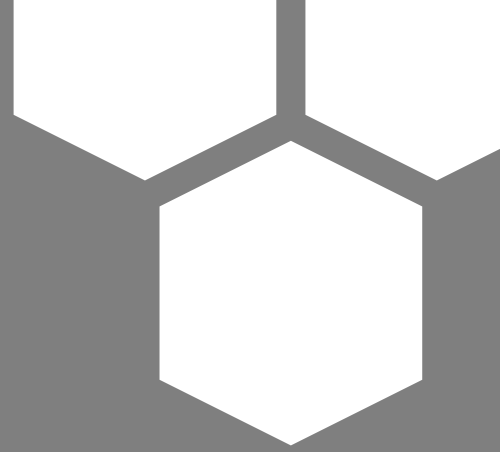Health Innovation Manchester

GM digital strategy update

Focus on digital maturity and digital inclusion

Overview and Scrutiny Committee
September 2022
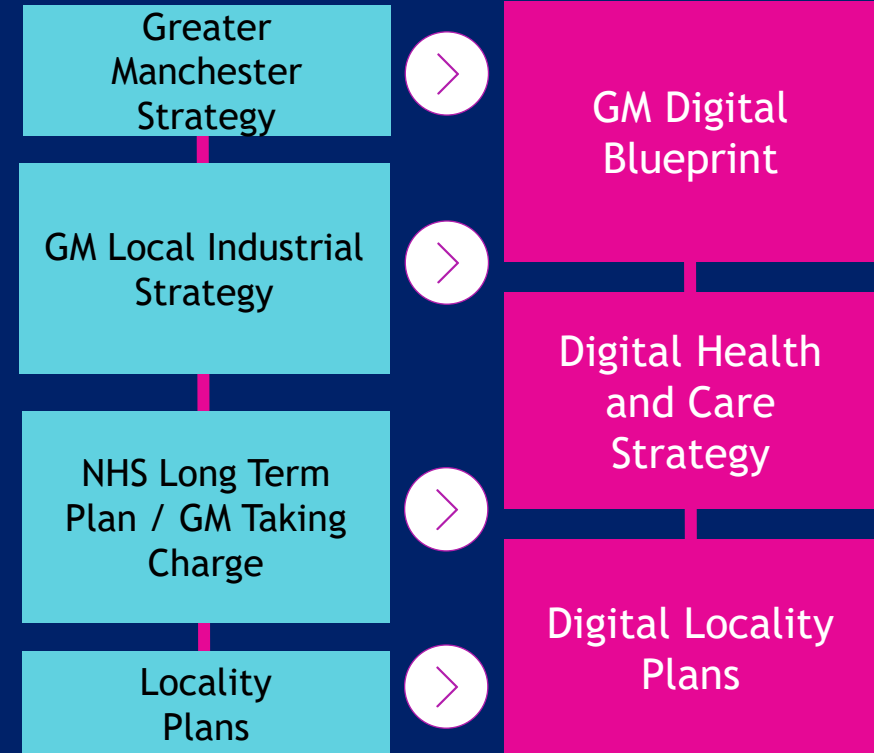
GM digital maturity summary

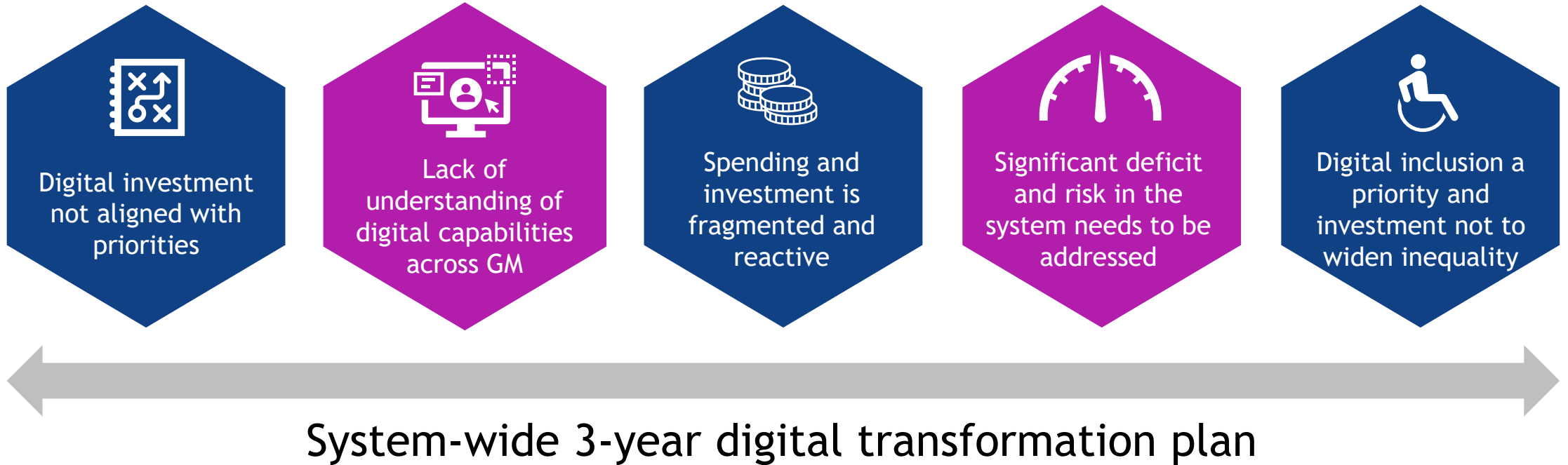# Maximising digital technology is central to our plans

