

## Greater Manchester Joint Health Scrutiny Committee

Date: 10 December 2024

Subject: Greater Manchester Integrated Care System (ICS)  
Digital Transformation Strategy and Priority Programmes

Report of: Dr Gareth Thomas, Digital Innovation Director,  
NHS GM and Health Innovation Manchester

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### Purpose of Report

To update Members on the GM ICS Digital Transformation Strategy and priority delivery programmes.

### Recommendations:

The Committee is requested to:

1. Note and support the GM ICS Digital Transformation Strategy
2. Comment on the priority programmes in progress to deliver the strategy

### Contact Officer

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## **Equalities Impact, Carbon and Sustainability Assessment:**

N/A

## **Risk Management**

N/A

## **Legal Considerations**

N/A

## **Financial Consequences – Revenue**

N/A

## **Financial Consequences – Capital**

N/A

## **Number of attachments to the report:**

1. 6 accompanying slides for presentation
2. GM ICS Digital Transformation Strategy (public version)

## **Comments/recommendations from Overview & Scrutiny Committee**

N/A

## **Background Papers**

- GM ICS Digital Transformation Strategy (attachment)
- GM Data Sharing Communications and Engagement Campaign Report (available upon request)

## **Tracking/ Process**

Does this report relate to a major strategic decision, as set out in the GMCA Constitution

No

## **Exemption from call in**

None

## **GM Transport Committee**

N/A

## **Joint Health Scrutiny Committee**

10 December 2024

# 1. Background

To deliver on GM's integrated care system strategic plan and support the broader ambition for Greater Manchester to become a world-leading digital city region, we recognise the importance of embracing digital transformation to deliver new models of care, improve outcomes and efficiency.

We have made considerable digital and technological advances to date – from the acceleration of the Greater Manchester Care Record for all citizens, to the development of a secure data environment (SDE) to support world leading research and planning. However, there are still large parts of our system that do not have the basics in place.

A new GM health and care digital transformation strategy was developed in 2022 – 2023 (and agreed by the GM Integrated Care Board in Sept 2023) through significant cocreation with staff and patients to outline our ambition to optimise digital approaches, data and technology across all care settings. The work included an assessment of our digital maturity as a system at both foundational and aspirational levels, to inform a framework of 47 digital priority activities to take forward over the next five years. The GM framework is actively used for investment planning and decision making across the system, at organisational and ICS levels.

Based upon an assessment of existing digital maturity and widespread staff and citizen engagement, the strategy sets out 5 ambitions, with 3 layers of activity (to digitise, integrate and innovate):

1. We deliver integrated, coordinated and safe care to citizens
2. We enable staff and services to operate efficiently and productively
3. We empower citizens to manage their health and care needs
4. We understand population health needs and act upon insights
5. We accelerate research and innovation into practice for the above, as a globally leading centre

The GM ICS Digital Transformation Strategy (public version) is included as an appendix to this report. The rest of this report describes three priority programmes (GM Care Record, GM Secure Data Environment and Digital Primary Care) being progressed aligned to the strategy – covering the background to each, the current programme activity and impact stories from staff and patients.

## 2. Priority programmes

### 2.1. GM Care Record

#### 2.1.1. Background

The GM Care Record (GMCR) joins up data from across GM's health and care organisations and gives frontline staff access to vital patient information to enable more informed care for our citizens. It is based around the person receiving care, not the organisation providing the care. Usage by frontline staff is increasing by 20% each year and currently being accessed by over 21,000 frontline workers (including a third of all clinical staff in hospital settings) to support the care of over 300,000 patients each month.

There are several benefits being driven by use of the GM Care Record – including continuity of care across care settings, improved patient safety, enhanced patient engagement, support for emergency situations and increased productivity (modelled at over £12m per annum due to time saved alone) due to more efficient communication and collaboration between professionals. The GMCR enables clinical teams to have the right information, at the right time in the right place of the care pathway.

In addition to *direct* care benefits described above, data from the GMCR is critical for *secondary* uses, to understand population health and develop plans such as the ICB Strategic Financial Framework (which enables the identification of unmet health need, health inequality and hence excess cost for the system). Only through the data within the GMCR will GM be able to understand population needs and enable risk stratification, case finding, targeted health interventions and new models of care across sectors.

