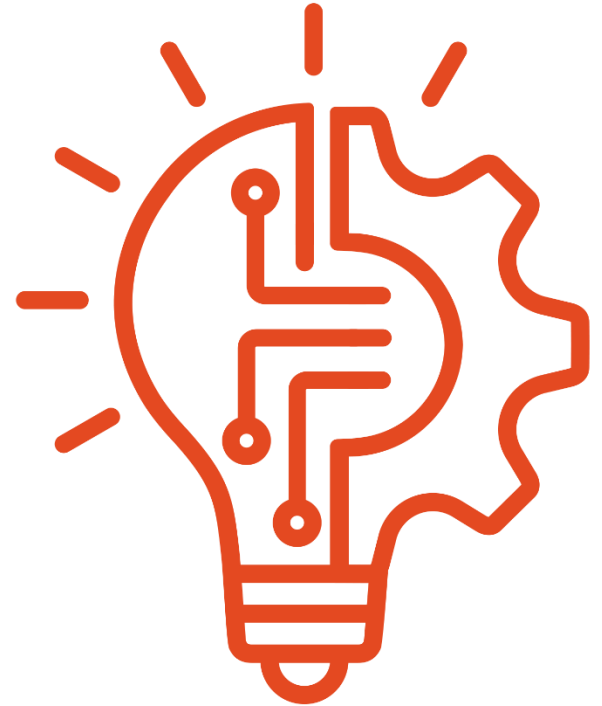# Digital Primary Care Education and Celebration event

Thursday 21st March 2024, 12:30 – 17.00
Royal Station Hotel, Newcastle upon Tyne

Welcome and Introductions

Master of Ceremonies

Andre Yeung

Pharmacist and Clinical Lead, North East and North Cumbria ICB (NENC ICB)

	Agenda	
12.30 - 13.00	Lunch and networking	
13.00 – 13.05	**Welcome and introductions**	**Andre Yeung** Pharmacist and Clinical Lead, North East and North Cumbria ICB (NENC ICB)
13.05 – 13.20	**Digital Pioneers – A programme to be proud of**	**Dave Belshaw** Digital Transformation Director, HI NENC
13.20 – 13.30	**Digital transformation in primary care - celebrations, challenges and opportunities**	**James Martin** Head of Commissioning (North Tyneside) & Head of Primary Care Transformation, NENC ICB
13.30 – 13.45	**An introduction to Redmoor Health**	**Helen Holmes-Fogg** Director of Strategy and Development Redmoor Health
13.45 – 14.15	**Meet the Digital Champions**	**Anna Buckle** Digital Programme Manager, Redmoor Health
14.15 – 14.45	**Meet the Innovators**	**Shammy Noor** GP and founder of MyPocketGP **Andre Yeung** Pharmacist and Clinical Lead, NENC ICB
14.45 – 15.00	Refreshment break	
15.00 – 15.30	**Meet the remote monitoring team**	**Mandy Mitchinson** Strategic Manager, Digital, NENC ICB **Kris Drummond** Team Lead, Teams Medical Practice
15.30 – 16.30	**Innovation Design Service**	**Emma Richardson** Digital Programme Manager, HI NENC
16.30 – 16.40	**Display your Work Competition**	**Andre Yeung** Pharmacist and Clinical Lead, NENC ICB **Vic Grainger** Senior Digital Primary Care Manager, NENC ICB
16.40 – 16.50	**Next steps**	**Rachael Forbister & Emma Richardson** Digital Programme Manager, HI NENC
16.50 – 17.00	**Closing remarks**	**Dave Belshaw** Digital Transformation Director, HI NENC
17.00 – 18.00	Networking and celebration with canapes	
18.00	Close	

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w.healthinnovationnenc.org.uk

Digital Pioneers – A programme to be proud of

Dave Belshaw

Digital Transformation Director, HI NENC

Health Innovation
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The Health Innovation Network

The Academic Health Science Network for the North East and North Cumbria has changed its name to Health Innovation North East and North Cumbria (HI NENC).

The new name – which came into effect on 1st October following the start of our new five-year licence – reflects the organisation's key role to continue to support the development and spread of innovation across the region's health service.

But while our name has changed, our vision remains the same: to improve health outcomes, reduce inequalities, and boost the regional economy. Working alongside partners across the system, we will continue to accelerate health innovation in the region, and beyond.

Established in 2013 by NHS England we are one of 15 Health Innovations.

Digital pioneers – Background

- Design phase in 2021

- Launched April 2022

- Covered all primary care areas

- Innovation at the heart of the programme

- Supported the workforce with digital transformation through creating digital champions

- Expanded to explore accelerating transformation

Digital Pioneers

Aims: To facilitate collaboration, exchange ideas and support the scale and spread of digital health innovations within primary care, to improve the quality of care to patients and support the workforce to deliver better healthcare for all.

www.ahsn-nenc.org.uk

Digital Champions

- 12 month programme
- Action learning set
- Communication channel
- Masterclasses
- Development of ARRS digital transformation roles
- Networking events
- Celebration event
- Web page sharing best practice

Innovation Hub

- Innovation fund to support digital innovation in primary care
- Education sessions delivered via Lunch and Learns
- Rapid innovation discovery sessions
- Showcase events with the aim to inspire others
- Unmet Need and Challenge Calls
- Innovation Journey Support
- Web page sharing best practice

Communities of Practice

- Communications channel for digital champions to engage with each other
- Joint digital champions and innovators community of practice
- Digital Inclusion group
- Share of best practice
- Innovation Forum

Accelerator Programme

- E.g. Remote Monitoring
- Programme and Project Management and Evaluation
- Design thinking and accelerated approach
- Share of best practice

Digital Design Service

- Design sprints
- Programme and Project Management
- Discovery sessions
- Horizon scanning Research

