How can the NHS ensure the rapid introduction of digital first primary care remains in place once the pandemic is over?

MBA in healthcare finance summary

Introduction

The final assessment for learners completing the MBA in healthcare finance requires them to complete a consultancy project on an aspect of healthcare finance. These projects have provided valuable research on a range of topics, which may be of interest to others.

The MBA in healthcare finance was developed in response to the scale of the financial and operational changes in the NHS. Financial acumen alone is no longer enough. There is an increasing need for professionals who understand the need for quality of service and people management in addition to financial information. Graduates of the HFMA advanced diploma in healthcare business and finance are eligible to entry onto the programme. Further information on the range of HFMA qualifications in healthcare business and finance can be found on the HFMA website.

The healthcare consultancy project is one of three modules completed in the final year. The HFMA provides non-academic support to learners, supplementing that provided by BPP University. This summary, along with the full project, sets out research that may be useful to other NHS finance professionals. It does not represent the views of HFMA.

In this project, Carl Smith, head of financial pathway integration at Leeds Clinical Commissioning Group (CCG), explores how the NHS can ensure the rapid introduction of digital first primary care remains in place once the pandemic is over.

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Background

This research reviews the rapid switch to digital services that general practice (GP) has undertaken due to the Covid-19 pandemic. It focuses on practices across the city of Leeds to ascertain how successful the implementation of the new systems has been.

The Covid-19 pandemic has resulted in the rapid adoption of digital technology in the NHS and significant changes in the delivery of services more widely. The transformation is enabled not just by technology but staff, patients and protocol changes. The changes have helped to protect patients as well as freeing up space and capacity in acute hospitals; it has also enabled remote working and reduced the risk of infection transmission in NHS settings.

Primary care especially has seen a huge increase in remote appointments. There was an almost overnight switch between face-to-face appointments and telephone and digital appointments. The changes were dramatic as many GP practices moved to new digital systems and ways of working almost overnight; this led to changes in the way patients access services.

Digital first primary care is one of the key strategic objectives within the *NHS long-term plan*.

Research aims

The objectives of the project are to build on existing research to review the effects that the move to digital first primary care has had on the GP practices of Leeds. The research reviewed the rapid implementation with a focus on the following key objectives:

- What actions can be put in place in Leeds to ensure that digital-first services have the greatest chance of being sustainable?
- How do we address digital exclusion and ensure that people with the greatest health inequalities are not left behind?
- What effect have the changes had on practice staff?

The aim was to find out what can be put in place to stop practices reverting to the pre-pandemic norms in order to help inform CCG and integrated care system (ICS) leads, as well as national policymakers of what effect the changes are having on GP practices and what further changes should be made.

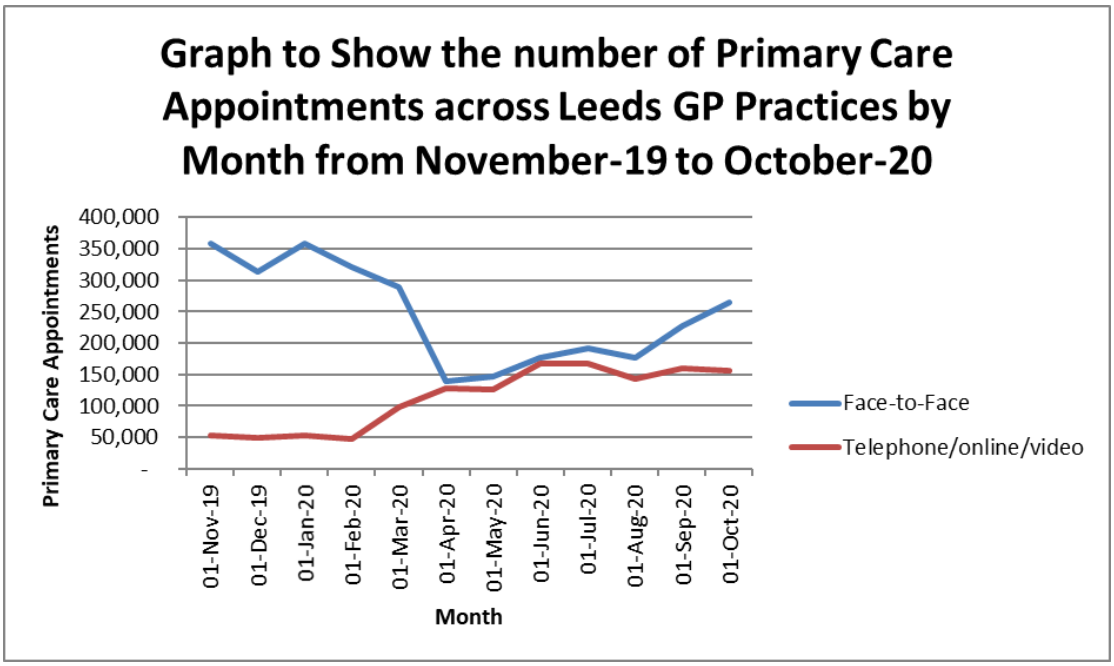
Key findings

The research undertaken was based on a literature review, questionnaires to GP practices in Leeds and interviews with two GPs in the city, as well as the City IT lead.

