Dr Sarah Wollaston MP
Chair, Health and Social Care Committee
House of Commons
Westminster
London
SW1A 0AA

04 June 2019

Dear Sarah,

Thank you for your letter of 8 May regarding the Babylon GP at Hand practice.

I am sure you and the committee will agree that the NHS must embrace innovation in order to evolve and meet the needs of patients into the future. Digital approaches like those used by Babylon GP at Hand offer more convenient and responsive services for patients and allow clinicians to work more efficiently and flexibly.

That’s why I’m proud that the new five-year GP contract framework sets out that everyone will have the right to digital-first primary care, including web and video consultations from April 2021.

But of course, we must also ensure that the way we commission and pay for care keeps up with the opportunities digital innovation offers, so that the system is not unduly destabilised by new service models.

In his reply to your letter, Dominic Hardy, Director of Primary Care and System Transformation at NHS England, sets out the steps NHS England is taking to ensure that the way we commission, contract and pay for care remains fair and that Hammersmith and Fulham CCG is not financially disadvantaged by hosting Babylon GP at Hand in the meantime.
It is vital that we evaluate the impact of new service models and so I welcome the recent publication of the evaluation of Babylon GP at Hand, which will be considered carefully as policies are developed.

Yours ever,

MATT HANCOCK
Dear Matt,

Attached is a letter I have written to Simon Stevens regarding the Babylon health app ‘GP at Hand’.

I would very much welcome your observations on the issues raised as well. I am concerned that the impact on the wider primary care system should be fully evaluated before these new services are rolled out to other areas.

I look forward to your response, which I will of course share with Andy Slaughter and Councillor Ben Coleman. I would also expect the Committee to wish to publish the correspondence. You will also wish to know that I would expect the Committee to raise this issue with you the next time we hear from you in person, which I hope will be before the summer recess.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee
To: Dr Sarah Wollaston MP  
Chair of the Health and Social Care Committee

Date: 23rd May 2019

Dear Sarah,

Thank you for your letter of 8 May regarding the Babylon GP at Hand practice, its operation in London, and its future expansion to Birmingham.

The ‘GP at Hand’ practice is a long standing General Medical Services (GMS) practice in NHS Hammersmith and Fulham CCG. It offers the full range of standard GP services to its patients, and also now offers a ‘digital first’ service which allows patients to access GP care through a mobile app, initially via an online triage, then if needed via video consultation and ultimately a face-to-face appointment.

A key principle of the NHS is patient choice of practice with which to register, and funding follows as a patient moves from one practice to another. However, under existing systems there is a time lag, and where growth in list size is rapid this can lead to a potential financial pressure. In particular, the rules were not designed with registration to ‘digital first’ practices in mind.

We are intending to publish a consultation on patient registration, funding and contracting rules around ‘digital first’ primary care.

In the meantime, I can confirm that NHS England will:
- Increase the baseline funding of the CCG effective from the start of 2019/20 to take account of the growth in list size during 2018/19 by introducing a mechanism to transfer funding between CCGs during 2019/20 to take account of the financial impact on NHS Hammersmith and Fulham CCG of new patient registrations during the current financial year.

This will ensure that NHS Hammersmith and Fulham CCG is not financially disadvantaged during the current financial year, whilst we carry out a fuller review of our payment systems.

I hope this is a helpful reassurance and attached is the independent evaluation of Babylon GP at Hand, which is also being published today.

Kind regards

Dominic Hardy  
Director of Primary Care and System Transformation

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NHS England and NHS Improvement
Progress update

You asked for an update on progress against the four areas mentioned in your correspondence in July 2018 with the then Secretary of State for Health and Social Care.

1. **Code of Conduct** – we relaunched the [Code of Conduct](#) in February 2019 following extensive engagement and user feedback. We will aim to update it again towards the end of the year. In addition, we are gathering evidence of how the principles and behaviours within the Code can be embedded operationally, by carrying out a number of ‘deep dive’ case studies with companies/partnerships showcasing how they have evidenced the principles within the Code. In order to do this effectively, we have created a workbook utilising the principles within the Code and distributed this to a number of companies/Trusts. We hope to have the outputs by summer.