Current commissioned programmes via DFPC

AHSN NENC additional services

Health Innovation North East and North Cumbria

www.healthinnovationnenc.org.uk

Innovation

Health Innovation North East and North Cumbria
3,742 followers
3w · Edited · 🌐

Community pharmacies in the region have installed digital screens to display public health messages. HI NENC are proud to support this innovative pilot, which aims to replace traditional media and promote healthy lifestyle campaigns.
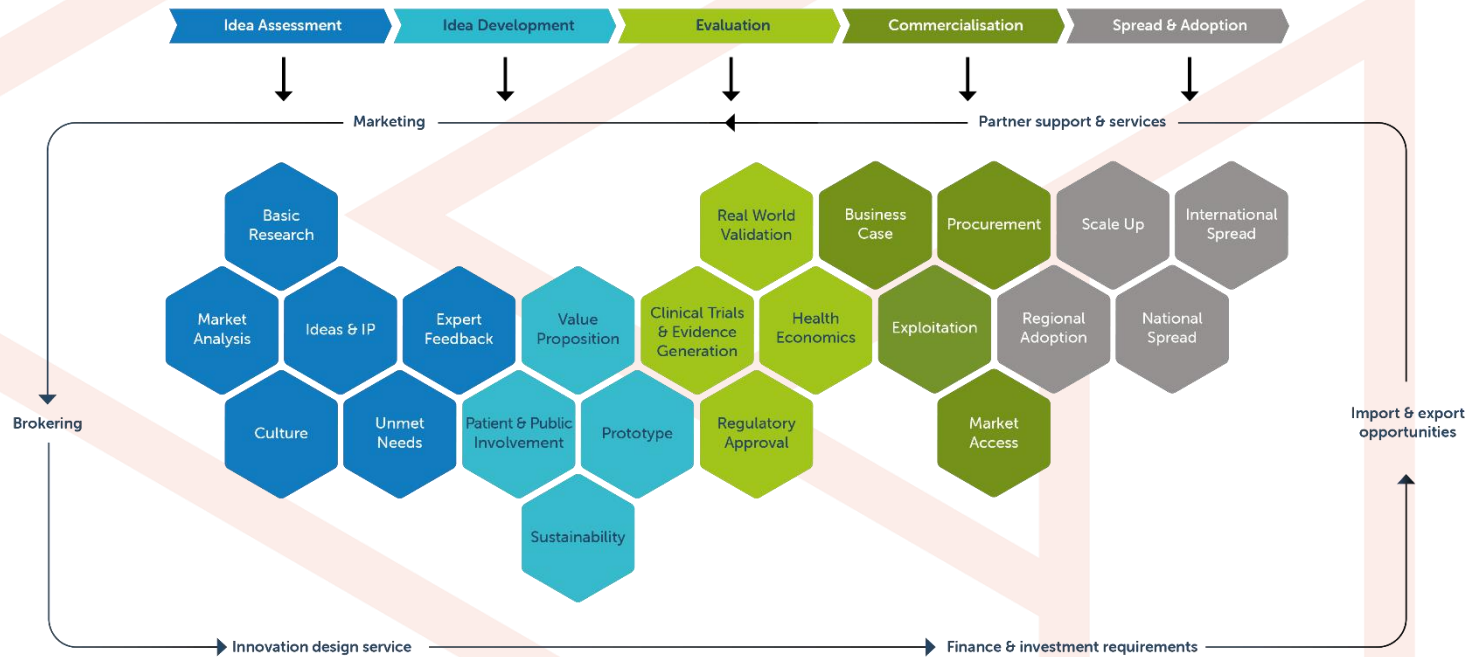
Hear more about the pilot from Andre Yeung, Pharmacist and Clinical Lead, North East and North Cumbria ICB 🎙️👇
https://lnkd.in/eyeSTqk4

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Digital Pioneers
Pharmacy Screens

Driving Digital Transformation | Digital Pioneers - Pharmacy Screens
youtube.com

The innovation manager has supported a total of **30+ innovators over the last 2 years**. Of this, 6 have been successful in receiving funding from the digital innovation fund and are actively developing or delivering digital solutions within primary care.

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THE INNOVATION PATHWAY

DISCOVER DEVELOP DEPLOY.

Idea Assessment | **Idea Development** | **Evaluation** | **Commercialisation** | **Spread & Adoption**

Marketing — Partner support & services

Brokering

- Basic Research
- Market Analysis
- Ideas & IP
- Expert Feedback
- Value Proposition
- Clinical Trials & Evidence Generation
- Health Economics
- Real World Validation
- Business Case
- Procurement
- Scale Up
- International Spread
- Culture
- Unmet Needs
- Patient & Public Involvement
- Prototype
- Regulatory Approval
- Exploitation
- Regional Adoption
- National Spread
- Sustainability
- Market Access

Import & export opportunities

Innovation design service — Finance & investment requirements

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Innovation

A robust governance structure is in place to review projects before they receive funding;

- HI NENC de-risk projects with thorough due diligence processes, i.e. market research, clinical feedback etc.

- Projects reviewed by HI NENC triage panel.

- Projects presented to Expert reference panel and feedback documented.

- Decision to fund made. Any projects not funded are continued to be supported by HI NENC.

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Innovation

- The first project call was launched, Summer 2023, for General Practice, there were two focus areas; 1) digital solutions which promote a more sustainable primary care 2) digital solutions which empower patients in Shared Care Agreements.

- There were a total of 18 applications across the two focus areas, these were scored against a pre-defined matrix and 6 applications were shortlisted and invited to present to the programme manager and clinical leads.

- Three projects were successful in receiving funding and started work September 2023.

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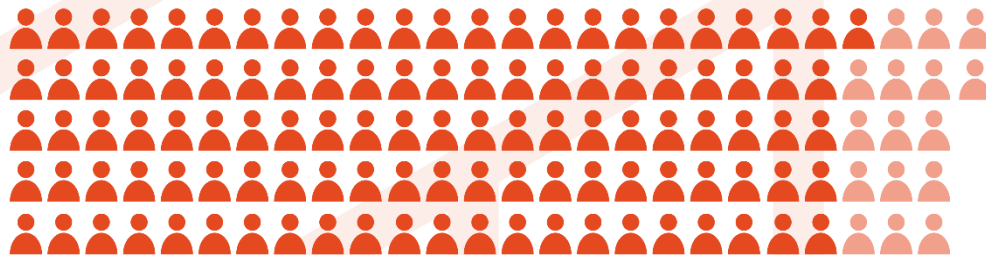
Digital Champions

418
People attending over 12 Masterclasses

Top interests

Accurx

GPAD

Social media

Capacity and access

4
working groups established

Digital champions

- Delivered in partnership with Redmoor Health
- Ran 6 cohorts over the year
- Still hard to get people to commit so tweaked to embed different elements e.g. action plan as part of the session
- Designed and delivered a bespoke digital champions for Optometry working with the Local Optometry Committee members
- Increased masterclasses and created 4 working groups to support those. Opened up wider to primary care

Health Innovation
North East and North Cumbria

Innovation design service

- The Innovation Design Service (IDS) delivered by Health Innovation NENC supports clinical teams, businesses and operational teams to rapidly discover innovative solutions to complex issues for the benefit of patients, clinicians and the wider ecosystem.

Innovation design service

- IDS adopts design thinking methodology, to understand and appreciate the problem at hand, before working together to design a range of solutions and using testing and feedback to narrow these down.

- Delivered by HI NENC, IDS' unique position within the health and life sciences ecosystem allows it to accelerate innovative solutions through the HI NENC Innovation Pathway, bringing in expertise and working with partners from across system.

