



Royal College of  
General Practitioners

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**Chair of Council**

**Rt. Hon. Matt Hancock MP**

Department of Health and Social Care  
39 Victoria Street  
London  
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Dear Secretary of State,

Following your speech at Babylon Health last week, and your interview with the Daily Telegraph, I wanted to write to you to outline our ongoing concerns with GP at Hand and seek clarification of your position on the principles of this particular service and the role it has in the future NHS.

You will be aware that the College has consistently raised serious concerns about the way GP at Hand is currently being implemented in the NHS. It is crucial that patients have equitable access to GP services, regardless of condition or circumstance. However, GP at Hand has a large list of patients who are not advised or not able to register with them due to specific health conditions, or their use of the English language.

We fear this could result in a 'two-tier' primary care service where healthier patients - with less complex medical conditions - can get an online appointment quickly and conveniently whilst those with the greatest clinical need, such as those with frailty, multimorbidity or poor mental health, find it more difficult to access timely care when they need it. This potentially exacerbates existing health inequalities and creates a system where timely access to GP services is more easily available to fit and healthy patients. Far from relieving pressures on traditional GP services, a further roll out of GP at Hand, without these issues being addressed, will adversely impact on traditional surgeries that may be left with a patient list which includes a disproportionate number of patients with multiple, long-term conditions. These are patients who often require more frequent and longer GP appointments, and more complex care, therefore severely impacting on the workload of some GPs.

As I know you would agree, patient safety is the utmost priority for all staff in the NHS. In general practice, we pride ourselves on delivering the highest-quality care to our patients. As an online provider, GP at Hand has not yet been independently and robustly evaluated in terms of how safe it is for patients – and we understand that the service's expansion out of London has already been blocked at CCG-level on these grounds.

I also wanted to reiterate our concerns that GP at Hand risks financially destabilising general practice. Under the current funding model, GP surgeries receive funding from the NHS on a 'per patient' basis irrespective of how often patients visit their GP. As registering with GP at Hand currently deregisters patients from their local practice, this leaves GP practices with fewer resources to treat the more complex patients that remain on their lists, despite the GP contract (based on the Carr-Hill formula) having a partial correction built in. GPs in London have already reported that GP at Hand and its 'cherry picking' of fitter, healthier patients is impacting negatively on patient care as traditional practices are left treating patients with the most complex conditions, without the sufficient financial resources to do so.

While we appreciate that NHS England is currently reviewing the funding formula in respect of online providers, we are still concerned that the way in which GP at Hand is targeting new patients could put further strain on the financial viability of an increasing number of practices that could be forced to close their doors to patients if significant numbers deregister from their surgeries. To prevent this risk, we would need a massive and rapid overhaul of the funding model for general practice, so that online providers and traditional GP services are funded equitably for the services they are providing. Until this happens, GP at Hand should not be rolled out further in the NHS without a robust risk assessment taking place.

Technology has the potential to rapidly transform the NHS and significant investment in good safe technology in general practice is greatly needed. However, any new technological innovation must be implemented in a fair and equitable way, that benefits all patients and does not impact negatively on existing primary care services. While it may appear as if GP at Hand has a potential role alleviating some pressures on NHS general practice, and whilst we welcome the fact that some patients may receive quicker access to services, we have serious concerns about the unintended impact on wider primary care.

Yours sincerely,



**Professor Helen Stokes-Lampard PhD FRCGP**  
Chair of RCGP Council