#### 2.1.2. Current programme

The Greater Manchester Care Record programme, led by Health Innovation Manchester in partnership with GM Integrated Care Board and NHS Providers, is targeted at ambitions 1 (deliver integrated, coordinated and safe care to citizens), 2 (enable staff and services to operate efficiently and productively) and 3 (empower citizens to manage their health and care needs) in the GM ICS Digital Transformation Strategy. The GMCR programme includes several projects to:

- increase GMCR use – through direct communication with and training of clinical professionals, including widening access to Community Pharmacy and Adult Social Care providers
- optimise data feeds – including standardising the type, completeness and quality of the data fields from each organisation
- implement new models of care – including rolling out integrated care plans (eg for end of life advanced care planning or heart failure) to enable staff from all care settings and citizens to contribute to their own care, using the GMCR as a single source of truth

There are several opportunities for the ICB and localities to commit contributions to the GM sustainability plan based on the use of the GM Care Record – including productivity savings which are being explored at present.

### **2.1.3. GM Care Record – example impact stories from staff and citizens**

The Safety Medication Dashboard (SMASH) was created by the University of Manchester and has been launched on the GM Care Record with a new, intuitive design and training. It runs patient record data against evidence-based harm indicators, such as acute kidney injury or gastrointestinal bleeds, highlighting where reviews are required. It has been accessed over 14,000 times since launch in April 2023, with over 500 prescribers using it across all 10 localities.

The end-of-life care plan, also referred to as Electronic Palliative Care Coordinating System (EPaCCS), has been launched on the GM Care Record across 8/10 localities – with over 2000 plans currently active.

- An Eccles GP said ““EPaCCS enables seamless communication between GPs, palliative care specialists, care homes, and out-of-hours staff, allowing everyone involved in end-of-life care to contribute to and access care plans. Since end-of-life circumstances can change quickly, the system ensures that patients remain in their preferred place of care, avoiding unnecessary hospital or hospice admissions. This reduces ambulance transfers and hospital bed occupancy. With all critical information in one place, healthcare teams can easily find and respect the patient's wishes.”

The 'My GM Care' app was launched as a proof of value to 13,000 residents in Tameside in 2024. There were over 700 downloads on the first day and over 400 patient contributions daily.

- A Tameside patient said "I like that personal information can be shared, from home access and pet information to power of attorney or advanced directive documents, and that these can be accessed by care professionals which is useful for social care services in particular. Patients in crisis can't always provide this information so having it accessible makes all the difference."
- A Tameside GP said "My GM Care could be the next game changer for the residents of Greater Manchester allowing people to take further control of their healthcare by allowing them to monitor their health and wellbeing, being better prepared for any future event as well as in an emergency, helping to plan future care and providing vital data for research purposes alongside the NHS app or equivalent GP app."

## **2.2. GM Secure Data Environment (SDE)**

### **2.2.1. GM Secure Data Environment - background**

Secure Data Environments (SDEs) are highly secure computing environments that provide access to health data to use in health and care research. Utilising primary care and secondary care data from the GM Care Record, linked with other key datasets, HInM is developing the GM SDE platform and infrastructure, which will also include attracting investment from life sciences and tech partners.

The GM SDE will provide the infrastructure and analytical tools for, clinical trials, real world studies, translational research, epidemiological studies and health systems research here in GM for the benefit of our citizens.

### **2.2.2. GM Secure Data Environment - current programme**

The GM secure data environment is live, with eleven out of fifteen initial projects (selected to test the environment and end-to-end service) having received approval for data access in its first phase. Technical and process development is ongoing, building on lessons from the first phase of applications & operations, to prepare for the second phase of

applications & operations from March 2025. This work includes the development of a commercial plan, aligned to NHS England principles and the views of our citizens, to ensure that we unlock value from GM health data assets for the benefit of the health outcomes and economic development of Greater Manchester.