1	2	3	4	5
Understand and define the problem	Sketch potential solutions	Make decisions on how to tackle the problem	Prototype	Test a solution

Health Innovation
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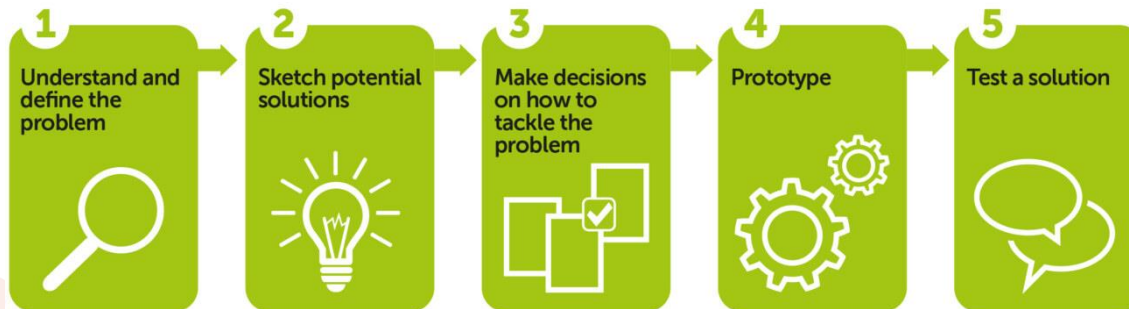
Remote monitoring

- Used IDS methodology

- 5 practices onboard

- Innovation discovery day to determine next steps

- Clinical pathways agreed

- Signed off by a clinical expert, Dr Becky Haines

- Independent evaluation by University of Sunderland

- PPIE, we commissioned Involve North East

- You'll hear more about this exciting programme from Mandy and Kris later today!

Health Innovation
North East and North Cumbria

Digital Transformation in Primary Care – challenges, opportunities and celebrations

James Martin

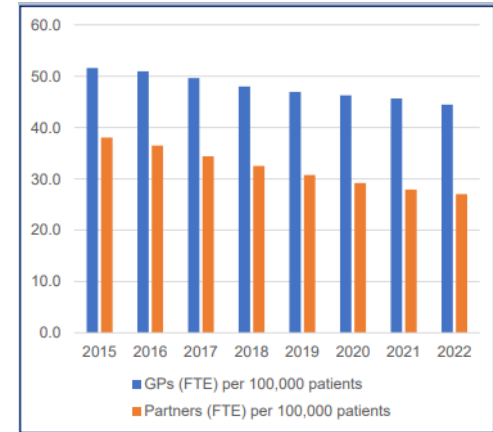Head of Primary Care Transformation

NENC ICB

Primary Care is changing

- 15% increase in consultation rates between Mar 18 and Feb 22
- Big increase in remote consultation
- Two million more GP appointments provided in Feb 24 compared to the same month before the pandemic
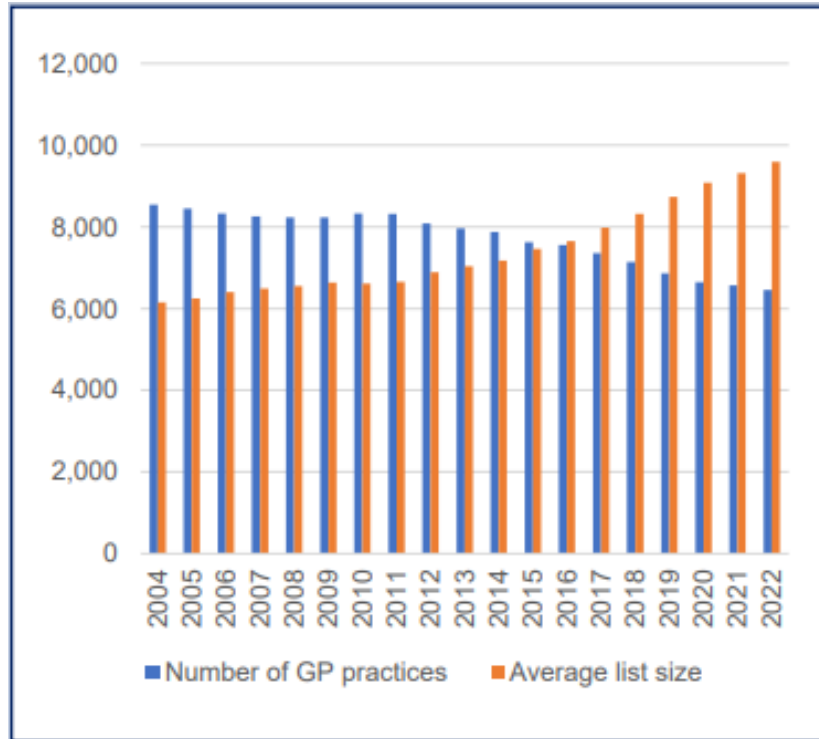

- 24% decrease in number of practices since 2004
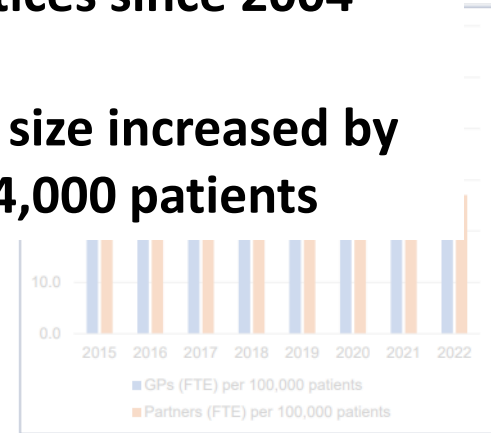- Avg list size increased by nearly 4,000 patients

- 29% reduction in number of GP partners per 100,000 patients since 2015
- 2,144 ARRS roles employed in NENC ICB since 2019
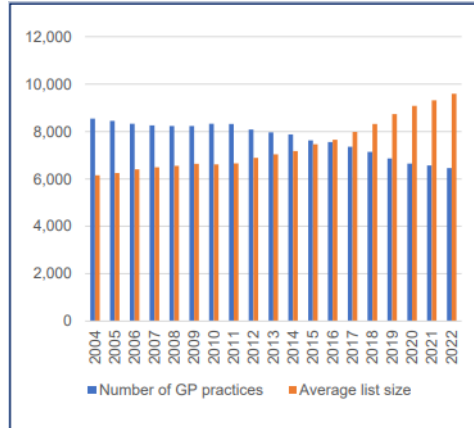
Primary Care is changing

Chart: Consultations per patient years, Mar-18 to Sep-21. Lines: Face-to-face (red), Remote (blue), Overall (black dotted).

