

## **Babylon's response to the independent review by Ipsos Mori and York Health Economics Consortium, commissioned by NHS England and Hammersmith & Fulham CCG**

22/05/2019

We are delighted that the independent review<sup>1</sup> has reported how Babylon GP at Hand (BGPaH) leaves patients and GPs overwhelmingly satisfied, whilst reducing the number of visits to A&E.

The report used a patient experience survey, qualitative practice-based case studies, economic evaluation, qualitative interviews with wider audiences and an analysis of secondary data. Their findings include:

- “The majority of patients were positive about their overall experience of BGPaH, with 85% rating their overall experience as ‘good’ (58% ‘very good’)” (p.47; Table 3.1)
- “Seven in ten patients said the quality of care they received at BGPaH was better than their previous practice (72%), with 52% saying it was much better” (p.49)
- Babylon GPs were “highly satisfied working for Babylon and compared it favourably to working elsewhere”, not only in terms of flexibility and workload but also having systems in place to monitor and develop their performance with weekly quality assurance meetings, regular feedback and audits of consultation recordings (p.v)
- Over 6 months BGPaH patients had 38 fewer visits to A&E per 1,000 population compared to the control group (p.76)
- Over 6 months BGPaH patients had 219 fewer outpatient appointments per 1,000 population compared to the control group (p.76)
- In the 12 months before joining BGPaH, people who went on to register with the service were around 20% more likely to attend A&E than expected (after adjusting for age and sex). Once they had joined GP at hand, they attended A&E around 5-10% less than other newly registered London patients in traditional practices. (See Fig. 3.8)

Dr Matthew Noble, Medical Director (UK Clinical Service), Babylon, said:

“This independent report shows that GP at Hand is loved by all types of patients as they can now access a GP when they need to. I’m particularly pleased that the report has shown how our GPs enjoy their work, aren’t becoming burned out and how our digital-first approach may even be a

way of encouraging GPs to stay in the profession and to help recruit more doctors into General Practice.

“The findings show Babylon GP at Hand isn’t just of great benefit to patients and GPs, it is also saving the NHS time and money. When you consider that the average A&E visit costs £160<sup>2</sup> and the average outpatient appointment £125<sup>2</sup> then you can see how quickly Babylon GP at Hand and digital-first services can have a positive impact for the NHS.”

Further findings from the report:

#### Patient view

- Patients joined BGPaH because of “convenience and easier access to GPs”. This was regarded as “more important than all other considerations, and in most cases this was a result of perceived poor access at their previous practice” (p.iii)
- BGPaH “may suit patients with a mental health condition, at least as well as other patients”. “Several patients said that they seek help earlier and more frequently for their mental health issues than they had previously because of the ease of access” (p.56)
- 87% of patients with a long-term condition rated their overall experience as ‘good’, compared with 86% of those with no long-term condition”. Patients particularly valued “the ease and speed of access” (p.55)
- “Nine in ten patients thought the healthcare professional was ‘good’ at treating them with care and concern (87%), with 61% stating they were ‘very good’. In addition, 93% had confidence and trust in the healthcare professional. These measures did not differ significantly by appointment type.”
- “90% of patients felt the healthcare professional was ‘good’ at listening to them (90%), with 63% stating ‘very good’” (p.49)
- “Almost nine in ten patients felt the healthcare professional was ‘good’ at giving them enough time (88%), with 61% stating ‘very good’. In addition, 93% had confidence and trust in the healthcare professional” (p. 49)

#### Clinician view

- Babylon have a highly satisfied workforce who gave “overwhelmingly positive” feedback, “were highly satisfied working for Babylon and compared it favourably to working elsewhere” (p.v)
- “BPaH GPs felt supported and connected to their colleagues”
- “The BGPaH GPs interviewed felt that their workload was managed more efficiently than in other practices where they worked. They also felt that they had a head start on complex cases; they found it helpful when having to see a patient with complex needs face-to-face to have a digital appointment first so they know what to focus on.” (p.v)
- Babylon GP at Hand “staff were positive about the systems in place to monitor and develop their performance” (p.v)
- BGPaH provides a “comprehensive training programme that is well regarded by GPs receiving it” (p.v)

### Wider impact

- For anyone concerned that the movement of patients might destabilise other practices, this report states that BGPaH “patients were previously registered at a large number of CCGs and other practices (see Table 3.2). This indicates the impact on any singular practice or CCG would be minimal if the patients now registered with BGPaH were indeed subsidising patient care through the Global Sum Allocation Formula in their old practices.” (p.82)
- “At a national level, potential economic benefits from reductions in travel time and time off work for patients should be considered if the BGPaH model were rolled out across the NHS.” (p.83)
- “BGPaH patients are higher users of some services before joining BGPaH than might be expected given their age and health. However, this reduces after joining, suggesting that the service reduces A&E and NHS111 use for a population of high users.” (p.75)
- “The evidence collected suggests that the digital-first model provided by BGPaH could have a positive impact on the recruitment and retention of a group of GPs who may not remain in or enter into general practice otherwise” (p.v)
- “BGPaH has low levels of prescribing in comparison with other CCGs and nationally for antibiotics when data is age and sex standardised. On the whole, BGPaH GPs claimed that the guidelines at BGPaH were more restrictive than other practices, with an in-house pharmacist for advice, which GPs felt prevented over- prescribing.” (p.v)

This is a detailed report that includes areas where we could continue to improve our service to increase the benefit to patients, GPs and the NHS. As the recent CQC report<sup>3</sup> notes, BGPah has a strong focus on continuous learning and improvement and welcomes all constructive criticism, so will be carefully reviewing these points. One of the most exciting aspects of our service is the speed with which we can review and adapt.

Our mission is to put an accessible and affordable health service in the hands of every person on earth. In the UK we are focused on making a GP practice that delivers care in a way that works for patients 24 hours a day, 365 days a year - and we are working with the NHS to make this digital-first service available for everyone who wants it.

### References:

1. Evaluation of Babylon GP at Hand, Ipsos Mori. (Published May 2019): <https://www.hammersmithfulhamccg.nhs.uk/media/156123/Evaluation-of-Babylon-GP-at-Hand-Final-Report.pdf>
2. NHS Improvement Reference Costs 2017/18: highlights, analysis and introduction to the data (published November 2018): [https://improvement.nhs.uk/documents/1972/1\\_-\\_Reference\\_costs\\_201718.pdf](https://improvement.nhs.uk/documents/1972/1_-_Reference_costs_201718.pdf)
3. Babylon GP at Hand CQC Report (Published May 2019): <https://www.gpathand.nhs.uk/cqc>