Digital vision:

Improve outcomes for Greater Manchester citizens by harnessing the power of technology to better understand our population, identify their need and transform care.

We will use technology to empower people to take greater control and accelerate innovation into practice.
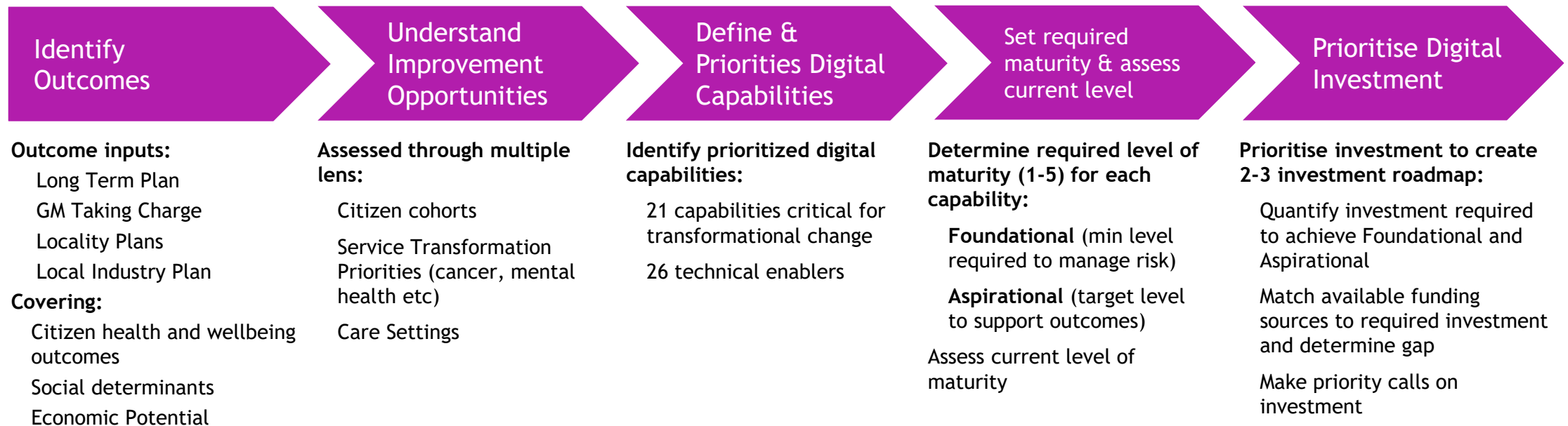
Greater Manchester Strategy

> GM Digital Blueprint

GM Local Industrial Strategy

>

NHS Long Term Plan / GM Taking Charge

> Digital Health and Care Strategy

Locality Plans

> Digital Locality Plans

For the ICS to be successful, we needed to develop a deep understanding of digital investment challenges

Digital investment not aligned with priorities

Lack of understanding of digital capabilities across GM

Spending and investment is fragmented and reactive

Significant deficit and risk in the system needs to be addressed

Digital inclusion a priority and investment not to widen inequality

System-wide 3-year digital transformation plan

Digital investment priorities using an outcomes and citizen pathway-based approach

Identify Outcomes

Outcome inputs:
- Long Term Plan
- GM Taking Charge
- Locality Plans
- Local Industry Plan

Covering:
- Citizen health and wellbeing outcomes
- Social determinants
- Economic Potential

Understand Improvement Opportunities

Assessed through multiple lens:
- Citizen cohorts
- Service Transformation Priorities (cancer, mental health etc)
- Care Settings

Define & Priorities Digital Capabilities

Identify prioritized digital capabilities:
- 21 capabilities critical for transformational change
- 26 technical enablers

