

CCG to offer private remote GP consultations via app to all patients

1 September 2020 **By Eleanor Philpotts**

A CCG in the north east of England has awarded an APMS contract to a digital GP provider to source online appointments for all of its patients.

NHS North Tyneside CCG said the 12-month pilot would give free online GP services to 222,000 patients without them having to deregister from the area's 25 GP practices.

The parties said the partnership was the first of its kind in the NHS, although Livi has previously partnered with individual GP practices in England.

The CCG said the partnership would deliver an extra 21,000 GP appointments a year, adding capacity to the system. Patients will be able to request a video appointments via Livi seven days a week, including in evenings and early mornings.

Patients using the service will be consulted by a Livi GP, rather than their regular GP, but Livi GPs have full access to patient records. Patients are asked to enter their symptoms into the app before the consultation, and are advised whether a digital appointment is suitable.

NHS North Tyneside CCG executive nurse and chief operating officer Dr Lesley Young-Murphy said: 'This service development compliments North Tyneside's existing GP service provision and patients will remain on their GP practice list.

'The Livi GPs will access and record patients' consultations in the same GP record as their own GP, ensuring continuity of care provision. Patients can also use the app to access medical advice, referrals and prescriptions.'

Livi managing director Juliet Bauer said: 'Crucially, it adds extra capacity to the system and supports the NHS in delivering world-leading care, while keeping patients and clinicians safe.

'This direct arrangement with NHS North Tyneside CCG is a first for Livi and we hope to be able to replicate it in other areas of the UK in due course.'

However, the partnership has received criticism locally.

Dr Alison George, a GP in Newcastle, said: 'I'm concerned about the drive/push to continue with remote consulting now and post-Covid. It's useful in a number of settings - for simple problems and reviews, for example.

'It's not good for complex problems; elderly or frail patients; anyone with communication difficulties; and some mental health problems where non-verbal cues are essential.

'I realise some patients like it, for convenience etc, but I worry that it's second-best medicine at best.'

Meanwhile, councillor Joe Kirwin claimed to have learned of instances where Livi GPs simply directed patients back to their own GP.

Mr Kirwin, who is the deputy chair of the Health Scrutiny Committee at North Tyneside Council, said: 'The CCG has commissioned a service that many GPs are already providing. That money would have been better going to practices helping expand and support new ways of working.

'I know there is a lot of fear out there that a service such as Livi will actually reduce the GP capacity. The Livi model is to recruit GPs for private work, thus reducing their availability for NHS work.'

He also raised concerns regarding the safety of patient information.

However Livi said it was 'governed by the same regulations as any other healthcare provider would be' and NHS North Tyneside CCG stressed that 'all of the GP practices in North Tyneside have signed up to the governance arrangements for the project'.

Deputy director for commissioning and corporate development Gary Charlton said: 'North Tyneside CCG has been working closely on this project with local GP practices, our patient forum, LMC and Healthwatch for over 12 months, and we have kept our partners up to date with progress including local hospitals and the local authority. This new application will support the North Tyneside health economy to offer additional capacity within the system.'

And he added: 'It is important to note that this is a complementary GP service for North Tyneside residents and patients will remain on their GP practice list. The triage element of the app is very clear about the type of ailments and conditions which it can deal with.

'We will be closely monitoring the outcomes of the Livi pilot scheme and will continue to work in partnership with our health and wellbeing stakeholders to make sure the needs of local people across North Tyneside are being met.'

Last year, [Livi collaborated with high street chain Boots](http://www.pulsetoday.co.uk/news/gp-topics/it/patients-to-access-gp-video-consultations-in-boots-pharmacy-stores/20039356.article) (URL=<http://www.pulsetoday.co.uk/news/gp-topics/it/patients-to-access-gp-video-consultations-in-boots-pharmacy-stores/20039356.article>) to offer video GP services, but GP leaders raised concerns at the time that this would 'erode' traditional general practice.

Livi's expansion also saw it [partner with more than 150 GP surgeries](http://www.pulsetoday.co.uk/news/all-news/digital-provider-secures-deal-to-offer-video-consultations-in-150-nhs-practices/20039172.article) (URL=<http://www.pulsetoday.co.uk/news/all-news/digital-provider-secures-deal-to-offer-video-consultations-in-150-nhs-practices/20039172.article>), including in Birmingham, Shropshire, Northamptonshire and Surrey.

The Covid-19 pandemic has triggered a [renewed focus on digital consultations](http://www.pulsetoday.co.uk/views/debates/should-remote-consulting-remain-the-default-option-post-covid-19/20040873.article) (URL=<http://www.pulsetoday.co.uk/views/debates/should-remote-consulting-remain-the-default-option-post-covid-19/20040873.article>), with much of primary care having to revamp at speed.

In July, health secretary Matt Hancock suggested that [all GP consultations should be carried out remotely going forward](http://www.pulsetoday.co.uk/news/gps-should-do-all-consultations-remotely-going-forward-says-health-secretary/20041246.article) (URL=[pulsetoday.co.uk/news/gps-should-do-all-consultations-remotely-going-forward-says-health-secretary/20041246.article](http://www.pulsetoday.co.uk/news/gps-should-do-all-consultations-remotely-going-forward-says-health-secretary/20041246.article)) unless there is a 'compelling clinical reason' to see a patient face to face.

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