

## **Written evidence submitted by The Royal College of General Practitioners (DTN0028)**

**The Royal College of General Practitioners (RCGP) is a membership body of over 54,000 GPs in the UK that was established to encourage, foster, and maintain the highest possible standards in general practice.**

### **Overview**

General practice is at the forefront of adapting to new methods of technology in the NHS. Recent developments in genomics, artificial intelligence (AI), digital medicine and robotics all present opportunities to potentially revolutionise patient care. GPs and their teams are ready to embrace these changes where they can improve care, however wider system changes are required to ensure opportunities are embraced safely and sustainably. General practice needs technology which enables safe patient care that is fit for the 21st century, improves the working lives of GPs and their teams, and offers value to the NHS.<sup>i</sup>

The response of GPs and their teams to COVID-19 also clearly demonstrated the leading role of general practice in adapting new methods of technology in the health and care sector, with most practices adapting to new digital ways of working almost overnight in order to continue to provide care to their patients and ensure infection control throughout the pandemic.

Despite this, our recent survey of members has found that many are still struggling with technology that is not fit for purpose.

- 51% of GPs said that their WiFi quality or speed was not of an acceptable standard;
- 64% of GPs said that the ability of their GP computer system to exchange information with those in hospitals was not of an acceptable standard;
- 49% of GPs said that their PC/laptop software was not of an acceptable standard;
- 32% of GPs said that the technology for online/video consultations in practice was not of an acceptable standard<sup>ii</sup>.

### **What other functions could and should be performed on the NHS App?**

Use of the NHS app for appointment booking could be increased, however it is important that each GP practice has flexibility and maintains control over the booking system.

It's also essential that GP practices in England are guided and supported by NHS Digital and NHS England to engage their patients with the NHS App. Practices also need support to link practice systems to the App to enable patient access to its services, such as online appointment bookings, repeat prescriptions and access to their medical record. New developments within GP IT systems generally, as well as the NHS App specifically, require careful implementation, with time taken to consult patients and healthcare professionals, and change management support provided to help general practice implement them.

Improved use of the NHS App could also help with providing continuity of care for patients. Functionality could be built into appointment booking via the App to give patients the option to request to see a specific clinician or to be seen as soon as possible by the first available clinician. Where patients do not express a preference, and do not indicate that they need to be seen urgently, they could be automatically assigned to the most recently seen clinician.

## **What progress has been made in digitising health and care records for interoperability, such that they can be accessed by professionals across primary, secondary, and social care?**

Some progress has been made to digitise health records; unfortunately, this progress has often been at odds to the aims of interoperability. The focus on digitalisation has prioritised 'quick wins' that do not improve the accessibility or quality of data for clinicians. For example, many Trusts have been 'digitising' case files by scanning them into PDF format; these uncategoryed, unsearchable documents are largely inaccessible to most clinicians, who simply do not have the time to find and then review them for important information under current workforce pressures. This kind of digitisation is creating a 'dark clinical record', in which valuable patient data is in effect lost because it cannot be easily accessed by GPs facing ever-increasing workloads.

Interoperability needs to be more than just access to data. To truly realise the aim of integrated care, records should be accessible *and editable* by those involved in patient care, rather than only allowing a user to view limited aspects of a record that is held somewhere else. As we move towards increasingly multidisciplinary ways of working, true interoperability will be required to ensure continuity of care across different health and care systems.

It will be critical that this progress in access and editing rights is accompanied by fully attributable user profiles, to allow visibility of where entries have been made. There are key differences in the clinical and technical practises of primary and secondary care such as the more common use of "working diagnoses" in primary care versus "confirmed diagnoses" in secondary care. Similarly, while SNOMED CT terminology is mandated across primary and secondary care, it is implemented and used in varying ways. As such, an emphasis on provenance and attribution will be required to ensure true interoperability. Further consideration will also need to be given to staff training and working practices to ensure technically interoperable systems are used in ways that make data functionally usable in different settings.