- 24% decrease in number of practices since... list size increased by nearly 4,000 patients

Partners (FTE) per 100,000 patients

- **15% increase in consultation rates between Mar 18 and Feb 22**
- **Big increase in remote consultation**
- **Two million more GP appointments provided in Feb 24 compared to the same month before the pandemic**
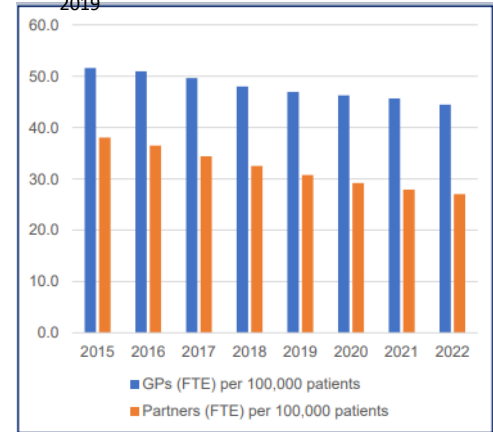
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Primary Care is changing
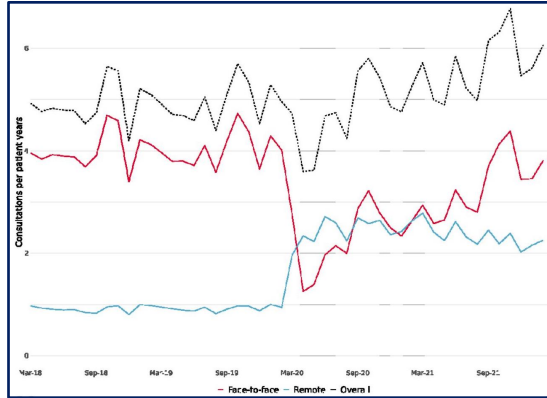
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  - Avg list size inc...
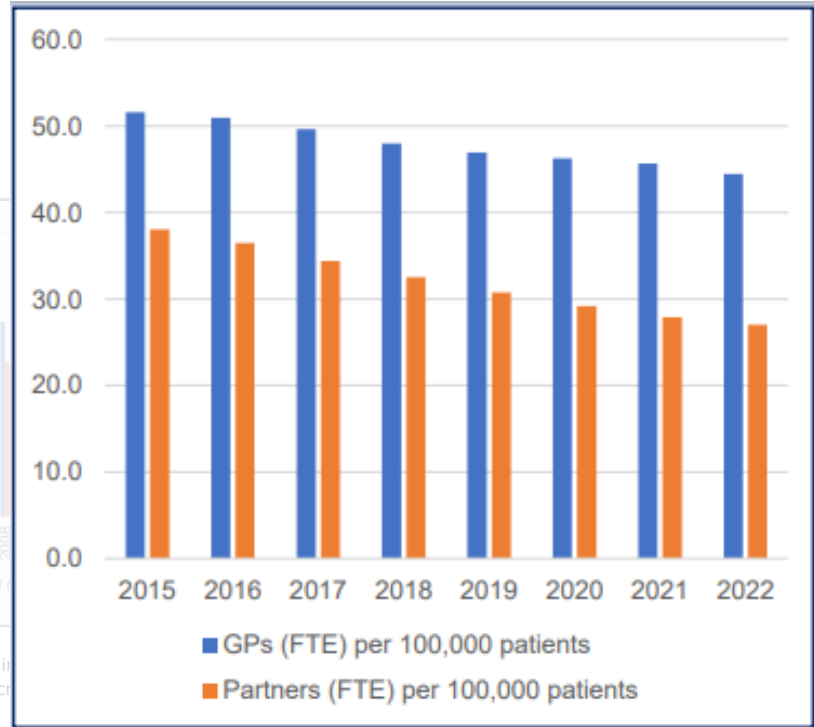
The challenge?

Change in a proactive and positive way

Three NHS Transformation Principles

01

Making the right thing to do for the patient be the easiest thing to be done by the clinician
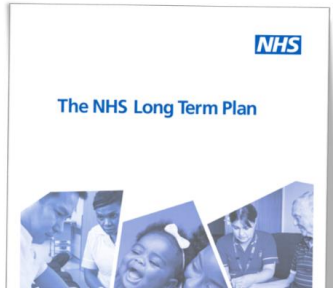
02

Getting the patient to the most appropriate environment for their assessment, for their treatment and for their care

03

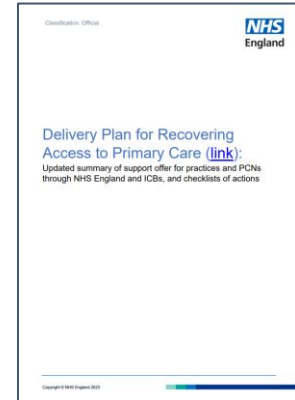Aligning clinical capacity to pathway demand

Key Policy Drivers

1) The NHS Long Term Plan

Chapter 5 - Make better use of **data** and **digital** technology

2) The Fuller Stocktake

Integration of Primary Care Services
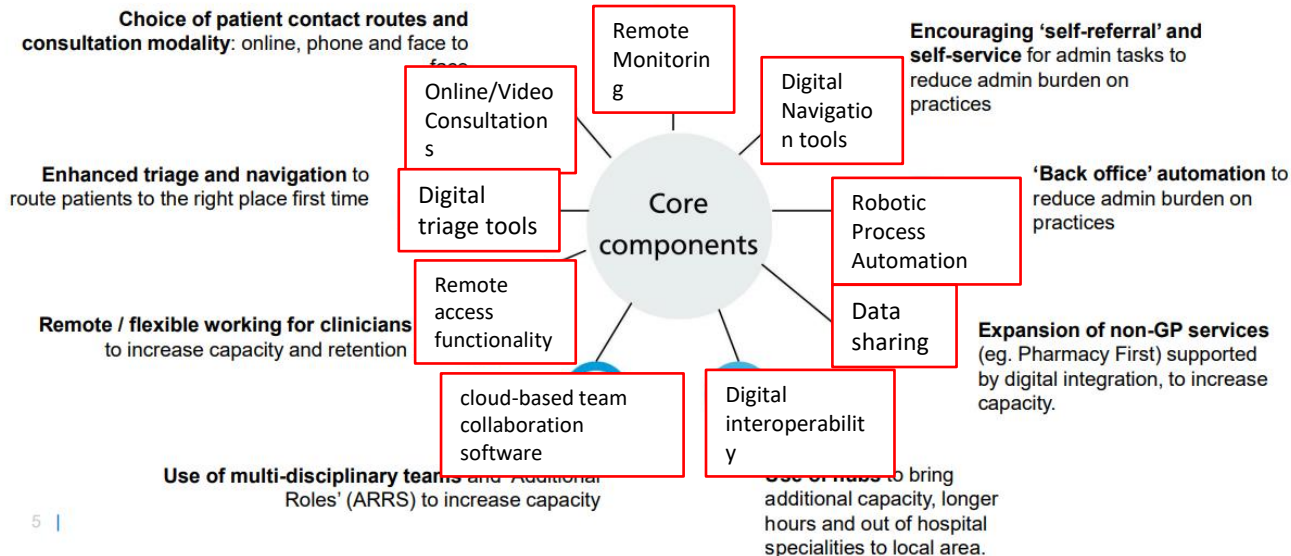
3) The Primary Care Access Recovery Plan

Shift to 'Modern General Practice'

Core components of the 'new' general practice model

NHS England

Digital Opportunities!

