# Service outcomes

NHS Proxy Access

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**VRS service outcomes for patients, proxies and our stakeholders**

**Once the VRS is live, for patients it will...**

1) Ensure that when clinically appropriate, I have complete control of my healthcare and access

This means that...
-- People with a validated, clinically confirmed relationship care for me are able to act on my behalf
-- I can transfer control of my healthcare to a proxy
-- I can choose which aspects of my care and which types of transactions are accessible to my proxy
-- At any time, I am able to revoke access from my proxy

2) Be technically secure, clinically safe and keep me protected

This means that...
-- As a patient, I will be protected from malicious attempts to manage my care
-- Access is only provided to P9 identity verified users through the proxy application service
-- Only individuals with a validated relationship from a trusted source will be allowed to manage my healthcare
-- I can trust the VRS to accurately identify my mother-child relationships
-- I understand and trust the transactions available to me as part of a live service
-- I am not liable for things I do not do when a validated proxy is managing my care

**Once the VRS is live, for proxies it will...**

1) Make sure I can act on behalf of those I care for

This means that...
-- My parental (mother-child) relationship is validated by the VRS
-- A clinician can give me proxy access for those I care for
-- When I am validated, proxy should be easy to establish and only need to be set up once
-- I am able to act on behalf of those I care for

2) Save me time in the proxy application process

This means that...
-- I do not have to go to my GP surgery with identity documentation / proof of relationship as it has been validated centrally
-- I can act on behalf of those I care for in a more timely manner

**Once the VRS is live, for our stakeholders it will...**

1) Work across all healthcare settings

This means that...
-- Care follows the patient wherever they are treated
-- Care can be accessed / managed by a validated proxy, regardless of the healthcare setting
-- We will eventually be integrated with GPIT systems

2) Be a service underpinned by equality and inclusion
This means that...

-- Health inequality will be reduced by removing the need for in-person identity / relationship verification
-- Once the service is live, inherent biases will not be scaled or amplified as decision making powers are devolved from GP surgeries
-- The service will be accessible to those with additional needs

3) Be a service that is measured and then iterated upon

This means that...
-- Once the VRS is live we can measure:
Traffic
Successful proxy applications with a validated relationship
Unsuccessful proxy applications with a validated relationship
Failed proxy applications
Number of claimed relationships able to be validated
Number of claimed relationships unable to be validated

**VRS service outcomes for clinicians & why is this important?**

**Once the VRS is live, for clinicians it will...**

1) Enable me to provide better patient care

This means that...
-- The proxy service becomes a more useful tool in the overall care for patients
-- I can support patients and proxies who come to me through the PAS
-- People can register with a GP surgery easily & access care
-- I can make a more informed decision on parent-child relationships / whether to provision proxy

2) Reduce time spent on proxy applications and identity verification

This means that...
-- Time for my staff will be freed up
-- As identity and relationship will be verified / validated centrally, I do not have to deal with identity documentation in-surgery
-- Where burden is removed and decisions can be made faster, focus on quality of care will be improved

3) Help me make an informed decision on proxy applications

This means that...
-- I can trust information from the VRS and have no concerns about the validity of a relationship
-- I can use information provided to me that confirms a validated relationship to help inform my decision on the usability of a relationship
-- I am given the information that I need from the VRS
-- Legal liability on the validity of a relationship is removed

**Why do we need to try to measure the burden on GPs?**

Measuring the burden on General Practitioners (GPs) when implementing new systems, such as digital proxy relationships, is vital for several reasons:

- **Ensuring Quality of Patient Care**: GPs are at the frontline of healthcare delivery. An excessive burden can lead to burnout, decreased job satisfaction, and potentially impact the quality of care they provide to patients. By measuring the burden, steps can be taken to ensure that GPs are able to maintain high standards of patient care.

- **Resource Allocation and Efficiency**: Understanding the extent of the burden allows for better resource allocation. It helps in determining if additional support, whether in terms of staffing, technology, or training, is required to manage new responsibilities efficiently.

- **System Design and Improvement**: Measuring the burden provides critical feedback for the design and continuous improvement of the system. It ensures that the system is user-friendly and supports GPs in their workflow, rather than adding unnecessary complexity or time demands.

- **Preventing GP Burnout**: GP burnout is a significant concern in the healthcare sector. By measuring and managing their workload, steps can be taken to prevent burnout, thereby improving GP well-being and retention in the profession.

- **Facilitating Acceptance and Adoption**: Understanding and addressing the burden can facilitate greater acceptance and smoother adoption of new systems by GPs. If GPs feel that a new system is overwhelming or cumbersome, they are less likely to use it effectively.

- **Compliance with Legal and Ethical Standards**: In managing digital proxy relationships, compliance with legal and ethical standards is crucial. Measuring the burden can help ensure that these standards are not compromised due to workload pressures.

- **Improving Patient-GP Relationship**: A GP under less strain can dedicate more time and attention to patients, leading to improved patient satisfaction and better patient-GP relationships.

- **Cost-Effectiveness**: Understanding the burden can lead to more cost-effective healthcare delivery. It enables the identification of areas where resources are being overused or misallocated.

- **Data-Driven Decision Making**: Accurate measurement of burden allows healthcare administrators and policymakers to make data-driven decisions that can impact the entire healthcare system.

- **Long-term Sustainability**: For any new system to be sustainable in the long term, it must not overburden the practitioners who use it. Measuring the burden helps in ensuring the sustainability of the system.

In essence, measuring any increase to a GP's workload when implementing new systems like digital proxy management is crucial for maintaining the quality and efficiency of healthcare services, ensuring the well-being of GPs, and guaranteeing that the system is effective, user-friendly, and sustainable. More information on context can be found here.[1]

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1 https://nhsd-confluence.digital.nhs.uk/display/NPA/Measuring+Burden+on+GPs

**Overall service volumetrics**

| Metric | Private beta | Long term |
| --- | --- | --- |
| Number of connected systems | 3 integrations<br>1. Proxy application service ([volumetrics](#)[2])<br>2. GP registration ([volumetrics](#)[3])<br>3. NHS login / NHS app (future) ([volumetrics](#)[4]) | 1. Proxy application service<br>2. GP Registration<br>3. NHS login<br>+ GPIT systems<br>+ Non-NHSE data controllers |
|  |  |  |
| Peak load transactions per second (TPS) overall | ~0.5 TPS |  |
| Peak load transactions per second (TPS) per connected system | Proxy application service: ~0 |  |
|  | GP registration: ~0.02 (~0.04) |  |
|  | NHS login / NHS app: ~0.2 (~0.4) |  |
| Transactions per month overall | Initially ~25K (50K)<br>with Login onboarded this rises to ~460K (920K) |  |
| Transactions per month per connected system | Proxy application service: ~30 (~60* ) |  |
|  | GP registration: 25K (50K) |  |
|  | NHS login / NHS app:  435K (870K*) |  |
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2 https://nhsd-confluence.digital.nhs.uk/display/NPA/Proxy+Application+Service+Volumetrics
3 https://nhsd-confluence.digital.nhs.uk/display/NPA/GP+Reg+Volumetrics
4 https://nhsd-confluence.digital.nhs.uk/display/NPA/NHS+login+%28NHS+app%29+Volumetrics

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