GM has been commended for its nationally-leading approaches in the following areas:

- **Public comms campaign:** to raise awareness of data sharing and opt-out methods. We reached at least 15% of the GM population through outdoor advertising across the transport network, social media advertising, comms via health & care organisations and a website with further information. A film within the campaign was played 1.8m times. The campaign provided citizens with supporting information around the uses of health data and had a negligible impact on opt out rates.
- **Public engagement:** to understand views of local communities on data sharing and research. We engaged 85 people in the most recent initiative, including 61 from underrepresented communities, and understood that citizens want data sharing to be transparent, reciprocal, responsible and accountable. This ongoing insight is informing the development of the programme, data access processes (see below) and the way we communicate with the public. The [GM Care Record website](#) provides several answers to frequently asked questions.
- **Information governance:** to ensure robust legal arrangements are in place for data sharing. Following extensive engagement with data controllers and the public and documentation development, GM has secured first-of type approvals from the Secretary of State for Health and Social Care, Health Research Authority and Research Ethics Committee to use deidentified GMCR data for both secondary use and research. These include the ability to extract and link GMCR data (including social care data) with other national datasets (i.e. hospital data) for secondary uses.
- **Data access governance:** to ensure that decisions about who access which data for what purposes are made locally, transparently and accountably. A decision-making group, the GM Data Access Committee (chaired by the ICB Caldicott Guardian), has been established to act on behalf of the ICB and data controllers to enable access to agreed datasets by reviewing applications made to access data. This committee includes representatives from 3 supporting advisory groups (one of experts in technical, information governance and academic disciplines, one of public members and one of data controllers).

### **2.2.3. GM Secure Data Environment - stories from citizens**

Following monthly meetings throughout 2024, public members on the GM SDE Citizens Advisory Panel recently noted their appreciation of value and influence of this group. In particular, they referenced the opportunities to be involved in work with the potential to have significant impact for the GM population, the ability to hold the programme to account, the positive and safe environment for discussion and the value they felt as public members, how respectful discussions and content had been of cultural and religious elements, and how honestly applications for data access had been presented.

61 people took part in focus groups focused on under-represented groups, recruited through networks working with South Asian women, Black African/Caribbean people, and older people, in areas of deprivation in Greater Manchester. During an engagement session with a local community group a patient said ““If there is a benefit, then it’s the right thing. If the research benefits us, then it’s right.”

## **2.3. Digital Primary Care**

### **2.3.1. Digital Primary Care - background**

In the wake of the Covid-19 pandemic and the increase in adoption of digital tools, General Practice were facing more aggregate demand, with some reverting to old, non-digital processes having not embedded new ways of working to meet increased patient-facing demand and non-patient facing workload. Patients understand the benefits that digital can bring, but there was a lack of trust and confidence in digital GP services – partly due to digital fragmentation (different tools for different purposes with different entry routes), and poor user experience for some websites & tools. An accessibility audit in 2022 found several content, navigation and form process errors across websites and online tools.

### **2.3.2. Digital Primary Care - current programme**

Health Innovation Manchester, in partnership with NHS GM and Primary Care Board, has been leading a programme to improve digital access for citizens and enable digital change within practices. This programme includes the following outcomes, comparing March 2023 to March 2024:

- 35% of practice websites have improved functionality and accessibility in line with national guidelines
- 51% increase in GP appointments being booked or cancelled through the NHS App



- 53% increase in repeat prescriptions being ordered via the NHS App
- 154% increase in online consultations through one of GM's most popular digital tools

Digital facilitators based in each locality and a digital clinical network of GPs have been underpinning this work, also increasing uptake of online patient registration services from 50% to 98% in 2 months. As some of this programmatic activity will soon end, the focus has been on moving into business as usual with the establishment of sufficient resources. In addition, the development of a digital exclusion heatmap will support Primary Care and other services to understand digital exclusion in their local area and tailor services and communications appropriately.

### **2.3.3. Digital Primary Care – impact stories from staff and citizens**

Following interactive sessions with digital facilitators...

- A patient said “I enjoyed learning how to do my repeat prescription and also being able to get test results and ask questions. I had no idea how to use my phone like this, it has been absolutely fascinating.”
- A patient said “All patients should have the chance to get this training so this will reduce the need for surgery visits”
- A GP said “The Digital Facilitators offer a vital service to help overcome digital illiteracy, enabling people and communities to connect digitally, benefit from new ways of working in health and social care, overcome fears they may have and stay safe online. This is a small investment now to reap huge rewards later as people become more confident in the use of digital services and help organisations to grow and improve services further, reducing inequalities and helping to raise standards. The service is essential in helping to ensure nobody is left behind.”