

A roundtable discussion hosted by Eastern AHSN: *How digital technology can alleviate current pressures on the front line of primary care*

Overview:

On Thursday 29 September, Eastern AHSN hosted a roundtable exploring how digital technology can alleviate current pressures on the front line of primary care.

The event, hosted by Lord James O’Shaughnessy, Senior Partner at Newmarket Strategy and former Minister at the Department of Health & Social Care, brought together practitioners and stakeholders from across primary care to have an open and honest discussion around some of the challenges facing primary care today.

The roundtable included presentations from a number of participants, offering perspectives from practising GPs, system leaders, the Royal College of General Practitioners as well as the digital tech companies Livi and Klinik.

Key themes emerging from the roundtable:

- ⇒ Primary care is facing multifactorial issues, with no single solution to its challenges, although digital technology has an important role to play in building a service fit for the future.
- ⇒ Patients' expectations of primary care are increasing, and digital technology has an important role to play in offering patients more choice in how they interact with the service.
- ⇒ The current funding model for general practitioners allows only minimal ability to invest in transformation and technology. This creates a risk averse culture towards investment. Practices operating at scale are most likely to be able to invest and transform, but more access channels do not necessarily create better access for all.
- ⇒ Relationship-based medicine and continuity of care are still an important element of primary care and a key driver of value both for clinicians and patients. Digital technology should seek to augment and amplify these - not replace them.
- ⇒ Digital technology alone cannot solve all of primary care’s challenges and its adoption needs to be done in tandem with wider transformation efforts. It was felt that technology was most likely to be suited to automating routine and administrative tasks, rather than clinical decision support or providing the consultation itself.
- ⇒ Clinical leadership at practice level remains vital to achieving transformation and continuity of care at such a challenging time for general practice.

Roundtable participants

Name	Role	Organisation
Lord James O’Shaughnessy	Senior Partner (Chair)	Newmarket Strategy
Piers Ricketts	CEO	Eastern AHSN
Jan Thomas	CEO	Cambridge and Peterborough ICB
Dr Gary Howsam	Vice-Chair	Royal College of General Practitioners
Dr James Morrow	Managing Partner	Granta Group
Dr Roberto Tamsanguam	Clinical Director	Tower Hamlets Together

Simon Lucas	Managing Director	Livi
Ben Wood	Managing Director UK	Klinik Healthcare Solutions
Declan Mullaney	Head of Policy and Public Affairs	Livi
Damian Williams	GP & Digital Clinical Advisor	NHSE
Iain O'Neill	Senior Associate	Newmarket Strategy
Simon Rudland	Chair	Suffolk GP Federation
Tracy Dowling	Chair	Eastern AHSN
James Leeming	CEO	North Norfolk Primary Care LTD
David Panell	CEO	Suffolk GP Federation

Roundtable summary

The roundtable was divided into four sections, each beginning with presentations from a selection of the guests, before moving into a wider discussion with all participants. Event outline:

1. An overview of wider context and status quo today in primary care
2. Views from general practitioners
3. Views from digital technology companies
4. Participant reflections

Discussion 1: Context setting and the status quo

The opening discussion included presentations from **CEO of Eastern AHSN, Piers Ricketts** and **CEO of Cambridgeshire and Peterborough ICB, Jan Thomas**.

The presentations highlighted some of the challenges currently faced by primary care and general practice. In particular, including the impact of COVID-19 on the sector in being able to deliver a consistently high-standard of care, workforce issues including retention and over-utilisation, as well as the changing public expectations and growing demand for digital care.

Despite these challenges, the participants noted that there was a growing appetite for innovation, with many in primary care recognising the role that technology can play in delivering better care for patients as well as helping to produce more flexible working solutions to help retain and grow the workforce.

However, it was noted that the present funding and contractual model for general practitioners can be a blockage to innovation, with the current long-standing arrangements reducing the ability and risk appetite of GPs to invest in potentially transformative technologies. It was observed that there is an opportunity to offer more support to GPs in this area to help accelerate adoption of digital technology, however, it is not clear where responsibility for this would lie, but it could be a focus for ICSs.

Discussion 2: Views from general practitioners

The second discussion offered the group an opportunity to hear directly from general practitioners about the challenges they face. The discussion included presentations from **Dr Gary Howsam, Vice-Chair, Royal College of General Practitioners**, **Dr James Morrow, Managing Partner Granta Group** and **Dr Roberto Tamsanguam, GP and Clinical Director, Tower Hamlets Together**.

The presentation highlighted that primary care has historically been at the vanguard of adoption of technology, with general practice often ahead of large acute trusts in the early adoption of IT. The Covid-19 pandemic shone a light on the versatility of the sector to adopt new ways of working at pace and scale.

A number of reports from the RCGP on digital technology and its role in primary care were highlighted, as well as what the College members believe are the most important requirements and use cases for digital technology in primary care. The presentation detailed some of the key elements which technology should provide, such as protection of patient data, creating more time for GP's and empowering patients to manage their own health.