Trends in digital services offered

There are 94 practices in Leeds; the practices were all at varying different stages of developing digital services before the pandemic. Some practices were already offering telephone first services rather than face-to-face appointments so the changes required by those practices were slightly less significant. As reported by the Nuffield Trust, nationally, before the lockdown around 80% of GP appointments took place face to face; by June 2020 this had fallen to half with other appointments coming predominantly via phone call. This trend was reflected in Leeds as set out in **graph 1**.

Graph 1: Types of primary care appointments in Leeds



Not all primary care problems need to be dealt with by GPs; some are better served by a practice nurse, physiotherapist, or pharmacist. The aim of the on-line software is not only to direct patients to the right service but also to free up GP time to ensure they are seeing patients who require a GP appointment.

Further to the on-line consultation software, video consultation software was introduced to all practices via the AccruRX system. As well as video consultations the software allows pictures to be shared between patients and clinicians, and practice staff can also make phone calls and SMS messages through the system. One area that came out clearly from both the interviews and the questionnaire is that the AccuRX system should remain in place.

Digital exclusion

Reviewing the digital exclusion objective, most practices had communicated changes to their patients via their website or text messages with a lesser amount by e-mail and social media. Two-thirds of practices had managed to identify their patients who don't have access to digital services but only 14 practices had managed to put things in place to help those patients gain access to services. Based on an analysis of the data, the practices who were affected the most were those in the more deprived areas of the city. There has been some work done in a few practices to resolve this, some practices have worked with family members. others have worked with community and public health colleagues.

From the data, it is obvious that there are patients in the city that have lost access to services through the changes to digital first primary care, this cohort of patients is difficult to identify. Identifying this cohort of patients' needs to be an urgent priority for city leaders, this cannot be resolved solely by the NHS; local government partners and community groups will need to be involved for this growing health inequality to be addressed.

The impact on staff

Almost all respondents reported that working hours had not reduced since the changes to the digital first services model. A number of practices are seeing increased demand for services. The most alarming issue was that the practices were reporting that their work had become more pressurised and they had fewer natural breaks in the day. One of the drivers of the extra pressure is due to the bedding in of the new systems as surgeries have become less structured. It is expected that as the systems become more embedded the efficiency of using the systems will improve.

Apart from one practice, all respondents reported their staff are able to work from home when required. The majority of respondents to the questionnaire felt that the digital changes would help attract and retain staff going forward.

Conclusion

Transformation has happened very quickly. As the workforce become more used to changes more ideas are being developed around how systems can be improved, building on changes and developing pathways that are safe to deliver virtually and face-to-face.

Digital services are here to stay, but to what extent is yet to be determined. Changes must be right for both the patient and healthcare workers. To ensure digital services remain in place the research has identified changes that should be made involving practice staff, patient access, and improvements to digital systems. If these changes can be made and it is clear that digital systems are adding value and efficiency for patients, they have a greater chance of remaining embedded within GP practices in the city.

Recommendations

Following the findings of the research, the following recommendations were made to give digital first primary care the greatest chance of being sustainable:

- At a national level, due to the increased complexity of face-to-face appointments and increased pressure on GPs, the national standard consultation time of 10 minutes should be raised to 15. This would increase diagnosis accuracy, reduce GP burnout while increasing job satisfaction due to further health promotion opportunities.
- At a national or regional level, a commitment should be made to fund the AccuRX system or a similar system for practices going forward. This will help meet the objectives within the *NHS long-term plan* of increasing the number of digital appointments available for patients, and enable more activity to move from the acute sector.
- The CCG working with the primary care networks (PCNs) is required to show strong leadership across the city, all practices are independent businesses so strong leadership is required to give practices the best chance of making the changes sustainable. The CCG and PCNs should work to identify training that can be put in place to help ensure staff members are more comfortable with systems and that they are used to their full effect. This will be a continuous 'plan, do, study, act' (PDSA) improvement cycle which will help to keep the technology in place.
- The CCG communications team should help practices by communicating the changes to all patients around how digital first primary care works. The CCG should work with PCN leads to help identify patients that are at risk of digital inclusion, this will involve partnership working with the council and the city's translation provider. Once identified digital training hubs should be set up across the city based in a library or community centre.
- For online consultation software to work to full effect, the triage of patients' needs to be put in place at a PCN level. This will make triaging much more efficient across practices and allow patients to have consultations with GPs outside their practice if required. PCN funding from the national contract can be used to employ a member of staff if required.

Read the full research project here.

About the HFMA

The Healthcare Financial Management Association (HFMA) is the professional body for finance staff in healthcare. For over 70 years, it has provided independent and objective advice to its members and the wider healthcare community. It is a charitable organisation that promotes best practice and innovation in financial management and governance across the UK health economy through its local and national networks.

The association also analyses and responds to national policy and aims to exert influence in shaping the wider healthcare agenda. It has particular interest in promoting the highest professional standards in financial management and governance and is keen to work with other organisations to promote approaches that really are 'fit for purpose' and effective.

The HFMA offers a range of qualifications in healthcare business and finance at undergraduate and postgraduate level and can provide a route to an MBA in healthcare finance. The qualifications are delivered through HFMA's Academy which was launched in 2017 and has already established strong learner and alumni networks.

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