



NEWS

Smartphone GP app service will divert funding from most needy, warns practice

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A GP practice in London has warned patients about the risks of joining the GP at Hand digital primary care service, saying that it could destabilise other services.

GP at Hand, a partnership between the Lillie Road Medical Centre in west London and the technology company Babylon, launched late last year and offers a mixture of “virtual” GP consultations by smartphone and face-to-face appointments.¹

The Nightingale Practice in Hackney, London sent a message to patients on 1 March saying it had noticed that some patients had registered with the GP at Hand service without realising that this deregisters them from their local surgery.

It said that if patients wanted a local GP surgery that could offer face-to-face appointments then they should not register with GP at Hand.

In a further statement on its website, the practice warned that if too many patients left their local practice it could “create a second class, low budget service for the most needy members of our community by diverting funding into a service which cherry picks young healthy patients.”²

This is because the £87.53 the practice received for every registered patient would transfer to the west London practice. To stay afloat, practices relied on having some patients on their list who rarely visit and it was these patients who were targeted by the GP at Hand service.

The statement said that GP at Hand was being allowed to exclude complex patients from registering with it, such as pregnant women, older people with dementia, and people with learning difficulties.

It said that GP at Hand patients who needed urgent appointments or home visits might be told to ring NHS 111 and could be directed to emergency departments as they no longer had a local surgery to look after them. “This puts inappropriate pressure on local emergency services,” said the statement.

Sarah Williams, GP partner at the Nightingale Practice, said that the practice had shared the message with patients because doctors were worried about the effect that patients joining the service would have on other GP practices’ incomes.

She said that it was unfair that GP at Hand was able to exclude certain patients, because it was a fundamental principle of general practice that all patients, regardless of how needy or potentially expensive they were to care for, were accepted. “They are cherry picking,” she said.

Williams said that the Nightingale Practice was the first in its area to tell its patients about the GP at Hand service but she felt that others were likely to follow suit.

A spokesman for GP at Hand, responding to the statement, said that its service had “cut the average waiting time to under two hours, offering access to a doctor 24 hours a day, seven days a week, 365 days a year—as the 25 000 Londoners who have signed up have found.”

In a letter to the Nightingale Practice, Matthew Noble, associate medical director of Babylon, said, “the truth is very far from your suggestion that GP at Hand, or indeed any practice, receives the same annual fee per registered patient. Global sum funding (the majority of the funding that NHS practices receive) is based on weighted list sizes.”

He added, “What this means is that there is a six fold difference in global sum payment per patient because of age and sex alone, with 15 to 44 year old men attracting an average of £31 and women over 85 years of age attracting £207 in global sum funding.”

Noble said he hoped that GP at Hand’s “over 8700 five star ratings for digital appointments” would reassure Nightingale Practice that “we are doing something right.”

A spokeswoman from City and Hackney Clinical Commissioning Group said that the Nightingale Practice’s statement was not part of a wider initiative.

1 Iacobucci G. GPs to seek legal advice over smartphone appointment service. *BMJ* 2017;359:j5292. doi: 10.1136/bmj.j5292 29138178

2 Nightingale Practice. GP at Hand: a threat to the funding for your surgery? 2018. www.thenightingalepractice.co.uk/news.aspx.

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