2. **Regulation** - Since the first meeting of the MWG in October, the Department of Health and Social Care and NHS England have actively engaged with the Better Regulation Executive (BRE), who are supporting our work to develop a framework for the regulation of emerging, data-driven health and care technologies. In addition we have created an “algorithmic toolkit’ to enable the workings of an algorithm to be shown, this is based on the back of Principle 7 within the code: *Show what type of algorithm is being developed or deployed, the ethical examination of how the data is used, how its performance will be validated and how it will be integrated into health and care provision*.

3. **Digital Assessment Questions** - We have launched V2.1 of the [Digital Assessment Questions](#) and are imminently launching the digital assessment portal to enable developers to upload answers directly. These are then reviewed by subject matter experts. We are working closely with commissioners and developers to understand how to integrate the DAQs in the operational processes.

4. **Evidence Framework** - In early December 2018 we published [Digital health technologies evidence framework](#), this was very well received and following feedback and consultation we re-published it in Feb 2019 to include case studies and a cost impact assessment template. We are now working to integrate the framework into business as usual. In addition, we are looking at creating an evaluation methodology for Tier 3b technologies to enable clearer evaluation frameworks of higher risk digital health technologies and innovations. NHS England have commissioned NICE to complete this work.
Dear Simon,

Following on from my correspondence with the Secretary of State on the subject of the Babylon health app ‘GP at Hand’ last year I am writing to see what developments have occurred on this issue in the intervening period.

Andy Slaughter MP, Member for Hammersmith, and Ben Coleman, Hammersmith and Fulham Council Cabinet Member for Health and Adult Social Care, have been in touch regarding this issue. The concerns that they shared with me are summarised below:

- Babylon runs a national service from an individual GP practice – distorting its patient list and funding at the practice (the Dr Jeffries & Partners GP Practice in Fulham). Cllr Coleman suggests that Hammersmith and Fulham CCG is facing an additional £32m to its existing deficit for the 2 years 18/19 and 19/20 for hosting the app, and that the issue will only get worse with the impending roll out to Birmingham of the app.
- Babylon now competes with practices, by encouraging a single point of contact, i.e. a phone on an app, rather than fostering good collaborative relationships within individual CCGs – is this how we foresee the digitisation of the NHS? Concerns were also raised regarding the effectiveness of the software in treating patients and whether reliable referrals to specialists were being made properly.

There are also important questions about the wider knock-on effect on the primary care system across an area, particularly if these new services attract patients with low health and care needs and leave existing traditional practices with disproportionately high numbers of patients with complex needs.

I am concerned that this service has been given the go-ahead to roll out in Birmingham before the completion of the analysis by NHS England’s Operational Research and Evaluation Unit, the Independent Evaluation and the clinical reviews referred to in the Sec of State’s letter of July 2018. The Secretary of State specifically reassured me in that letter that:

The findings from this analysis, the Independent Evaluation and the clinical reviews will be reviewed by the NHS England working groups that has been set up to develop future policy on novel service models such as GP at Hand. This work
includes exploring potential alternative contracting and financial models as well as the safety and compliance of the technology being utilised.

I would be grateful for an explanation of why the service is being allowed to be rolled out in Birmingham before the completion of this analysis.

I would also be grateful for reassurance that consideration is being given to the impact of GP at Hand on Hammersmith and Fulham CCG; and that the exploration of potential alternative contracting and financial models referred to in the Secretary of State’s letter will be used to ensure that appropriate arrangements are entered into which will not place the CCG involved with the Birmingham roll-out of the service in similar financial difficulties. It is crucial that the effect of these services on the wider primary care system should be analysed, as I am concerned that there is a risk of destabilising an already fragile system.

Finally, I would be grateful for an update on what progress has been made on the four areas mentioned in my correspondence with the Secretary of State, namely,