



Digital  
North West London



  
*Health Education England*

**NHS**

**North West London**  
Collaboration of  
Clinical Commissioning Groups

# AI in Primary Care

## Learning From an Accelerator Site

19<sup>th</sup> April 2017

# Can technology reduce demand and increase quality in Primary Care in NW London?

## Drivers

- Nationally, internet usage is growing across all age groups with two thirds of the population owning a smart phone.
- Primary Care is facing particularly acute challenges due to the increased workload, reduced funding and declining numbers of GPs. In some NWL CCGs the gap between demand and supply will be 30 ppt over time

## Opportunities

- Number of companies utilising technology, including AI, to provide virtual consultations to symptom-check, diagnose ailments, triage, sign post and follow up patients.
- Anticipated benefits from such applications include reductions in A&E attendance, fewer GP visits, improved patient experience as well as more consistent care.

# Learn and adapt strategy

- **Digital innovation is experimental and so far mainly unproven**
- **We will pilot different solutions to tackle different situations in 17/18**
- **We will evaluate and use information to enable rollout where desirable**

## **This will help us to**

- understand the different forms and types of online consultations
- understand where it works best in terms of population, types of care i.e. episodic and/or continuity of care, practice set-up
- evaluate the impact online consultations have on patients and professionals in NW London
- help inform commissioning for innovation

## **Where will we be by 2020?**

- Minimum level online consultations offered in each practice in NWL
- Advanced level online consultations offered in a proportion of practices with view to increase

# Identifying providers

## Commissioning for innovation principles

- Approach is iterative and based on competitive/adaptive dialogue rather than rigid procurement process
- Emphasis on informing GPs about possibilities and letting them choose rather than prescribe one model centrally
- Assessment of both providers of innovation as well as primary care for their readiness
- Make it ongoing e.g. will have wider market engagement events even when pilot has started to make it business as usual but also ensure market stays open

## Challenges in identifying innovations

- Fast changing market (almost monthly) which has not yet consolidated i.e. observe both market entry and exit
- By definition, little evidence on efficacy beyond small simplistic evaluations and no national standards that would allow an agreed assessment framework
- While clinical efficacy is crucial, understanding how technology integrates into primary care work flow is equally important

# Engaging GP Practices to Participate in Pilot

- All GP Practices in NW London invited to participate in pilot
- 65 practices submitted an EOI
- 35 practices shortlisted to attend an event on 2nd March 2017 which showcased what Babylon and HealthTap have to offer.
- 16 GP Practices signed up to participate in the pilot with all of them looking to work with babylon.

## Shortlist criteria

- Practice size (minimum 8,000 required for evaluation)
- Level of digital maturity
- Commitment to participate
- Strong leadership in practice to drive changes

## Tips

- Be transparent about process and intentions
- Use short timelines to create pace and keep momentum
- Invite GPs to participate and go with those who want to do it
- Have discretionary funding for both product, implementation and evaluation

# Potential benefits

Technology providers expect the following impact:

- 30% reduction in GP and A&E attendance
- 80% case closure following virtual consultation
- Multimillion savings per CCG
- 25% uptake rate amongst patients after 12 months

## Learning from Essex

Use of Babylon's AI capability plus the option of a videoconference or audio call with a Babylon GP indicates a reduction in **GP appointments by 10%**

## NW London financial modelling example

The use of babylon app only based on 20% uptake and 10% of those using the app not requiring any further intervention at a cost of £1/patient:

- Total consultations avoided in NWL ~350k
- Savings of up to £6m (assuming all of these would have been traditional GP appointments)
- This will allow increased capacity in General Practice.
- Only need 93k avoided consultations (2.7% rather than 10%) to break even for the investment not accounting for other benefits such as reduced A&E attendance

# Evaluation and next steps

- We will evaluate over 12 month period with 6 month interim report using longitudinal linked data unique to NWL
- Evaluation will cover qualitative and quantitative impact on primary and acute services

## Next Steps

- Due diligence, contracting and workforce requirements to implement and embed technology.
- Go live in test bed sites first to ensure full roll out goes smoothly.
- Support change management in practices
- Roll out across all practice sites by September

# What we've learnt - Early insights

- There is no well defined process for the commissioning for innovation by definition
- Partnership approach with providers key but can't be just on their terms or commercially naïve
- Engagement is everything
- There is significant interest amongst primary care to experiment with technology
- Tight timelines keep momentum and pace and act as selection criteria on both sides
- Having flexible funding early helps
- Just do it!

# Questions