Long term condition management, and proactive care as part of a population health management

Choice of patient contact routes and consultation modality: online, phone and face to face

Encouraging 'self-referral' and self-service for admin tasks to reduce admin burden on practices

Enhanced triage and navigation to route patients to the right place first time

'Back office' automation to reduce admin burden on practices

Remote / flexible working for clinicians to increase capacity and retention

Expansion of non-GP services (eg. Pharmacy First) supported by digital integration, to increase capacity.

Use of multi-disciplinary teams and 'Additional Roles' (ARRS) to increase capacity

Use of hubs to bring additional capacity, longer hours and out of hospital specialities to local area.

Remote Monitoring

Digital Navigation tools

Online/Video Consultations

Digital triage tools

Core components

Robotic Process Automation

Data sharing

Remote access functionality

cloud-based team collaboration software

Digital interoperability

5 |

The King's Fund> Ideas that change health and care

How to make change happen in general practice

Andy Brooks
Luca Tiratelli
Beccy Baird
Kristina Bergman

August 2022

Changes work best when they're driven from the bottom up

People need capacity and capability to make change happen

The 'soft' stuff is important

<div style="border: 2px solid orange; border-radius: 20px;">

Changes work best when they're driven from the bottom up

</div>

Digital Pioneers Programme

Digital Innovation

- Supported over 30 projects in the last 2 years
- 6 receiving funding from the digital innovation fund and actively developing or delivering digital solutions within primary care

Remote Monitoring

- A UTI pathway development is saving approx. 30 appointments per month.
- A contraception pill check is saving approx. 50 appointments per month
- New patient registrations is saving approx. 15 appointments per month.

- Scalability
  - One practice – 100 appointments per month – 1,200 appointments per year
  - 10 practices – 1,000 appointments per month – 12,000 appointments per year

People need capacity and capability to make change happen

Digital Pioneers Programme

Digital Champions

- Training delivered to over 140 digital champions

- 15 masterclasses designed, developed and delivered

- Projects have covered a vast array of subject areas including social media, increasing the use of the NHS app, introducing health apps, prescription ordering, improving websites as well as other ideas.

- Creating the right environment for staff to be proactive and explore new ways of working.

Digital Pioneers Programme

The 'soft' stuff is important

10 YEARS BEHIND

1990   1995   2000   2007   2011   2016

- Change is really hard to implement!

- Digital Pioneers Programme provides the supportive environment that is needed

- We need to celebrate the successes!
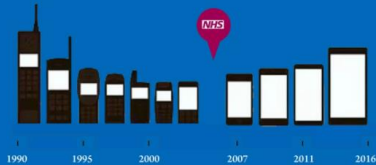
An introduction to Redmoor Health

Helen Holmes-Fogg

Director of Strategy and Development, Redmoor Health

Health Innovation
North East and North Cumbria
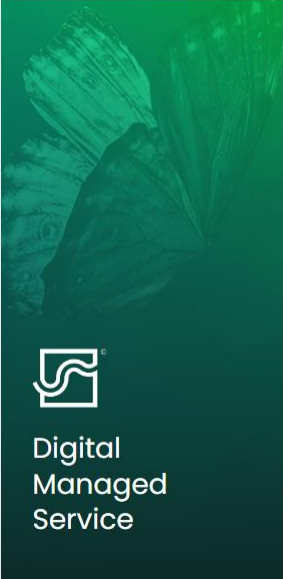
Redmoor Health

Not more digital, tech & transformation!

We support and coach health and care staff on how to get the most out of people, systems and technology

Redmoor Health

| Products | Services | Training & Skills | Consultancy |

Digital Managed Service

Digital Journey Planner
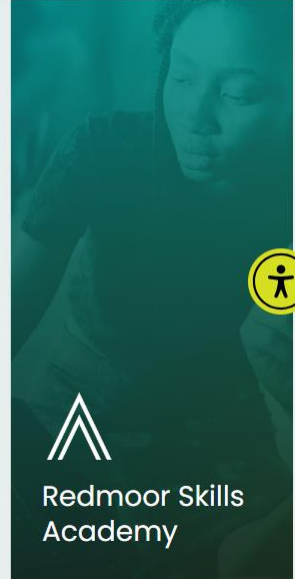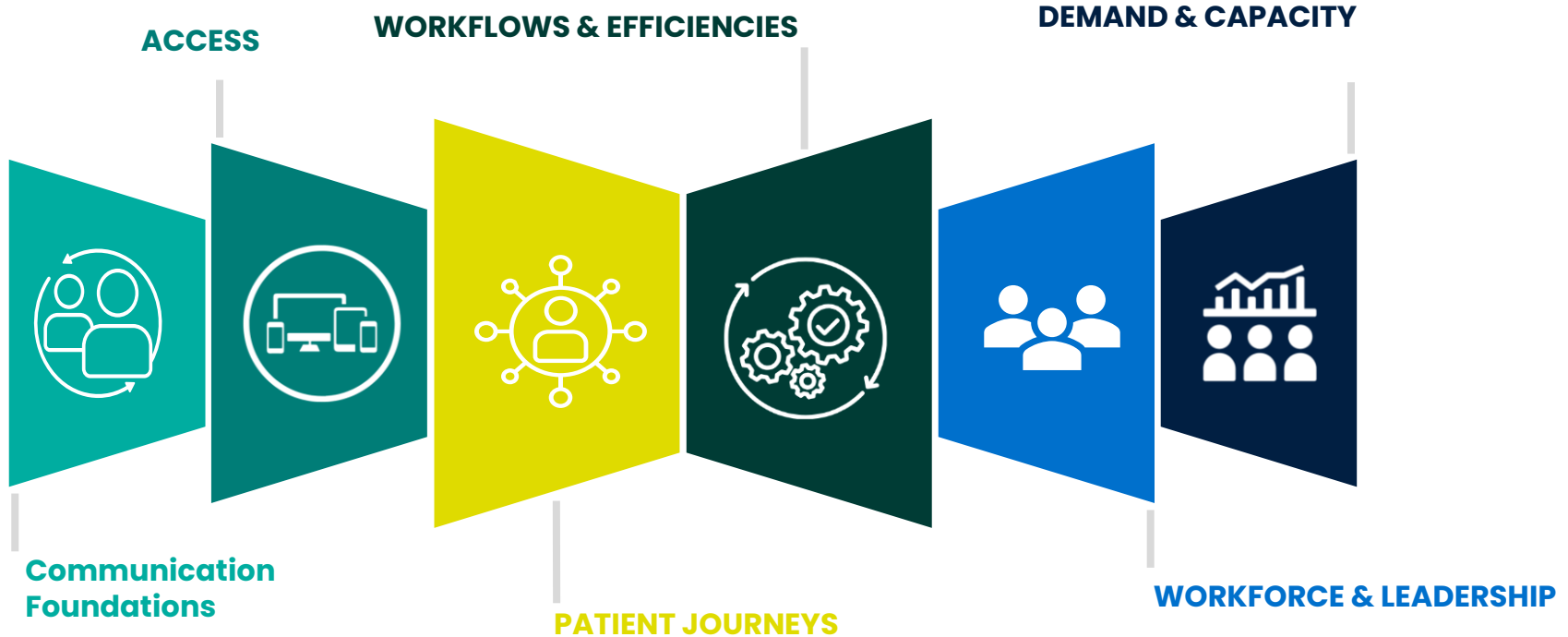
Social Media Managed Service

