**Invitation: Join GP Systems of Choice Partners**

As part of the re-procurement of the GP System of Choice framework, we are trying to evidence the real benefits to practices, patients, commissioning groups and the NHS of providing central funding for GP systems, which will now also include many patient facing services.

We are looking for innovative practices, to work in partnership with us to develop and utilise clinical systems within General Practice and Primary Care.

On offer is support for your practice to develop the knowledge of your clinical system to help both the practice and your patients. This will include the development of online services.

We would like practices to help us to understand the benefits of the technology and help to improve how systems are used across Primary Care.

Some financial support will be provided for partner practices. It is estimated that participation will be equivalent to a total of 12 days across a variety of staff in the first year. This could range from 1 hour to 4 days for any individual.

Primary Care leads the NHS and the world with well-established use of computing and technologies in patient care and management. To some extent, this is taken for granted. Who could imagine GP practice without a clinical system, booking systems, electronic prescribing and the many other support systems that are used now? It is clear to all that these have great value – but are we able to demonstrate the impact and show the value for money they provide?

**If you are interested in developing the use of your system and making the best of new technologies please help us, by sharing your knowledge and expertise and joining our GP Systems of Choice Benefits Workgroup. We want to ensure that your views are included in any developments and decisions to provide the best GP systems that we can do, for the future.**

Specifically, we are asking for your support in one or more of three key areas:

# A Quantitate Evaluation

A review of the existing benefits that functionality available through GPSoC can enable for practices and patients, ideally in a workshop.

* Are there any additional benefits that have not been included?
* Can a subset up to 10 benefits be defined, suitable for measurement on a national basis?
* What approach should be used for measuring and reporting benefits?

# Qualitative Evaluation

Could your practice show the way for others? Would you open your doors to allow an independent study of how GP clinical systems could be used? An objective assessment could benefit your practice with new insight and practical ideas. Real support would be provided, perhaps to develop ideas and services you want to take forward. Would it be possible for your practice, possibly through a practice meeting, to allow the GPSoC Team to listen to the views of, and to understand, issues for practices?

# Testing and Piloting

Would you be able to help us to develop and test a survey or other measuring tools, to show the benefits that can be achieved? Your input will ensure such measurement is relevant, simple and adds value and learning rather than creates a burden for practices.

Involvement as a partner asks for your commitment in the first year (Oct 2013-Oct 2014) followed by an option to continue in year two. If you are not currently able to commit to this level of involvement but would still like to help, please do contact us. Other options for involvement on an ad hoc basis are likely to arise.

Ideally we are looking to engage locally with key people or groups:

* + GPs, nurses and other clinical staff, and non-clinical practice staff
  + Patient and carer representatives, and practice participation groups
  + Area Team directors of commissioning and performance, and clinical leads
  + CSU, HIS support staff, and CCGs

Brief training on benefits concepts can be provided, if necessary. web-based tools and teleconferencing will be used to avoid unnecessary travel, and workshops will be held locally where possible.

Some financial support will be provided for partners. Estimated participation is equivalent to a total of 12 days across a variety of staff (in the first year), ranging from 1 hour to 4 days for any individual.

Where possible, we would also like to have a wide range of involvement to define these benefits, such as:

* rural and urban
* a variety of current practice clinical systems
* a range of practice sizes
* current providers of online access to patient services and not
* users and non-users of data centre hosting solutions
* users and non-users of remote access, telehealth tools or mobile applications
* users and non-users of electronic cross care-setting data sharing (clinical information), and/or document exchange

We hope that you and your colleagues will take the opportunity to be part of this important work.

All applications must be submitted by 25 October 2013. We will inform successful applicants by 1 November 2013, and will provide feedback.

Practices and groups should be prepared to start no later than the end of November 2013.

Please contact Toto Anne Gronlund, (Lead for Benefits and Patient Facing Services), GPSoC, or Terri Holcroft, (Informatics Primary Care Lead, NW) to discuss participation and to send in your application.

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Yours sincerely

Toto Anne Gronlund and Terri Holcroft

**Application form for GP Systems of Choice Benefits Partners**

|  |  |
| --- | --- |
| Organisation or Group Name: |  |
| Date of application: |  |
| Lead Contact Details: |  |
| Name |  |
| Email |  |
| Telephone |  |
| Address |  |
| Size of organisation: |  |
| GPs |  |
| Clinical Staff |  |
| Management and administration |  |
| Practice patients |  |
| Number of members in patient participation group |  |
| Other – please describe |  |
| Catchment area: |  |
| Rural |  |
| Mixed |  |
| Urban |  |
| Software supplier(s) |  |
| Please identify clinical system supplier/ software |  |
| Please describe current use or experience of technologies, who uses them and in what circumstances (please note all usage levels are required - we do need views from practices that are not yet using each of the following system modules) |  |
| * remote access, telehealth tools and /or mobile applications |  |
| * hosted solutions and/or local backups |  |
| * user identification and authentication, smartcard usage |  |
| * Use of National systems (such as eRS, EPS, SCR, GP2GP etc) |  |
| * User/non-user of electronic cross care-setting data sharing (clinical info), and / or document exchange |  |
| * Management of data quality |  |
| * use of SMS Texting/appointment reminders |  |
| * social media |  |
| * touchscreens, self-measurement facilities for patients, |  |
| * Other – anything else you think might be relevant |  |
| Please describe in less than 300 words what you feel you can contribute in terms of time, experience and expertise |  |