The Committee is asked to:

- Note the assurance process undertaken and outcome of the Babylon GP at Hand Practice Clinical Assurance Group review meeting.
- Note that there is assurance for commencement of the provision of services from the Birmingham site but that there are restrictions recommended for the first three months.
- Endorse the following restrictions as identified by the Clinical Assurance Group:
  - geographical area for patient registration to be limited to the boundaries of Birmingham and Solihull local authorities.
  - restrict the number of registered patients to a maximum of 2600.
  - a robust automated solution covering screening be established within the next 3 months.
  - an assurance gateway to be undertaken 8 weeks after commencement to assess whether the restrictions on geography and the list size limit could be withdrawn.
Summary of purpose and scope of report

Background

Babylon GP at Hand is a GMS practice that offers a ‘digital-first’ model of primary care, primarily through the use of a mobile app and video consultations provided by their subcontractor, Babylon Healthcare Services.

The service includes an on-line symptom checker and the ability to book a video or telephone consultation with a GP 24 hours a day, and usually within 2 hours of making a request. When necessary, patients can have a face-to-face consultation at one of five locations across London. Currently, Babylon GP at Hand has 54,700 registered patients.

On the 22 June 2018, Babylon GP at Hand applied for a contract variation to the sub-contract to commence services from a site in Birmingham.

When assessing the application the Primary Care Commissioning Committee (PCCC) assessed the variation against the following criteria as set out in the General Medical Services (GMS) Regulations Part 5:

- is the sub-contractor able to meet its obligations under the contract. This includes gaining assurance on provision of the full range of GMS services, safety of the services, meeting the regulatory requirements and provision of suitable premises which the contractor has an agreement to use.
- would the sub-contract put the safety of the contractor’s patients at serious risk or
- put the Board at risk of material financial loss.

In assessing the application in respect of the criteria the PCCC noted that:

- **The new site**
  - The landlord at the location is Badger Medical Limited. A copy of the lease was received and signed by both parties.
  - The clinical space secured will be solely for the use of Babylon at Hand
  - The contractor used the standard premises checklist to assure themselves and the CCG that the premises were suitable for the delivery of primary care services

- **Provision of GMS services from the site**
  - Patients will have the ability to attend a pre-bookable face to face appointment
  - Ability to book / cancel appointments
  - Ability to collect / order a prescription, via Electronic Prescribing Service
  - Ability to access urgent appointments / advice as clinically necessary
  - Ability to ring for telephone advice (video and voice call options)
o Ability to be referred to other services where clinically urgent. (including for example suspected cancer)
o Ability to access urgent diagnostics and take action in relation to urgent results
o GP at Hand partnership provides essential services across all GMS core hours. Access to GP consultations are available 24/7 through the babylon app, with the full NHS medical record available. Face to face appointments are and will continue to be available at multiple GP at Hand clinic locations throughout and beyond GMS core hours.
o Reception area staffed
o The Babylon GP at Hand partnership will provide home visits as necessary for patients living within the practice boundary for the 139 Lillie Road practice. There is no requirement for a GMS contractor to do so for patients registering outside the practice boundary under the Out-of-Area GP choice policy. However, the practice is providing this service for Out of Area patients in London and proposing to do the same in Birmingham.

Despite the assurances offered by the practice the PCCC felt that there were a number of issues that needed to be further addressed before they could approve the contract variation. These were discussed at the PCCC meeting on the 17th July 2018. It was felt that as there were unresolved issues and inadequate assurance in relation to the matters below an objection to the proposed contract variation would be raised:

- Management, governance, clinical leadership structures and how they will work in practice now that the model was being expanded to another part of the country.
- Clinical and support resources available to accommodate the new site, the additional patients and the work needed to navigate the local systems.
- Access to local and national screening and prevention programmes.
- Management of access to locally commissioned community services such as IAPT. In London this has been a significant challenge causing delay to patients accessing care in their local area. In Birmingham this arrangement may have an even greater level of complexity to achieve access for patients.
- Structure, capacity, current activity, skill mix and SOPs of the complex care team.
- Access to clinical records

The CCG advised the contractor before the end of the period of 28 days (beginning with the date on which the Board received the notice) that they wished to raise an objection and therefore the sub-contract could not proceed.

Additional information was requested from the contractor and stakeholder CCGs to gain assurance against the criteria and further inform the committee’s decision making. At this point it was determined that the PCCC was not in a position to make the final decision on whether the objection could be enforced in light of the innovative nature of the proposal. It
was therefore referred to NHS England as required under the terms of the delegation agreement between the CCG and NHS England. NHS England agreed with the Committee’s view and confirmed the objection.

In February 2019 NHS England removed its objection to the subcontracting variation notice enabling Babylon GP at Hand to operate from a site in Birmingham as the areas of concern had been resolved and a solution in respect of access to local screening services had been identified and Birmingham and Solihull CCG had confirmed that they would facilitate access to local patient pathways.

**Action Taken Following Lifting of the Objection**

NHS England noted that it was essential that with the expansion to a Birmingham site that the Babylon GP at Hand practice continued to provide a safe and high quality service to patients. It was agreed that NHS England would work with Hammersmith and Fulham CCG and Birmingham and Solihull CCG as well as the national screening service and to mobilise the service and agree a start date. This would be in addition to the usual assurances that would have been sought during this phase by commissioners with the support of NHS England.