Set required maturity & assess current level

Determine required level of maturity (1-5) for each capability:
- **Foundational** (min level required to manage risk)
- **Aspirational** (target level to support outcomes)

Assess current level of maturity

Prioritise Digital Investment

Prioritise investment to create 2-3 investment roadmap:
- Quantify investment required to achieve Foundational and Aspirational
- Match available funding sources to required investment and determine gap
- Make priority calls on investment

Opportunities for improvement and priorities identified via a systematic method

Citizen Cohorts

Mapped the opportunities for improvement and outcomes for four illustrative cohorts

Service Transformation Areas

Identified the changes in the model of care for STAs to identify national/local

Settings of Care

Engaged across settings of care to understand investment needs
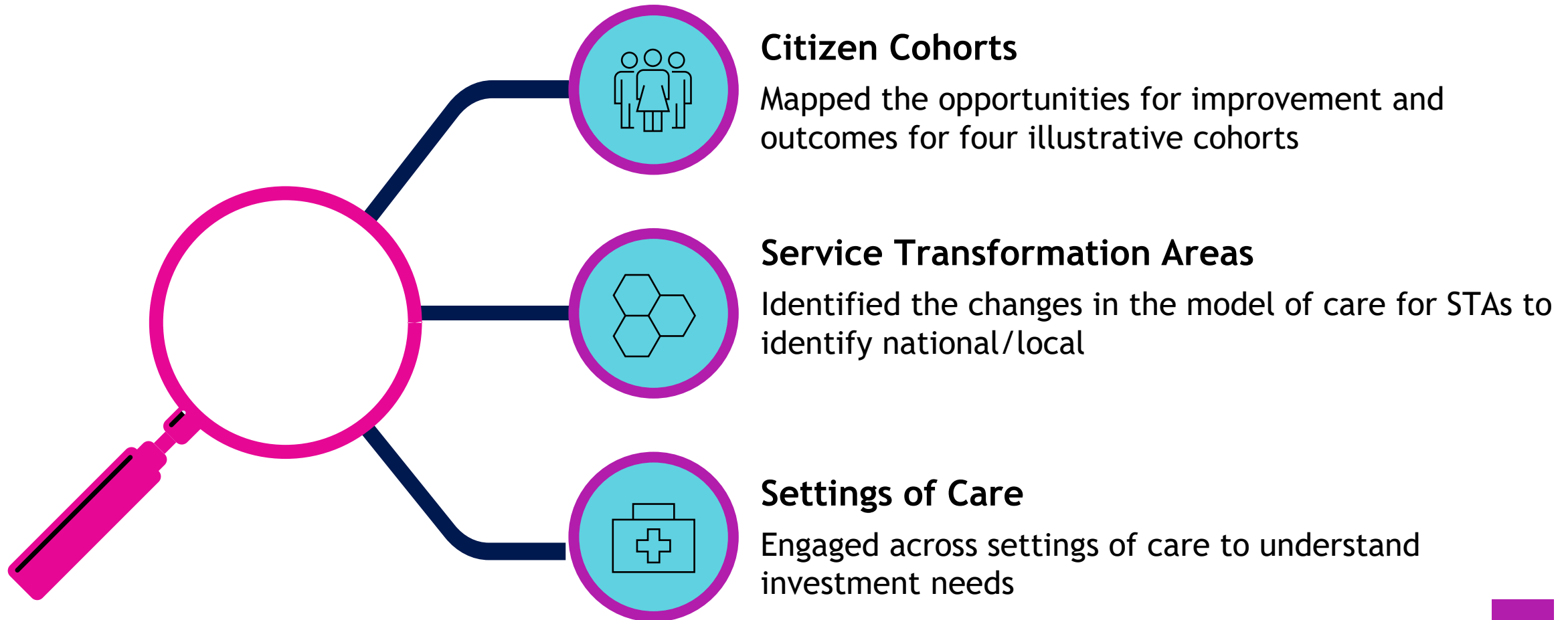
Developing a system-wide digital investment plan

We have developed a digital investment plan based on user insights and engagement with 120+ GM clinical and leadership stakeholders