While we recognise the committee's focus on the Government's timelines for a digital NHS, we are concerned that further prioritising rapid digitisation will continue to exacerbate the issues outlined above. Priority should be given to developing effective system-wide technologies that enable interoperability to occur, and a less hurried approach to digitisation should be encouraged if it feeds into these wider strategic systems. In doing this, inspiration should be taken from existing interoperability technologies and strategies which currently exist outside of the NHS rather than seeking to develop new unwieldy and unproven systems. Properly categorising patient data and ensuring it is usable by clinicians and other health and care staff will be essential to avoid lost information and put patient care first.

## **What progress has been made on making data captured for care available for clinical research through digital transformation?**

In recent years, important progress has been made in making data captured for care available for clinical research. We are extremely supportive of the principle of improved and more secure sharing of data for legitimate healthcare planning and research purposes.

It is critical that as digital transformation allows for greater data sharing, appropriate safeguards are in place to guard against any inappropriate uses of this data. Data captured for care is information about and belonging to patients, and most importantly, any sharing of data must be transparent and maintain

public trust in how general practice and the NHS more widely uses or shares their information. Patients must have the opportunity to make informed choices about the use of their data.

It is important, therefore, that digital programmes to support the sharing of patient data are approached in a sensitive and unhurried manner. The recent delay to General Practice Data for Planning and Research (GPDPR) programme resulting from the RCGP and the British Medical Association raising concerns over a lack of transparency and technical safeguards, highlights the fact that attempting to push through transformation at pace without necessary consultation can be counterproductive.

Progress in making data available for clinical research will be improved by ensuring the safeguards outlined above are always in place. We are pleased that there has been a government commitment that data collected as part of GPDPR will only be made available via a Trusted Research Environment (TREs). As per the recommendations of the Goldacre Review, the RCGP believes that patient data should always be held in and only accessed within TREs.

### **What should be the timescale for incorporating genomic data into patients' medical records?**

To some extent, genomic data has already been incorporated into clinical medical records in both primary and secondary care. GPs commonly seek and document family history data in patient records, while information from secondary care or research studies are usually scanned in as supporting documentation.

Further engagement is needed before any significant steps are taken towards additional incorporation of genomic data into patient records.

### **What are the principal considerations that should be taken into account in this context and what additional training of the workforce will be needed to achieve this?**

It is essential that sufficient time, support, investment, resource and training is made available to GPs and their teams in order for digital transformation in general practice and wider primary care settings to be effective.

#### **Time**

It's important that decisions about digital transformation of the NHS are not rushed, and that a number of factors including data security, safeguarding measures, communication of the changes to the public, and interoperability are truly considered before pressing ahead.

#### **Change management support**

GPs and their teams need adequate time to learn to use new digital tools and devices, as well as change management support for implementation, and ongoing technical support for dealing with issues that may arise in the future. Commissioning bodies and health boards should factor in the need for ongoing staff training, change management services and technical support for practices (and associated resources) into the procurement processes for new technology and systems. Primary care networks and other networks/groups in general practice should also have access to support services which can assist with change management.

#### **Investment in infrastructure**

According to an RCGP survey, at least a third of GP premises are not fit for purpose, 90% of which are

not able accommodate the expanding staff team, and practice teams do not have adequate digital tools to deliver high-quality patient care.<sup>iii</sup> The Government and NHS England must therefore invest at least £1 billion to make general practice premises fit for purpose, including sufficient space to accommodate expanded multidisciplinary teams, and deliver digitally-enabled remote care.

### **Workforce**

The NHS is nothing without its workforce and targets to deliver more GPs continue to be drastically missed. We simply do not have enough GPs to meet the needs of a growing and ageing population, with increasingly complex needs, on top of managing the fallout from the pandemic. While the expansion of the wider team is more successful, recent research demonstrates a range of challenges being experienced,<sup>iv</sup> including problems with integration of new staff members, supervision burdens, and a lack of physical space to incorporate new staff as mentioned above.