Since February 2019, the assurance approach has focused on three areas:

- confirmation that the provider has in place sufficient clinical and non-clinical capacity and resource
- that the solution to ensure patients could access screening and immunisation services and any follow up treatment safely was confirmed
- that the practice and their patients had access to the relevant services and pathways locally so access was convenient, not delayed and clear for patients

The Babylon GP at Hand Practice Clinical Assurance Group has overseen the on-going clinical assurance process and provides assurance to the H&F CCG PCCC on the services provided by the practice. As part of the assurance process, the group used the ‘Assurance Framework – sub-contracting of clinical services under GMS contracts’ (NHS England) that had been developed during 2018.

A Babylon GP at Hand Commissioner and Provider Working Group was convened. This group, with membership from Hammersmith and Fulham CCG, Birmingham and Solihull CCG, Babylon GP at Hand and NHS England, has been meeting since March 2019 to address issues including:

- management, governance, clinical leadership structures and how they will work in practice now the model has expanded to another part of the country.
- clinical and support resources available to accommodate the new site, the additional patients and the work needed to navigate the local systems.
- management of access to locally commissioned community services
- access to local and national screening and prevention programmes.
The London and Midlands Screening Teams worked with practice representatives to review their protocols, patient information and engagement with the screening services. The Screening Teams noted that the CQC Inspection Report (May 2019) for Babylon GP at Hand gave an overall “good” rating; however the inspectors noted that practice was not currently meeting the cervical screening and childhood immunisation targets.

Since March 2019, the Babylon GP at Hand Commissioner and Provider Working Group has met regularly to work through a comprehensive action log of key issues. The action log was reviewed at the Babylon GP at Hand Practice Clinical Assurance Group on the 10 June 2019. Following a detailed discussion with advice from subject matter experts from national screening service and NHS England and reviewing reports from Hammersmith and Fulham CCG, Birmingham CCG and Babylon GP at Hand, the group felt there was sufficient assurance for the service to commence from the new site. However, the following restrictions were required for the initial first 3 months:

- geographical area for patient registration to be limited to the boundaries of Birmingham and Solihull local authorities
- restrict the number of registered patients to a maximum of 2600
- a robust automated solution covering screening be established within the next 3 months
- an assurance gateway to be undertaken 8 weeks after commencement to assess whether the restrictions on geography and the list size limit could be withdrawn.

It was noted that this meeting did not provide assurance for the registration of patients outside of the Birmingham City Council and Solihull Metropolitan Borough Council boundaries.

The Babylon GP at Hand Commissioner and Provider Working Group will continue to meet to maintain an overview of key issues if and when they arise and monitor the operational delivery.

### Quality & Safety/Patient Engagement/ Impact on patient services:

**Quality & Safety:** Babylon GP at Hand Practice Clinical Assurance Group was established to specifically monitor and address quality and safety issues. Through the process of assurance that group has considered the quality aspects of the services that patients will receive and have been satisfied that they will meet the standards required under the terms of the GMS contract.

Although no patient feedback was considered by the Assurance Group as part of its
deliberations it can be noted that the recently published Ipsos Mori report on the GP at Hand service highlighted positive patient feedback on the service being offered. It should also be noted that the CQC would also have taken into account some aspects of patient feedback in preparing its recent inspection report.

**Finance, resources and QIPP**

There is significant financial implication relating to Babylon GP at Hand for the CCG. To date the CCG has not received an allocation to cover additional costs. However, a commitment has been made by NHS England that the financial impact for the CCG will be mitigated in 2019/20. The CCG is currently working through the technical issues with NHS England on how this can be best achieved.

**Equality / Human Rights / Privacy impact analysis**

No equality impact assessment has been undertaken as part of the contract variation consideration as this is not a requirement of the regulations.

**Risk**

<table>
<thead>
<tr>
<th>Mitigating actions</th>
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<tbody>
<tr>
<td>The initial screening pathway solutions may not be optimal.</td>
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<tr>
<td>A robust automated solution covering screening to be established within the next 3 months. The London and Midlands Screening Teams and Babylon GP at Hand Practice Clinical Assurance Group will monitor progress and agree mitigating actions, as required.</td>
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**Supporting documents**

N/A

**Governance and reporting**

<table>
<thead>
<tr>
<th>Committee name</th>
<th>Date discussed</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>PCCC</td>
<td>July 2018</td>
<td>Babylon GP at Hand sub-contract variation discussed, objections identified and therefore not approved.</td>
</tr>
<tr>
<td>PCCC</td>
<td>August 2018</td>
<td>Committee agreed to recommend to NHS England that the objections to the sub-contract variation should not be lifted.</td>
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This was subsequently ratified by the NHSE London Regional Director.

The London Regional Team asked national team colleagues to assist in exploring solutions to resolve the areas of risk identified in ensuring patients could access screening services and any follow up required in services local to their homes. The National Team is continuing to work through the possible solutions and will refer back to the PCCC once progress is made.

| PCCC       | Feb 2019 | PCCC was advised that NHS England (London) was lifting the objection as a solution to the access issue for national screening programmes had been identified via a potential change in coding arrangements. NHSE, the CCGs in Hammersmith & Fulham and Birmingham & Solihull and Babylon GP at Hand to work together to agree a start date. It was confirmed that there was a commitment from Babylon GP at Hand not to launch the service until everything was in place. |