

Revised rollout model for the GP at hand service

The Clinical Review makes two overarching recommendations

1. “We would suggest that a rigorous evaluation framework be agreed with local commissioners and the NHSE Regional Directorate”
2. “We believe that much of the clinical risk associated with the current GP at Hand model of care could be mitigated by reducing the geographic coverage of the service and/or by restricting registration to better reflect the demographic characteristics of the population for whom this service is likely to be most beneficial.”

Summary of the revised rollout model

To ensure we meet the recommendations of the Clinical Review, we will

- Participate fully in the evaluation
- Restrict the scale and pace of the GP at hand rollout

We propose a 3 month period starting with immediate effect during which the evaluation framework will be set up and implemented and restrictions will be applied. The full set of restrictions we propose are set out in this note. In summary, this would mean:

- Reducing the number of locations outside Hammersmith and Fulham from which the GP at hand service is offered, from the nine originally planned to four.
- Advising patients not to register for the GP at hand service if they feel they cannot reasonably get to one of our clinics
- Advising patients to seek advice before registering with the GP at hand service if they live outside the practice boundary and have particularly complex conditions or needs (as set out at the bottom of page 6 of the Clinical Review)

Although we do not think it is the appropriate way forward, we would also be willing to:

- Restrict eligibility to people who are either living or working within 30-40 minutes of a physical location offering the GP at hand service
- Only use physical locations where the full NHS medical record is available to the clinician during appointments, and full GMS services can be provided.

Evaluation

We strongly agree with the need for a rigorous evaluation of the service. We will work with local commissioners and the NHSE Regional Directorate to make this happen. As the clinical review recommends, this evaluation would accompany the restricted rollout of the service.

Restrictions

Geographic coverage of the service

- During registration for the GP at hand service, the following statement will be made: “if you do not feel you can reasonably get to one of our clinics if you need to see a doctor or nurse in person, please do not register”

- People considering registering with the service will be clearly signposted to a map showing the clinics to help inform their decision
- We do not think it is appropriate to set a hard maximum travel time for people for the following reasons:
 - People’s lifestyles and preferences are by definition personal and will differ significantly. What may seem a long travel time for one person may be very reasonable to another.
 - From information provided by NHS England colleagues, 60,000 people are already registered outside the practice boundaries under the GP choice policy. There are no restrictions on travel time for these people and so to impose it on one practice could be seen as unfair and discriminatory
 - A hard travel time would have to be based on a specific location. If this was for example place of residence, it would unfairly restrict patient choice for people who wish to access in-person primary care either close to their place of work or en route between work and home (which is why many of the physical locations of care chosen for the GP at hand service are situated close to terminus rail stations).
- If despite the arguments above, commissioners feel that a maximum travel time is required for the next phase of rollout, we will restrict eligibility to people who are either living or working within 30-40 minutes of a physical location offering the GP at hand service (calculated based on car travel times and public transport)
- We will ensure that the full NHS medical record is available during all in-person consultations carried out by babylon GPs as part of the subcontracted services. The patient’s full NHS medical record will also always be available during smartphone consultations.
- We note that it is unusual for GPs across the country to have the patient’s full NHS medical record available for every single interaction – for example, when carrying out a home visit. In such cases, GPs ensure that they practice safely and within the terms of their registration. For the GP at hand service, the only times when the full NHS medical record will not be available to the GP will be
 - When GPDQ doctors travel to see patients
 - When patients attend the DocTap clinics
- In these cases, we will ensure that a clinical summary is available to the clinician and will carry out regular audits to ensure that the lack of the full NHS medical record is not compromising patient care. We will also provide data to inform the evaluation on the percentage of GP appointments where the NHS medical record was not available.
- Our preference is to offer patients access to the DocTap Ltd locations, to improve convenience and reduce travel times. Should you consider it necessary however, we are willing to hold back on use of the DocTap Ltd subcontract during this phase of rollout.
- Given the concern raised in the Clinical Review about how home-visiting is described, the GP at hand service will be clear that no formal home-visiting service is offered by the practice – in line with the ‘Choice of GP practice’ policy. We would continue to provide GP visits to people in London where our doctors deem this to be an appropriate way to care for the patient, using the GPDQ subcontract to do so.
- We will reduce the number of locations outside Hammersmith and Fulham from which the GP at hand service is offered, from the nine originally planned to four. This meets the recommendation to reduce the pace of the rollout while still having enough locations of care

to enable a credible evaluation of the rollout of the GP at hand service. The table below sets out these locations.

Locations of clinics outside Hammersmith and Fulham	GP at hand service offered during the coming 3 month period	Access to full NHS Medical Record	Access to clinical summary of recent smartphone appointment	Access to full GMS services
Victoria	Yes	Yes	Yes	Yes
Euston	Yes	Yes	Yes	Yes
Canary Wharf	Yes	Yes	Yes	Yes
Liverpool Street (DocTap Ltd)	Yes (if commissioners decide that DocTap premises should not be used during this phase of rollout, a site near to a transport hub and offering full GMS services will be used)	No	Yes	No
Mayfair	No	Yes	Yes	Yes
Marylebone	No	Yes	Yes	Yes
Edgware Road (DocTap Ltd)	No	No	Yes	No
Central Manchester	No	Yes	Yes	Yes
Central Birmingham	No	Yes	Yes	Yes

Demographic characteristics

- We will include as part of the registration process the full list of patient characteristics as set out on page 6 of the Clinical Review and copied below:
 - Pregnant women
 - Adult safeguarding patients
 - Complex mental health patients
 - Patients with complex physical, psychological and social needs
 - Patients living with dementia
 - Frail elderly patients
 - Those requiring end of life care
 - Parents of children who are on the 'Child at risk' protection register
 - Patients with learning difficulties
 - Those with drug dependence
- Alongside this list, we will include the statement along the lines of "The NHS has reviewed this service and has found it provides important benefits to patients [this wording is taken directly from page 5 of the report]. The review found that the service may be less appropriate for people with the following conditions or characteristics. If you consider that

you have one or more of these conditions or characteristics, please seek advice before registering for this service.”

- We will include on the website the clinical scenarios developed for the Clinical Review, so that people are clear about the GP at hand service and its limitations if they develop complex needs.