It was noted that technology can be a barrier for primary care in delivering the relationship-based medicine that many patients desire, and there is a need to ensure new technologies and digital access routes do not hinder continuity of care for those who need it, while ensuring the wider benefits of digital technologies are not lost.

However, the group reflected that there is an emerging change of behaviour among patients, as a large cohort are embracing a more consumer-like behaviour and have different expectations on the type of service they require. It was agreed that GPs face a twin challenge of maintaining relationship-based medicine while also adapting to the potential commoditisation of healthcare. It was stated that digital technology can help overcome this challenge, by offering choice to patients in how they interact with the service.

The discussion turned to health inequalities, and how current pressures on the wider health system are exacerbating the gap in outcomes in certain parts of the country. It was argued that to overcome this growing challenge local systems needed to deliver more 'upstream' and targeted care and deliver on integration, as this will be key to better coordinating care and tackling complex health issues. The group suggested that primary care could take the lead in delivering a true preventative healthcare model, with digital technology helping to connect the wider health ecosystem and GPs to help better manage and support the health of their local population.

Discussion 3: Views from technology companies

The event then offered the opportunity for participants to hear directly from two technology companies already working in frontline primary care, who were able to offer their perspective on how digital technology can support general practice. This included real life examples of the challenges they have helped local practices and commissioners to overcome.

The group heard presentations from **UK Managing Director of Livi, Simon Lucas** and the **UK Managing Director of Klinik Healthcare Solutions, Ben Wood**.

Livi's operating model is to partner with local practices and NHS partners to support them in providing digital-first services to local NHS patients. This includes additional clinical capacity through Livi's GP workforce, as well as communications software for practices to remotely care for their patients which is used by over 4,000 practices. This is helping Federations, ICSs and practises to achieve the triple aim of:

1. Improving patient care and outcomes
2. Improving patient experience
3. Reducing costs

Livi's services are helping their partners deliver more appointments, improving communication with patients, and relieving workforce pressures by supporting the growing demand for flexible working within the GP community.

Klinik's mission is to "eliminate the chaos at the frontline of healthcare", through its online triage and patient flow management software and the company currently partners with over 400 GP practices across the UK.

The group agreed that the potential of data had not yet been realised within primary care and that digital technology companies can support practices in understanding the demand and resource profile needed to provide a high standard of care for patients, at the right time and in the right in area.

The participants discussed the advantage of bringing greater scale to general practice and the role that digital models of care can play in delivering this. It was agreed there was a big opportunity for digitising the middle and back-office functions of general practice - helping to streamline administrative tasks, improving communication with patients, and enabling more time for frontline services. It was noted that these scaled digital solutions such as this

are perfectly aligned with the ambitions of Integrated Care Systems, and this should be an area of focus for systems going forward.

The discussion moved to how the industry and primary care providers can better work together. One suggestion was the need for deeper and more open partnerships, where the system and providers of care are more open and transparent about their requirements - enabling technology companies to design solutions that meet their exact needs.

It was also argued that to build a more sustainable system, procurement of digital technologies should be more closely aligned with a value-based procurement model, where services are commissioned based on the value that they provide, not just on a criterion of blunt metrics such as price and number of features.

Discussion 4: Reflections

For the final part of the roundtable, the Chair, Lord O'Shaughnessy opened the floor up for all participants to share their reflections on the discussion.

It was acknowledged that primary care is facing multifactorial issues, and that there is not one single solution to solving them. However, technology does have a role to play in many of the challenges, including supporting with efficiency in administrative functions, helping to manage increasing demand as well as helping create a stronger more resilient workforce.

However, the participants agreed that technology was not an answer on its own to these challenges and its adoption needs to be made in tandem with wider transformation efforts to both the workforce and clinical pathways.

The current funding model of general practitioners was raised as an area that required further exploration, with a view to looking at ways for systems or the centre to better support primary care providers in adopting innovation, either through a specific transformation fund, or by reducing the risk profile GPs face with the current contracting model.

Finally, it was agreed that technology can play an important role in improving the patient experience, helping to augment and amplify the human element of primary care, while enabling more choice for patients in how they interact with the system.

Recommendations

1. Primary care providers should seek to build deeper relationships with digital technology companies to better utilise their available data and achieve a greater understanding of the resource and demand profiles of their patient populations.
2. Integrated care systems should prioritise building scale in the middle and back-office functions of primary care providers to help drive efficiencies, improve connectivity with patients and enable more time for frontline services. This is likely to include making investment funding directly available.
3. Primary care providers should engage more systematically with digital technology companies, to build more open and transparent partnerships that enable the co-design of new and innovative solutions to key challenges.
4. The procurement of digital technologies in primary care should be more closely aligned to a value-based procurement model, helping to ensure that the commissioning of services is based on the value they bring to the system and patients and not on crude metrics, such as price and number of features.