Communications Managed Service

yourHub Programme

Redmoor Skills Academy

Redmoor Health

Thank you

Redmoor Health Limited
Strawberry Fields Digital Hub • Euxton Lane • Chorley • PR7 1PS

0161 672 9778

redmoorhealth.co.uk

hello@redmoorhealth.co.uk

Meet the Digital Champions

Anna Buckle

Digital Programme Manager, Redmoor Health

Health Innovation
North East and North Cumbria

Session plan

Background to the course

Information on the support available

Feedback from champions

Panel with 3 digital champions

Q&A with digital champions

Digital Champions Role Overview
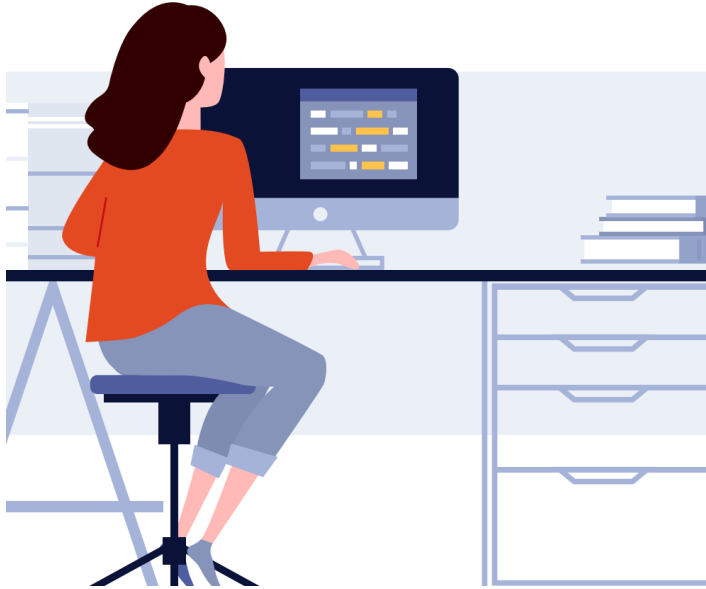
The role has been created to support the focus on digital products with an aim to:

- Improve patient access

- Manage the increase in demand for primary care services

- Be visible and provide support to colleagues and help them to navigate the digital world with confidence

- Promote digital technologies amongst primary care colleagues

- Share best practice

- Provide peer-to-peer support for colleagues through a digital champion network across the region

Redmoor Health

The course

Since August 2023 the course has been CPD accredited

Redmoor Health

Session 1	Drop-in Session	Session 2
The session covers: • The digital front door • How to engage your patients in digital and online services? • The importance of a whole team buy in • Best practice examples across primary care Redmoor also share an action plan template with the champions to fill out and share after the first session. In the action plan champions describe the next steps in the journey and what form of 'digital' they'd like to implement. Champions are also added to a Whatsapp group where they can keep in contact with each other and the Redmoor team.	During the midway point champions often support one another through the Whatsapp group. The drop-in sessions are held at a midway point between the first and second session. It gives the champions the opportunity to peer support one another and share their experiences so far in implementing new modes of digital. The drop-in sessions content is developed around the needs of each cohort. If there is a particular focus area most of the champions are working on the content will be structured around that.	The second session (held 3 months after the first sessions) gives champions the chance to come back together in their cohorts and showcase/discuss what they've been doing since the first session, and how they've progressed their actions and worked towards reaching their goals. This session gives champions the chance to voice any issues they're facing and troubleshoot problems with the support of the Redmoor Health team and their peers. In the session champions review their actions plans and share these with Redmoor Health.

Geographical spread
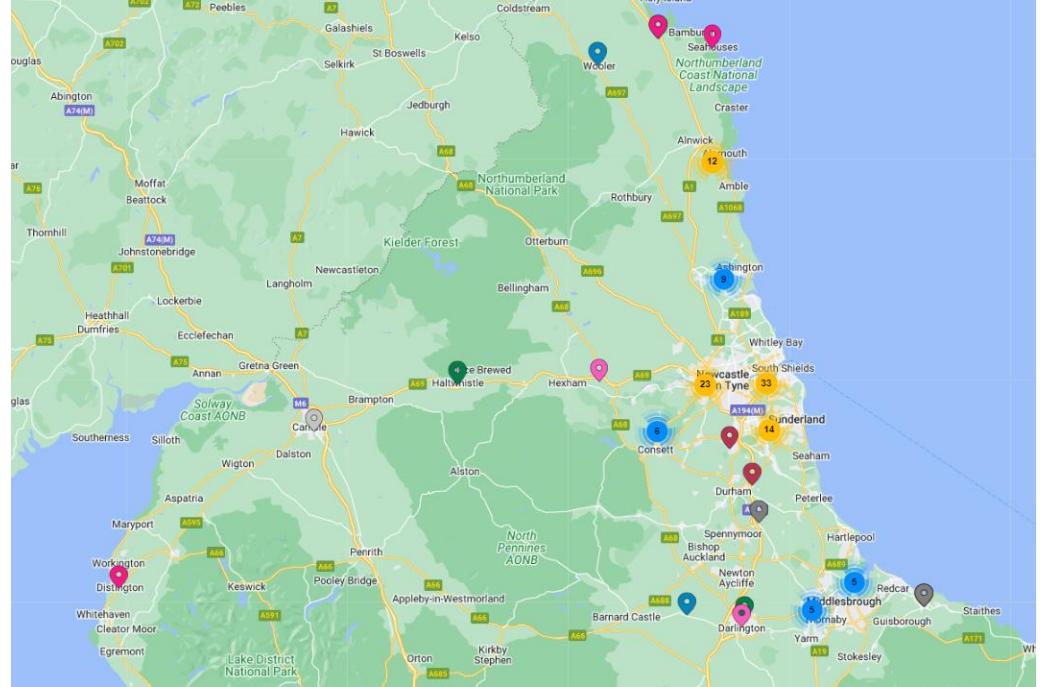
Masterclasses

Office 365 and MS Teams

Social media

Quality Improvement

AccuRx

Smarter Messaging

General Practice Appointment Data

Robotic Process Automation

NHS App

GP to Pharmacy Referrals

Reasonable Adjustments

Capacity and Access

The 8am rush

Working Groups

1. Accurx
2. Smart messaging
3. NHS App
4. Websites

What do you feel about the level of detail covered in the programme?
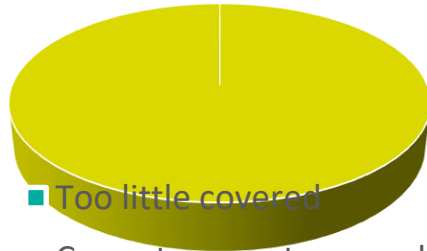
- Too little covered
- Correct amount covered
- It was too detailed

Would you recommend this programme to a colleague?

