

HEALTH AND ADULT SOCIAL CARE SCRUTINY BOARD - 12 February 2020

MINUTES

Present: Councillors: K Blunt (Vice-Chairman), J Fairburn, A Hodgson, Mrs D Holl-Allen MBE (Chairman), D Howell, A Mackenzie, W Qais and R Sexton

Officers: Ruth Tennant – Director of Public Health and Commissioning
Janet Cree – Managing Director, Hammersmith and Fulham CCG
Paul Bate – Managing Director, NHS Services at Babylon Healthcare
Karen Helliwell – Director of Integration, Birmingham and Solihull CCG
Joe Suffield – Democratic Services Officer
Paul Rogers – Senior Democratic Services Officer

1. APOLOGIES

No apologies received.

2. DECLARATION OF INTERESTS

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

There were no question and deputations.

4. MINUTES

The Democratic Services Officer provided clarity about minute 21 – support to carers from the 25th November meeting.

The minutes from the Scrutiny Board meeting held on 7th January 2020 were presented.

RESOLVED

That the minutes of the Scrutiny Board meeting held on 7th January 2020 were confirmed as a true record.

5. BABYLON HEALTH - GP AT HAND APP

The Managing Director of Hammersmith and Fulham CCG (H&FCCG) presented the briefing document about the CCG's involvement with the Babylon GP at Hand service. H&FCCG host the GMS contract which enabled Babylon to provide a full GP service. It now provided a service to 74,000 people, which included 1,800 people in Birmingham and Solihull. Before the service was extended to other areas, it was subjected to a contract variation, discussion and subsequent agreement to ensure assurance it met the requirements of a GP service. The Primary Care Commissioning Committee for Hammersmith and Fulham was the authorising committee for this.

The application to subcontract in Birmingham and Solihull was made in June 2018. After a period of objection, the opposition was lifted in February 2019 when assurances were made. From June 2019, Babylon GP at Hand started to register a limited number of patients from within Birmingham and Solihull. During the initial phase, there was close communication between Birmingham and Solihull CCG,

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H&FCCG, NHS England and the provider to monitor the clinical pathways. The three areas that were monitored was diabetic eye screening, breast screening and cervical screenings. The relevant assurances had been achieved on this and the findings from this will be published soon.

It was noted that NHS had recently consulted about digital first services being commissioned. An outcome from this was a suggestion to disaggregate the patient list and create a new APMS contract when a provider registers a certain number of patients out of area patients in another CCG area, currently 1000 patients. This would mean that the contract would come from the area that the patients were based, for example Birmingham and Solihull CCG, rather than H&FCCG.

The Managing Director of NHS Services at Babylon Healthcare presented about the Babylon GP at Hand service. Babylon brought together clinical excellence, a service remote from the user (via smartphone) and AI. Babylon was different to other GP practices in two ways; it offered digital first healthcare and that it would always be open. There was a complex care coordination team to support individuals who may experience a crisis outside of traditional working hours. The population of the service were generally between 20-40 years old. The Carr Hill Formula adjusted funding for the demographics of the population of the GP service, which meant the GP at Hand Service received less per person on average than a traditional GP surgery.

During a consultation every call would be recorded to enable clinical audit and to provide to the patient with a record of their appointment. This enabled reviews to be undertaken to learn lessons from appointments, which would not be possible in a traditional GP service. The symptom checker supported patients to understand where the best place to access appropriate care would be. If an appointment was required, over half of all appointments would take place within 2 hours, with flexibility for those who struggled to make traditional times. Alongside this, the practice had worked alongside social media influencers to raise awareness amongst young women about cervical screenings.

Members raised the following questions and observations:

- Members asked whether the numbers of individuals who had deregistered from the Babylon GP at Hand Service had slowed down. The Managing Director for Babylon highlighted that the deregistration rate had slowed significantly in line with the London rate.
- A Member asked when a GP surgery would open in Solihull for the GP at Hand app. The Managing Director for Babylon explained that it would only be if it was necessary, they were focussed was on digital first healthcare.
- A Member enquired about what steps were taken to prevent drugs being overprescribed, and whether the service was more effective at diagnosing conditions or managing conditions. The Managing Director for Babylon outlined that the service was able to manage and diagnose conditions as a traditional GP surgery would. Also, Babylon GP at Hand was in the lowest two deciles of antibiotic prescribing from 2017, as they could closely monitor appointments where antibiotics were prescribed.
- A Member questioned whether Babylon GP at Hand had information on the socioeconomic status of service users, and whether there was a difference in outcomes for people using the service with different levels of education or socioeconomic status. In response, the Managing Director for Babylon reported the service was around the middle of the deprivation index, however they had more young professionals than on average. It was also conveyed that it was up to the individual to choose the service, not for the service to choose the patient.

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In terms of outcomes, it was stated that it was difficult to assess this, and that there would be ongoing monitoring of the service. The Managing Director for Babylon queried whether Babylon GP at Hand had less socioeconomic disadvantaged users, and highlighted that they provided a service that went beyond what they were paid for, such as outside traditional hours.