Citizen cohorts

Service Transformation Areas

Provider Trust CIOs

Primary Care

Broader GM leadership
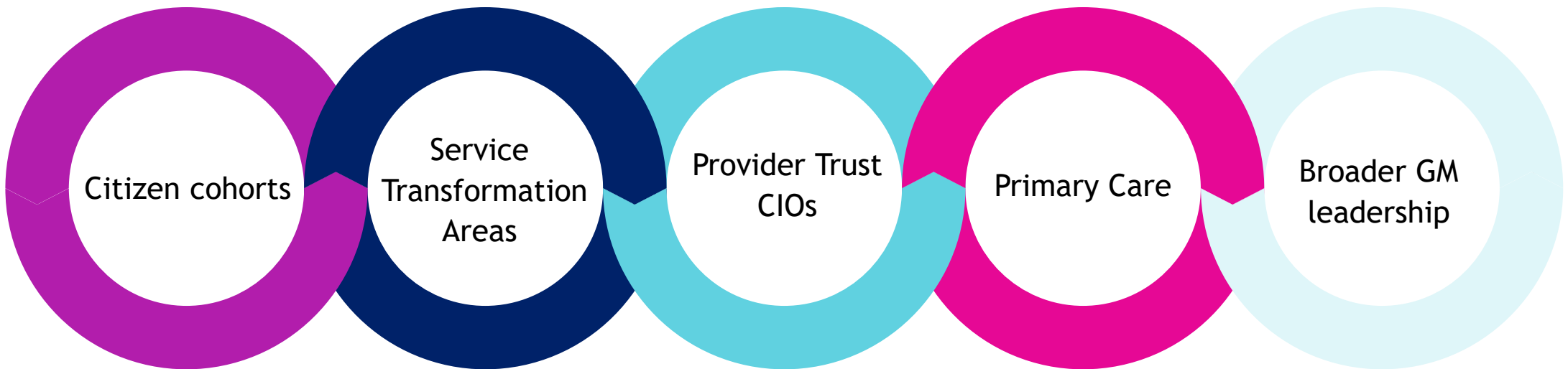
The work was framed from the perspective of four illustrative citizen cohorts with different needs
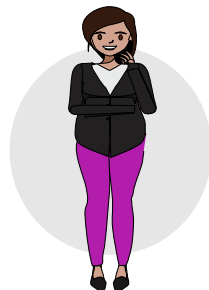
% of GM population[1]

A Elderly, frail and housebound

~8%

B Mostly well, with occasional elective intervention

~35%
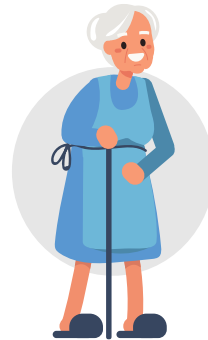
C Middle-aged, multiple health needs, lifestyle challenges

~10%

D Family, with young children and wide-ranging needs

~25%

8

Digital and data capabilities required for an ICS and underlying technical systems and enablers

Digital and Data capabilities

Understand and plan for population health needs	Provide coordinated & integrated care	Operate efficiently and productively	Empowering the citizen	Accelerate research and innovation

Technical systems and enablers

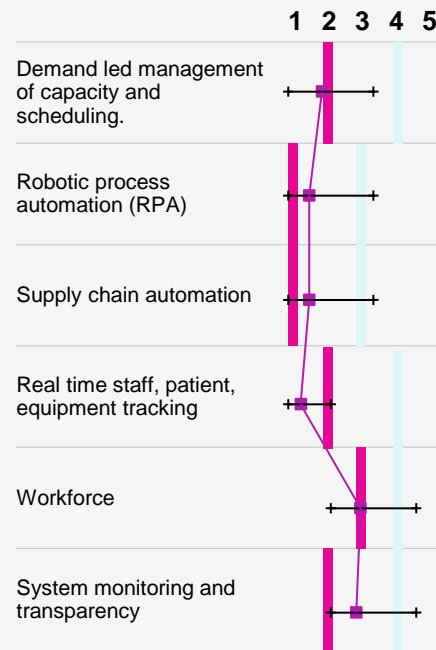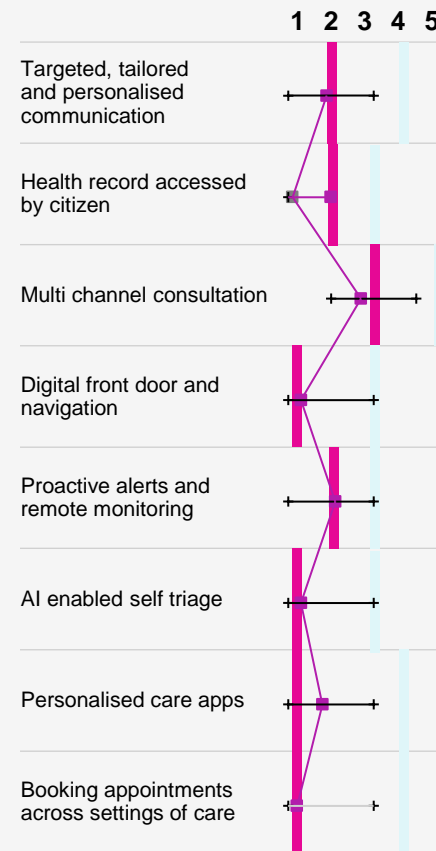| Security & Governance	Data Ecosystem & Analytics	Underpinning enablers of integrations
Core Clinical Systems	Support Services	Digital Infrastructure