- Yes
- No
- Maybe

How confident do you feel about using technology within your work? 1 being extremely unconfident – 10 being extremely confident

Average confidence levels increased from 7 to 9

Impact of the new ways of working

Redmoor Health

"There are less calls to the practice therefore freeing admin to do other tasks, improving efficiency and allowed us more communication with patients"

"We've realised how out of date some of our communications streams are at updating and information patients"

"Saving on using paper and quick responses to patients and a quick way to get information to a large number of people"

"I have had support from my peers and other champions. I feel more connected"

"It is making the job role easier to manage and helps the patients by being able to provide them with information via bulk text or social media so they are kept up to date with what's going on in practice"

"I really enjoy accuRx as I am able to message all new referrals, and I have also started to use video calls too. This is great when you want to connect with a bigger group."

"Our social media reach has gone from 200 to 2200. We also now get around 600 engagements per post whereas before we had around 160"

Quotes from champions

Feedback on the course

Redmoor Health

"Session 1 is a fantastic overview of the digital landscape in GP Practices. I joined a GP Federation and almost immediately attended session 1. It helped me understand the digital workplace in practices. It helped me open meaningful conversations with practice staff in my own project."

"Very good programme, great follow up emails, really made me think what I could change to make my job easier for me and patients."

"I really liked the group size for peer support"

"Would like to say that the team were so encouraging and supportive. They took time to talk through ideas an helped me come up with things I hadn't thought of and to expand on initial ideas. Cannot stress enough how supportive they were. I feel like being on the course reignited my enthusiasm for digital tech in healthcare."

"It was good to know that there was someone to go to from the team if I was unsure about something, or I needed help/pointer in the right direction. The masterclasses covered a lot of different topics which were useful, and I could focus on what I needed to"

"Gained some great tips and knowledge, but not too much that I was bombarded. Good with smaller groups as more questions can be asked and answered. Great info overall"

"The course has re-ignited my fire for using digital in my role"

Quotes from champions

Our champions

Summer Gilhespy
Practice Manager Support Assistant
Benfield Park Medical Group
Newcastle East PCN

Stacey Ramsey
Medical Receptionist + IT Support
Holmside Medical Group
West End Family Health PCN

Lauren Rathbone
Receptionist
Belford Medical Practice
Well Up North PCN

Meet the Innovators

Shammy Noor

GP and founder of MyPocketGP

Andre Yeung

Pharmacist and Clinical Lead, NENC ICB

Health Innovation
North East and North Cumbria

www.healthinnovationnenc.org.uk

pocketGP

ALWAYS AT HAND

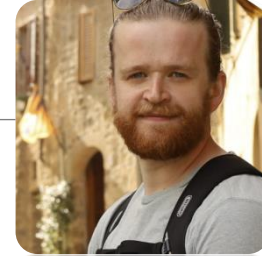Shammy Noor CEO & co-founder

- WHO WE ARE

- WHAT WE'VE CREATED

- HOW DO I GET IN ON THE PILOT?

Who we are – the founders

Shammy

- CEO and Clinical Safety Officer
- 15 years as a GP
- Type 1 diabetic who owes his wellbeing to tech
- Senior NHS leader
- Medical director for health-tech firms

James

- CTO
- Software architect with extensive experience at BBC and Sainsburys
- Award winning engineer for pioneering work with BBC at Rio Olympics
- Married to a GP!

What is pocketGP ?

It's a 'digital GP assistant'

Clinicians must remember to do a lot of rules-based tasks.

◦ Latest education and advice
◦ Safety netting
◦ Monitoring
  ◦ Repeat medicines
  ◦ LTC
◦ Offering local services

The digital assistant helps you do these.
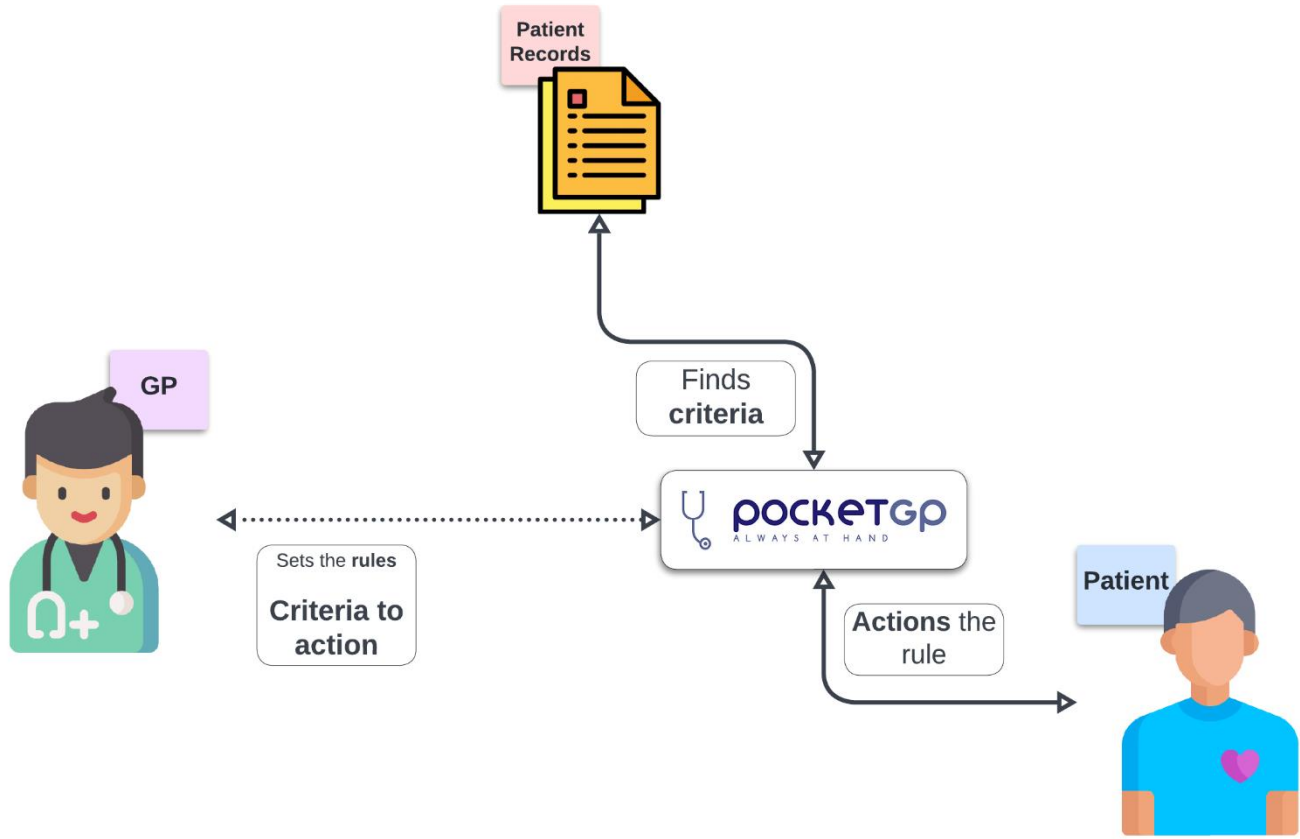
A novel solution