- A Member enquired about the Equality Analysis which stated the service may not be suitable for some people with characteristics or conditions. The Managing Director for Babylon explained that the list was removed in 2018 after assurances to NHS England with more clarity about how a digital first primary care service would operate.
- A Member asked whether those who required more regular care needs, such as home visits, were sufficiently supported by GP at Hand. The Managing Director for Babylon responded that every individual would be supported but there would be conversations with out of area patients who may require extra needs to decide how best to support them. There was a complex care team to support those may require regular care needs.
- A Member enquired about the service provided by non-clinical staff. The Managing Director for Babylon stated that call data was reviewed with support provided for staff where necessary.
- A Member asked what arrangements were in place to provide patient feedback. The Managing Director for Babylon outlined that there was a rating option on the app, patient feedback groups and friends and family test. Alongside this the Managing Director for H&FCCG explained patients were invited to take part in an annual GP survey.
- Members questioned how individuals know about the service and whether the digital first service makes it restrictive. The Managing Director for Babylon highlighted that the two most common methods to raise awareness of the service was word of mouth and advertising campaigns. It was acknowledged that initially older people may be less willing to use the service as they tended on average to be less comfortable with technology, but the app was as easy to use as possible to mitigate this. It was also outlined that those with complex needs would not need a digital appointment before every face to face appointment.
- A Member enquired how the AI symptom checker monitored for pathway changes and about the safety of it. The Managing Director for Babylon explained that a number of scientists worked on the symptom checker to make it as robust as possible, and the appropriateness of the algorithms response was also monitored. The software had clinical safety tests before and after it had been released to ensure it was accurate and accessible to as many groups as possible. There were no hidden layers to the AI system, which means that changes would not take place without stringent checks having taken place. Babylon were responsible if the AI gave poor advice (subject to Terms and Conditions of use), and it was possible to do a root cause analysis if problems arose.
- A Member questioned what was done to monitor the effectiveness of the symptom checker. In response, it was outlined that all information from the symptom checker was attached to the individual. Another Member enquired whether the AI symptom checker was biased. The Managing Director for Babylon stated that there had been a choice to use statistics and research to build the symptom checker, rather than let the AI system teach itself to prevent it being biased.
- A Member raised concerns about the awareness of individuals that they would deregister from their old GP practice when they signed up to Babylon GP at Hand. The Manager Director for Babylon reported that it was clear on the

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registration page and additional information was provided on the website, which included the support that could be offered to those with additional needs.

- A Member asked about funding concerns about the CCG. The Managing Director for H&FCCG responded that the rapid growth in the GP practice meant that the funding had not kept pace, which required NHS England to mitigate the associated costs. One of the outcomes of the digital first consultation was that the funding of the service would need to change. If Birmingham and Solihull CCG took over commissioning the service, the risk would be much lower.
- A Member enquired whether anonymised patient data was sold by Babylon. The Managing Director for Babylon explained that the data was not sold, but was shared where appropriate and in line with Privacy Policy with NHS partners and appropriate organisations. The large volume of data would make it difficult to re-identify patients. It was also stated that the app was GDPR compliant, consent was sought at the start of the process and data security levels were strong.
- Members asked what had been done to improve cervical screening rates. In response it was identified that shared learning and a successful social media campaign enabled Babylon GP at Hand to improve their rates. The CQC had also increased their focus on immunisations and screenings which helped.
- A Member questioned about patient safety, and what steps had been taken to support complex cases. The Managing Director for Babylon highlighted there was investment in a strong symptom checker and effective digital consultations which other online services had not provided previously. NHS England have said that Babylon GP at Hand was a safe service.
- A Member enquired how the NHS services were kept separate from the private services offered by Babylon Healthcare. The Managing Director for Babylon reported individuals were made aware of the different services, and could choose which they signed up for.
- Members asked about the lessons that could be learned from Babylon's GP at Hand journey, and what will be improved going forward. In response the Managing Director for Babylon stated that patients prefer this model to their previous practice, the staff were more motivated than at other NHS practices and it has reduced costs to the acute system. The lessons that could be learned included continued efforts not to be complacent, to continue to provide an effective localised service and to continue to work well with staff.

RESOLVED

That the Health and Adult Social Care Scrutiny Board made the following **RECOMMENDATIONS** to Babylon GP at Hand and Hammersmith and Fulham CCG:

- (i) To continue to improve access to the service for older people
- (ii) To support the work being undertaken to promote cervical screening
- (iii) To continue to improve communications with potential service users about face-to-face appointments.
- (iv) To receive a written report in 12 months' time which covers the actions taken from the previous recommendations and provides an update on the following points:
 - a. Changes to the demographics of individuals who use the service
 - b. Access to the service for individuals with complex needs
 - c. Support for carers
 - d. Steps taken to meet local population challenges
 - e. The socioeconomic status of service users