Example NHS Trust digital maturity mapping

Understand and plan for population health needs

	1 2 3 4 5
Understand and predict population health needs	
Decide and design care interventions	
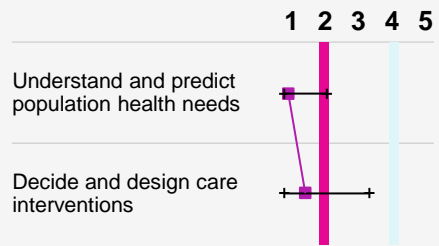
Provide coordinated and integrated care

	1 2 3 4 5
Integrated shared care record	
Eventing: sharing actions and alerts	
Care coordination: inc complex high priority pathway management	
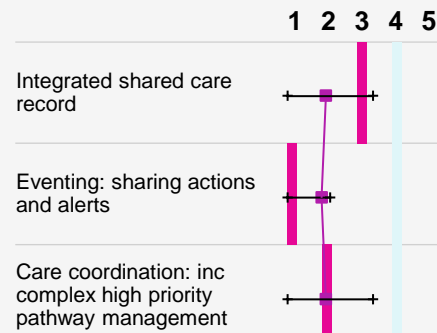
Operate effectively and productively

	1 2 3 4 5
Demand led management of capacity and scheduling.	
Robotic process automation (RPA)	
Supply chain automation	
Real time staff, patient, equipment tracking	
Workforce	
System monitoring and transparency	

Empower the citizen

	1 2 3 4 5
Targeted, tailored and personalised communication	
Health record accessed by citizen	
Multi channel consultation	
Digital front door and navigation	
Proactive alerts and remote monitoring	
AI enabled self triage	
Personalised care apps	
Booking appointments across settings of care	

Accelerate research and innovation

	1 2 3 4 5
Research data	
Innovation hub	

Foundational   Aspirational   GM Low   GM High
GM Average

Digital maturity progress overall

Through the digital maturity process we are identifying the key priorities for digital investment to improve services and patient outcomes

Secondary care

- Electronic Patient Record
- Security – Cyber & Network
- Specialist Systems
- Order Comms
- Multi-resource scheduling
- e-prescribing

Primary care

- Workforce
- Digital front door & navigation
- Multi-channel consultation
- Care coordination

Pharmacy

- ePrescribing
- System for communication
- Integrated Shared Care Record
- EPR
- Understand & predict population health

Social care

- Digital social care records
- Integrated shared care record
- Tech enabled care
- Design care interventions
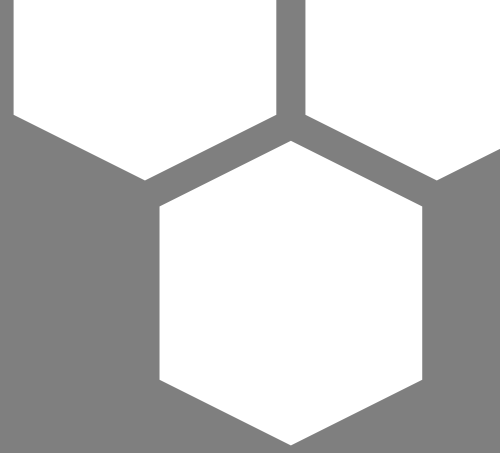- Information governance
- Security – cyber and network

Community services

- In progress currently

GM digital inclusion summary

Digital inclusion matters.

In an increasingly digital world, people who are digitally excluded are at risk of worse access to services and poorer health outcomes, deepening inequalities.

- The Government Digital Inclusion Strategy defined digital inclusion as making sure that people have the capability to use the internet to do things that benefit them day to day.

- The NHS long term plan makes a commitment to a more concerted and systematic approach to reducing health inequalities and addressing unwarranted variation in care

- There is a close correlation between digital exclusion and social disadvantages including lower income, lower levels of education, and poor housing.

- GM has significantly advanced the use of digital approaches across public services, but there are still significant numbers of people who cannot easily access or benefit from digitally-enabled services and tools.

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There is a strong link between exclusion and inequalities

Eleven million people (20% of the population of the UK) lack basic digital skills, means or ability to get online or do not use digital technology at all.

These are likely to be older, less educated and in poorer health than the rest of the population.

