plan is in development for the whole programme which will include detailing how more practices can get involved in the pilot.

The Health for you Programme uses capability secured under the Oxford University Hospitals Exemplar programme. The programme offers a single view of the patient across care settings, and also the ability for practices to identify the needs of their populations – based on disease registries, and ensure reduction in clinical variation for their patient group.

While the strategic view of information sharing is that local shared care records will converge on to the TVS LHCR platform, the current level of capability offered by the Health for Oxfordshire Programme, will not be replicated by the LHCR in the short term and the ODSG will maintain a watching brief on developments and decision points going forward.

4.3 Mobile Working

The way that staff work in primary care is changing, in addition there are increasing estate pressures and the workforce is increasingly wanting to be able to work flexibly and remotely where possible. Whilst we are currently replacing some of our desktops, there are another 1400 desktops that will need replacing in the next few years and therefore having a clear strategy on what they will be replaced with is essential to ensure that we make a good investment but also enable primary care to provide the best services to patients and make it a desirable place to work. A plan is currently being developed.

A project manager has been assigned to this project. The requirements will be developed from both the CCG draft workforce strategy and building user profiles with different staffing groups including GPs, Practice nurses, receptionists and social prescribers. The triangulation of this will provide us with a strategy for rollout of mobile working in an effective and useful way.

4.4 GP Connect to support 111 Direct Booking into Primary Care

A key element of collaborative working is the ability of practices to share patient information and appointments both with partner practices, and with other services involved in the care of the patient.

NHS Digital is currently piloting “GP connect”, with the local pilot in Hampshire. This service will allow NHS111 and GP Out of Hours services to book directly into GP practices, after triage, for those patients where it is an appropriate destination. The service also allows practices to view records from other practices, and update the registered practice record with details of the consultation. Practices can determine the type of appointments (Telephone or face to face) they chose to make available. Oxfordshire has been invited to participate in this programme, on evaluation of the pilot – but there are already identifiable benefits being delivered on workload and access.

4.6 Practice Audit

The South Central & West CSU working with Oxfordshire CCG will be carrying out a telephone audit with practices to determine the level of support required with the digital components of the GMS contract. While this will focus on NHS App ‘readiness’ it will also be an opportunity to test thinking with practices about wider transformation including how they set up their appointments in a way to best make best use of online services, and whether they are interested in signing up to other change programmes such as eConsult. The audit should also enable us to target and prioritise practices that want to undertake transformational change but do not have the appropriate infrastructure to undertake it.

4.6 Digital Transformation Communication

We are working on developing stronger communication channels to ensure all practices are aware of planned changes and know how to input into the programme of change.

5 Next Steps

Vision statements have been produced which are currently being refined to ensure they continue to reflect primary care requirements including PCNs. This process is being managed by the Oxfordshire Digital Steering Group who report into the IM&T Programme Board (see governance structure below).

The Committee is invited to note the contents of the report.

Appendix 1

