



11/01/2018

Wonderful people of Tower Hamlets

We might have a burning platform. We are all standing on it, it's burning through the soles of our shoes and starting to inflict personal pain, and it's called GP at Hand (powered by Babylon). At our last general practice forum, on the evening of 7<sup>th</sup> December, our ask as a group was clear: we want to join forces and create something that is not only as good as GP At Hand, but *better*. Which respects continuity and the need of our local residents to receive comprehensive services.

The risk of GP at Hand is probably the greatest, long term, that I can remember, and in this I'm including the removal of MPIG and our PMS/APMS contract changes. GP at Hand is the first of many providers that will entice a certain slice of our population by offering rapid, responsive services enabled by digital platforms. This is not something that will go away. It's not a fad. This is no TiVo, no Windows 8, no blue-ray DVD: it's more like the birth of the iPhone. It's here, and will take over the majority of the market while the Microsoft (that's us) fiddles with classic, increasingly uncool platforms. The risks of GP at Hand, just in case you need these sketched because maybe you've been overseas since November, include:

- Our healthiest, youngest patients de-registering and signing up to GP at Hand. The *very first week* GP at Hand was launched, one practice went down from 11817 patients, to 11778. This is a total never event. In the region of about **£5k worth of damage. In one week.**
- The haemorrhage is constant – so just project those numbers forward.
- Do this, add the cost of re-registering those patients once they wake up and smell the coffee, or even just get pregnant.
- We are left with the sickest and most complex patients – which is fine, if it were not for the fact we cannot afford it. Much like insurances, our whole healthcare economy is predicated on a balance between healthy people who do not need intensive face to face support, and a sicker population that does. In other words, the healthy cover the sick. If we are not propped up by the capitation generated by our lowest intensity users, it is our sickest patients that will suffer, as our economy becomes unsustainable. See Naureen Bhatti's super useful article which explains this: <https://www.theguardian.com/healthcare-network/views-from-the-nhs-frontline/2017/nov/16/seeing-gp-smartphone-sounds-wonderful-its-not>
- There is also a reputational issue. Patients who are booking with GP at Hand are not always fully aware that this means de-registering with your own practice. Check out this one star gift that was left on our NHS Choices profiles, which has me screaming into a pillow from the unfairness of it: *"NHS should keep an eye on them. They TF people personal file to other surgery without holder concern. I was with them last 15 year, recently they TF my medical file to another surgery in outside London without asking me, I end up with no medication without GP. My advice to other peoples; if you can- please move out from there and try find other GP before end up there"*. Just copying and pasting this again wants to make me scream.

So. We need to act. This will be painful, but might not be a bad thing, as it will inevitably lead us to a more modern, responsive way of delivering general practice, perhaps less in line with traditional

“need based” models, but more in line to with what Healthwatch and healthcare “consumers” have been begging us for some time. And now these people are voting with their feet – so let’s get them to march straight back to our practices. And change what we have been doing thus far – ie asking people to wait a few weeks to be seen. Let’s do it together, in a way that preserves some of our core values, but responds to the realities of the market, and to the expectations of our healthier patients – who are also, regardless of our feelings around this, the majority.

How do we do this? Using a Quality Improvement approach from start to finish, we try and understand the problem. What it is that makes GP at Hand so appealing. We wonder why GP at Hand got there before we did, and try to work out an even more appealing option for our healthier, less patient patients. We work *with* the energy, rather than against it, think about how we can diversify our offer, bring those patients back to Tower Hamlets, and cease the haemorrhage! This will entail, I suspect, thinking about lots of things - it's not a one-win solution:

- Easier, online registration
- Digital platforms for consultations
- Leaner, more responsive skill mix
- Faster response mechanisms for patients with needs which they perceive as acute, with some element of potential triage
- Good marketing and taking over the bus stops!
- Selling our unique wins, to those people to which these matter - such as continuity
- Re-thinking our telephone based access model for appointment booking
- Allowing full digital access to patient records (our current learning system!)

So, where do we go from here? I know for a fact (because you have called or emailed) that there are at least 20 of you jumping to get this started. An efficient, impactful learning system will not have more than 15-20 members, ideally from a range of about six practices. These practices will help design and pilot a GP at Hand alternative, guiding us through our mistakes and leading us to our successes, so that the new delivery model can be scaled Tower-Hamlets wide as soon as possible.

**If you would like to take part in the three sessions where the alternative to GP at Hand is going to be developed, please add your name to the Doodle:**  
<https://doodle.com/poll/ftmdi5k6a84cmqca>

Please reply by close of play TOMORROW (Friday). The date with the most participants will be our kick off date. Two more will come, following the first.

I like impactful statements, but feel I am not overblowing it when I say, this will be one of the most impactful turning point in general practice that we are going to see for perhaps a decade. It will impact us, equally. It is independent of our contracts, of our deprivation, of anything we usually think makes us different one from the other. So please, let's join forces, tackle this together, and "save our NHS" by enabling it to offer lean and responsive alternatives to the current market options. These people are fast, and they are good. They are like ninjas, and count on their mistaken belief that the NHS is like the sumo panda. Let's be the surprise ninjas, instead.

Join. And the rest of you - we are working hard. Please offer us your trust, your patience and your help while our local alternative is developed and shared.