People who are most likely to experience digital exclusion are:

People living in deprived areas

Inclusion health groups
Homeless, rough sleepers, asylum seekers, travelling community.

Protected groups
Age, disability, ethnicity.

Digital inclusion action network

The Mayor has pledged support to get all under-25s, over-75s and disabled people online across GM.

The Digital Inclusion Action Network has been established to drive new ambition across all sectors and mainstream digital inclusion in the transformation of public services, place-making and economic growth.
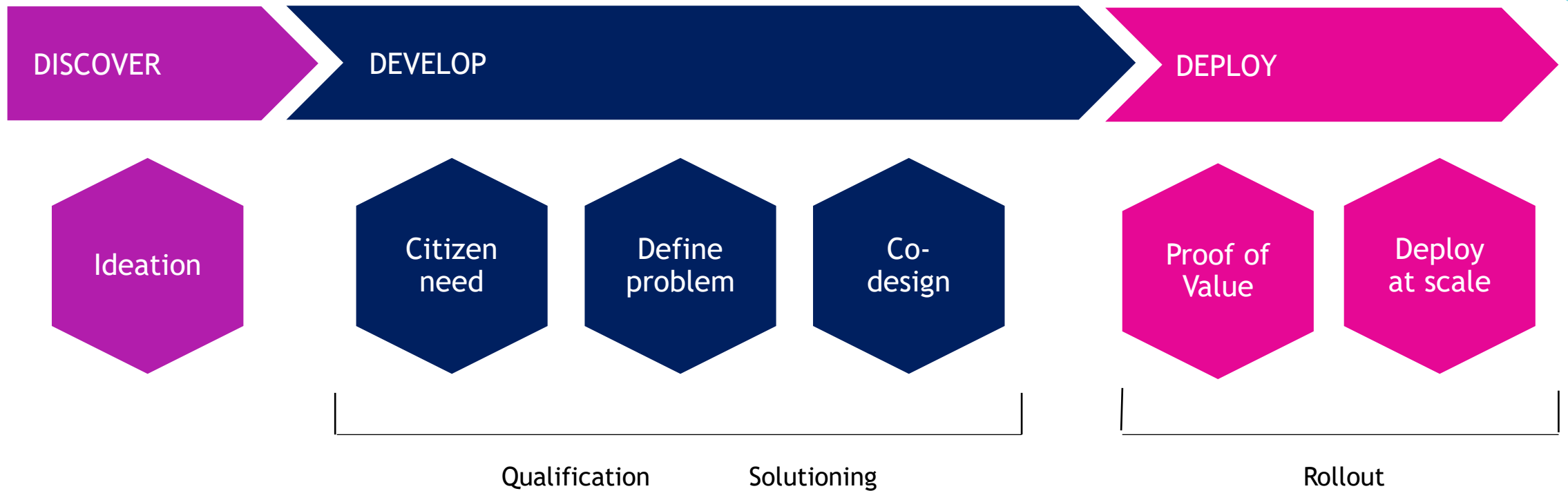
Ofcom estimates as many as 1.2m GM residents might be digitally excluded in some way

Figures from ONS shows that 176,000 GM residents have not accessed the internet in the last three months