### **Time and investment for training**

Finally, investing in high-quality, fit for purpose technology will only make a difference to general practice and the wider NHS if the implementation of new technology is supported by a sufficient workforce accompanied by appropriate staff training, support and guidance. GPs and their teams need adequate time to learn to use new digital tools and devices, alongside change management support for implementation, and ongoing technical support with dealing with issues that may arise in the future.

We acknowledge that effective digital tools and systems should inherently be intuitive and easy to use, therefore should not require in-depth training, but it is important that staff are given the time and space to adapt to using these tools to deliver patient care in a safe way. Guidance for handling failures in technology and ongoing IT support is also vital to ensure general practice is supported in digitising without jeopardising patient access to safe, efficient, quality care.

Secured funding should be efficiently allocated to practices so they can efficiently prepare their staff to use new technology. In England, regional training hubs should also be equipped with the necessary funding and resources to deliver this type of training to practices.

## **How can the creation or exacerbation of digital inequalities be avoided when implementing digital transformation?**

### **Data**

As many aspects of daily life become more digitalised, digital access to health and care services is becoming increasingly recognised as a key determinant of health. However, there remains limited research on the equalising impact of digital technologies employed within primary care in England.

There is more data on the impact of digital technologies on workload and the healthcare system, such as the number of appointments, as opposed to the impact on health. Whereas there is little research on the impact of digital technologies on the health of different social groups, and little research on the design of many digital health technologies and the impact that this has on the end-user.

There is a clear knowledge gap here and it is essential that any data collected as part of the digital transformation of the NHS is evaluated to better understand the impact these changes are having on health inequalities across England.

### **Skills**

The digital skills deficit must be considered in order to ensure that the creation or exacerbation of digital inequalities is avoided when implementing digital transformation. Although the number of people in the UK lacking basic digital skills is declining, NHS Digital found that 20% of the population (approximately 11 million) still lacked the basic digital skills needed to use the internet effectively in 2019.<sup>v</sup>

The NHS must ensure it is preparing both patients and its workforce to cope and adapt with any changes that are part of the digital transformation. Changes must be communicated to patients, with factors including language barriers and digital literacy being taken into consideration to ensure digital inequalities are not created or exacerbated as a result. Workforce must also be provided the necessary time and training in order to ensure they are up to speed with any digital changes that affect their professions.

### **Access**

Inequalities in access to digital technology is another significant barrier to digital inclusion and applies to both the NHS workforce and patients. According to data from 2019, 4.8 million people in the UK do not use digital technology at all.<sup>vi</sup> At the same time, data from 2018 suggests that 12% of rural premises struggled to access a decent broadband service, compared to only one per cent of urban premises.<sup>vii</sup>

Digital systems used by the NHS must therefore be inclusive by design, with measures such as language, accessibility, affordability and simplicity considered thoroughly for user experience.

In addition, the NHS must ensure that improvements are made to digital infrastructure across the country, to ensure that GPs and their teams in rural areas are able to make optimal use of new ways of working and patient care is not compromised because of the location of practice.

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<sup>i</sup> RCGP (2019). Fit for the future: Digital Technology Roadmap. Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/2019/RCGP-digital-technology-roadmap-nov-2019.ashx?la=en>

<sup>ii</sup> RCGP (2022) RCGP survey of 1,262 GPs responded to our survey between 3 March and 4 April 2022

<sup>iii</sup> RCGP (2021). RCGP survey of 1,281 GPs in England, in field March 7th to April 8th 2021.

<sup>iv</sup> The Kings Fund (2022). Integrating Additional Roles into Primary Care. Available at: <https://www.kingsfund.org.uk/publications/integrating-additional-roles-into-primary-care-networks>

<sup>v</sup> NHS Digital (2019). Digital inclusion guide for health and social care, revised version July 2019.

<sup>vi</sup> NHS Digital (2019). Digital inclusion guide for health and social care, revised version July 2019

<sup>vii</sup> RCGP (2019). Fit for the future: Digital Technology Roadmap. Available at: <https://www.rcgp.org.uk/-/media/Files/Policy/2019/RCGP-digital-technology-roadmap-nov-2019.ashx?la=en>