GMCA estimates this includes 1,300 under 25s, 93,000 over 75s and 77,000 disabled people.
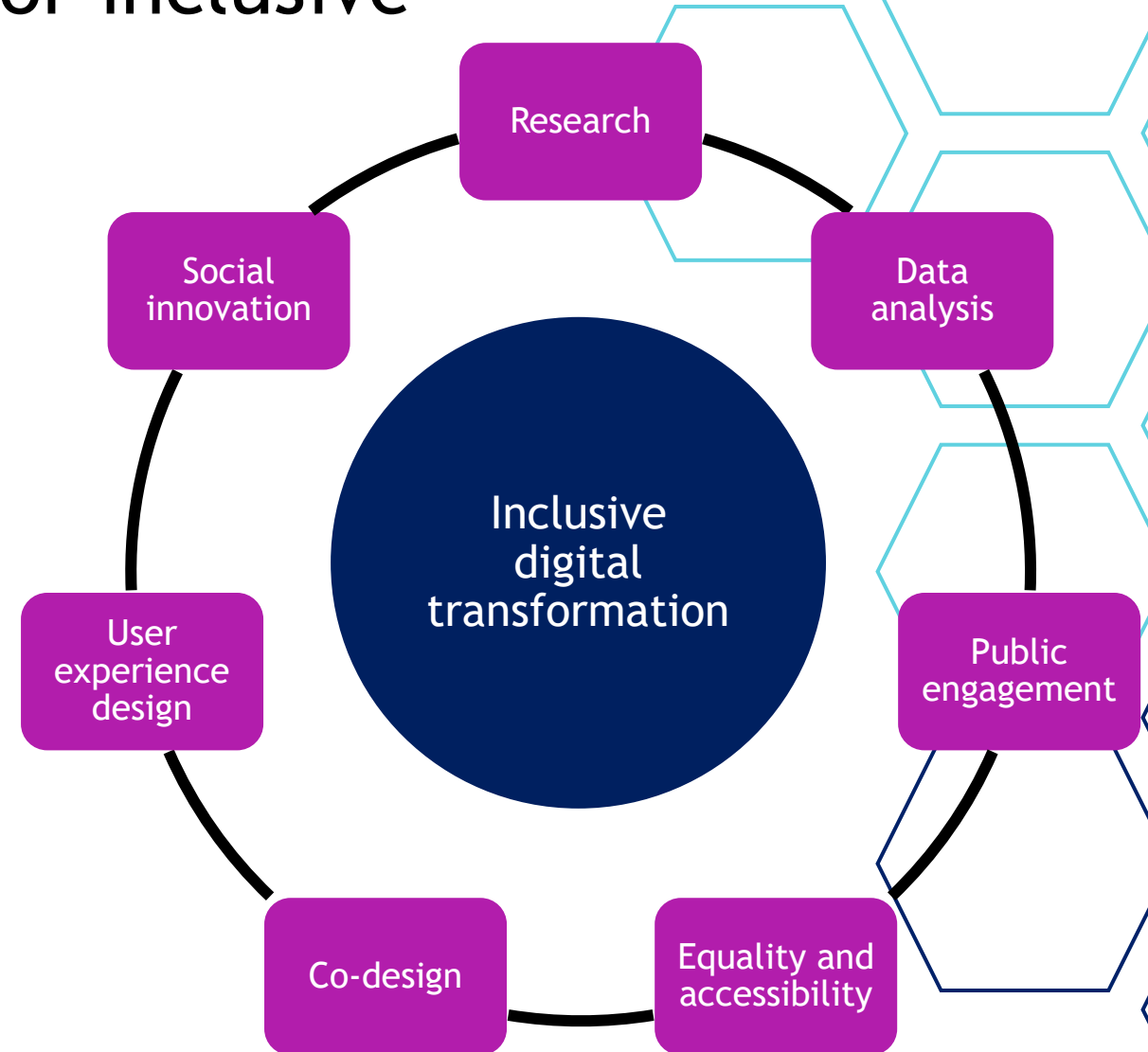
We will build inclusion into each stage of our established digital transformation method

DISCOVER

DEVELOP

DEPLOY

Ideation

Citizen need

Define problem

Co-design

Proof of Value

Deploy at scale

Qualification   Solutioning

Rollout

Co-production principles for inclusive digital transformation

- Consider the design, access and alternatives of the digital solution
- Co-design from initial discovery phase to live service and beyond
- Go to where people are and observe them in practice
- Work with the groups and people who know them best
- Back it up with available research and data
- Build solutions that fit into people's everyday lives
- Use existing tools and resources wherever possible
- Use plain English – avoid technical and health jargon

Research

Social innovation

Data analysis

User experience design

Inclusive digital transformation

Public engagement

Co-design

Equality and accessibility

GM health and care system should make a commitment to tackling digital inclusion, linked to improving inequalities

GM level

1. Fold digital inclusion into the digital and data strategy supporting the future GM strategic plan and GM Integrated Care System
2. Undertake digital inclusion mapping and assessments more formally as part of the digital transformation method
3. Deliver a series of GM-wide projects to address digital inclusion in services
4. Identify potential delivery partners with the skills and expertise needed to support the digital inclusion agenda
5. Develop and embed a GM-wide approach to enhancing social prescribing for recognised digital interventions

Locality level

1. Map and connect with local community organisations providing access and digital skills and support to citizens
2. Work with voluntary sector groups who already engage with deprived communities locally
3. Identify digital hubs in the community where people can go to get help, support and access digital health tools

Organisational level

1. Train staff to be digital health champions who can support patients with using digital tools

Project example – digital GP services

449
Citizens surveyed

41
Participants in discussion groups

Broad representation across communities:
- Over 70s
- Carers
- Multiple/complex health issues
- People with hearing and visual impairments
- Parents of young children
- Ethnic minorities, including those with English not as first language
- Religious communities, including orthodox religions

Access to technology

- Not everyone in society has access to the internet, a computer or a smartphone – excludes them from using digital
- Some communities actively don't use technology
- Elderly citizens are also less likely to have easy access to technology but more likely to need GP support
- Some people with financial issues unable to afford access to internet or technology

Accessibility of tools

- Those who do not have English as a first language or speak English unable to use the tools – rely on family members or community to support with translation
- Those with visual or hearing impairments may struggle to use the tools or may need additional kit/ software
- May pose issues for people memory loss or learning disabilities
- Not being able to see body language can be a big issue for some people

Different people require different support

- Not all people feel comfortable or confident using technology – but no support to help them
- Those who may need the most support more likely to struggle to use the services
- Different people require different access to their GP – not one size fits all

- There always needs to be an alternative to the online tool for those who are unable or unwilling to use digital
- Patients need to be able to decide which tool meets their needs best and what they feel confident and comfortable to use

Patients understand the benefits digital can bring, but there is a lack of trust and confidence in digital GP services

Public insights and experiences

Making things better
Patients are willing to change and adopt new behaviour if they see the benefits. Some have seen the positive impact digital tools can have

Impact on patients
Some feel forced to use the digital system, anxious if unable to speak to someone, too many steps to do something simple, frustration about being turned off – leading to more calls.

Digital Fragmentation
Confusion between GP websites, 3rd-party tools and NHS App. Lack of awareness & poor user experience for some tools/websites. Unsure of logins & who to contact for help

Barriers to access
Patients struggled due to complicated instructions. Lack of easy way for carers to access services. Those without English as a first language struggled with poor online translations.

Communications and awareness
Poor awareness of online services and how to use them. Confusion caused by technical or complex language. Suspicious about directed to 3rd party sites with adverts & text messages.

Accessibility audit

Accessibility errors were found across all of those reviewed, meaning none of those sampled were compliant with NHS standards. These problems were often serious and prevented patients from accessing the sites.

Content issues:
- Missing titles
- Language of webpage not identified
- Links to inaccessible problems resizing texts
- Images of text
- Insufficient colour contrast
- Language and jargon
- Cluttered content

Navigation issues:
- Inconsistent navigation
- No option to skip repeated content
- No headings/ unclear heading descriptions
- Auto-playing content
- Video without captions/transcriptions

Forms issues:
- Missing form labels
- Not enough support or information to help users correct form entries
- Processes not keyboard friendly

Digital first primary care implementation plan

Deployment of Digital First Facilitators
Enable and support business change in each PCN

Digital First Academy
Surfacing resources and training through 6 modules for individuals & teams to adopt locally. First cohort due to start October 2022.

Digital First Primary Care Knowledge Bank
Patient engagement insights and guidance on how to use each tool to optimise capacity management and the support on offer at the GM, locality and PCN levels.
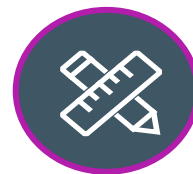
Improving access
including implementation of design principles for GP websites & influence of GP EPR platforms & online consultation platforms

Centralised PCN Hubs
Proof of value 'Lighthouse project' – to optimise management of administrative and high-volume / low complexity tasks

Influencing technology providers
User interfaces & workflows
Improve accessibility

Communications campaign
Support access, focusing on building trust and enabling traditionally disadvantaged groups & encouraging best use of all (digital and non-digital) channels

GM health and care digital inclusion project snapshots

Optimising digital primary care

Leads: GMHSCP, GM CCGs, GP providers

- Extensive programme to optimise digital GP practices across GM, including understanding the patient experience, pain points and barriers to inclusion.
- This will inform a design blueprint for primary care, which will then go forward into implementation to deliver greater operational efficiency, release capacity and improve patient outcomes.

Data in places programme

Leads: Health Innovation Manchester

- Position health innovation at the heart of regeneration of localities across GM to increase productivity, create new jobs for local people and stimulate inward investment into our places.
- Comprises a portfolio of locality projects joined by the golden thread of citizen focused digital transformation of life chances by combining improved health outcomes and access to more and better employment opportunities.
- Engagement with local communities, developing trust and demonstrating trustworthiness in the use of citizens data for their benefit will be a key underpinning activity.

Applied Research Collaborative

- Healthy ageing research theme conducts research about healthy ageing and the development of frailty in older age so as to enable people to live longer, healthier and socially connected lives in safe environments.
- Digital health research theme applies rigorous methods to design, implement and evaluate new digital technology in the NHS
- Currently undertaking a research study to explore what factors impact on older people's (75+) access/experience of digital health services.

Patient Safety Translational Research Centre

Research studies:

- Access to primary care for people experiencing homelessness during the COVID-19 pandemic
- Testing/adapting apps for people with dementia/ cognitive impairment living in supported housing
- Co-design of interventions to support patient safety for people with visual impairment