pocketGP sits on the patient's phone and creates actions directly to the **patient**

It reads the patient's medical record and looks for pre-set criteria

It can then give the patient an action **without needing the GP** to intervene

Applications – here are just a few examples

Medicines Safety
when the patient orders a medicine, PocketGP can scan to ensure all pre-set tests and reviews have been done

Long term conditions
PocketGP will give patients a personal home page for each supported LTC and ensure they get reviews and monitoring

Education and information
PocketGP can pick out relevant videos based on the individual's medical profile

Referrals
If a patient meets the criteria there is no need for the GP to intervene – PocketGP will offer directly to the patient

pocketGP – the first targets

ConsultComplete

ConsultComplete

- **ConsultComplete**
  - **Information**, **education**, **safety** netting and **referrals** for the patient they you *didn't have time for*

MediScan

- **MediScan**
  - Safety netting for medicines
  - Safer, faster EPS signing of repeat scripts
  - Shared Care drugs

How it works – for the patient

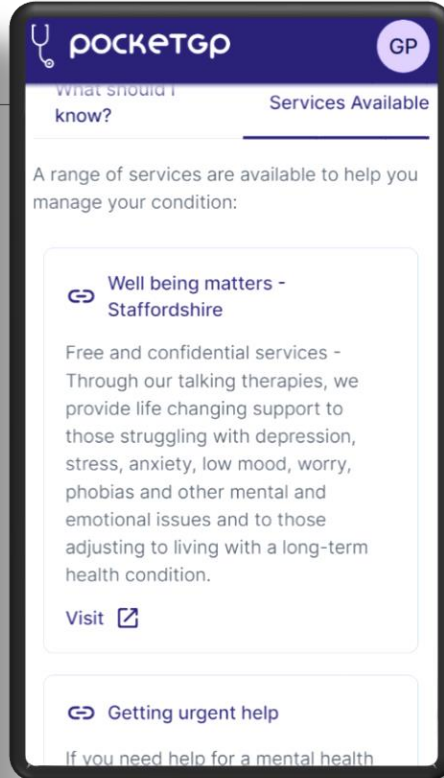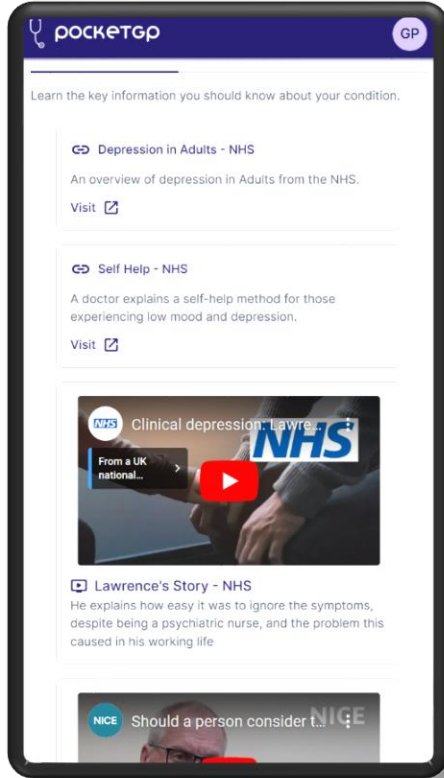**Individual logs into pocketGP.app**

NHS app security login

IM1 connection to medical record – EMIS, SystmOne and Vision

It can then give the patient an action **without needing the GP** to intervene

Depression

Rheumatoid Arthritis
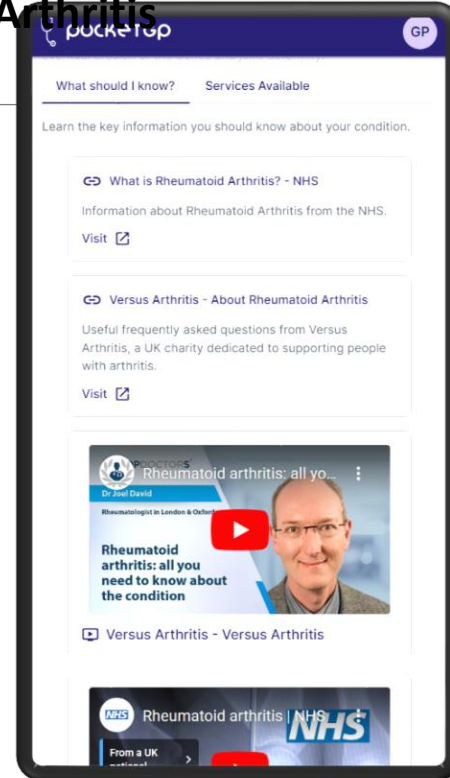
Safe Prescribing and Shared Care Drugs

- **237 million** medicines prescribing errors occur annually

Elliot 2021, BMJ

- with 38% in primary care (Repeat prescribing accounts for 75%)

Multiple NHS/CQC reports

- The cost of prescribing errors is over **£98 million annually**

Elliott 2013, BMJ

- Accounting for **243 admissions per 100,000.**

Shoaraa 2023, BMJ

- Medicines wastage (main repeat prescribing) costs **£300 million annually**

Dept Health and Social Care 2012

- CQC are **monitoring** certain high-risk drugs

CQC

- Many repeat script errors **are avoidable with process change**.

Slight 2013, BJGP

- Patient and carer education and involvement *improves safety*

Park 2020

PocketGP pathway

MTX patient info

MTX safety checks

Methotrexate

About Methotrexate

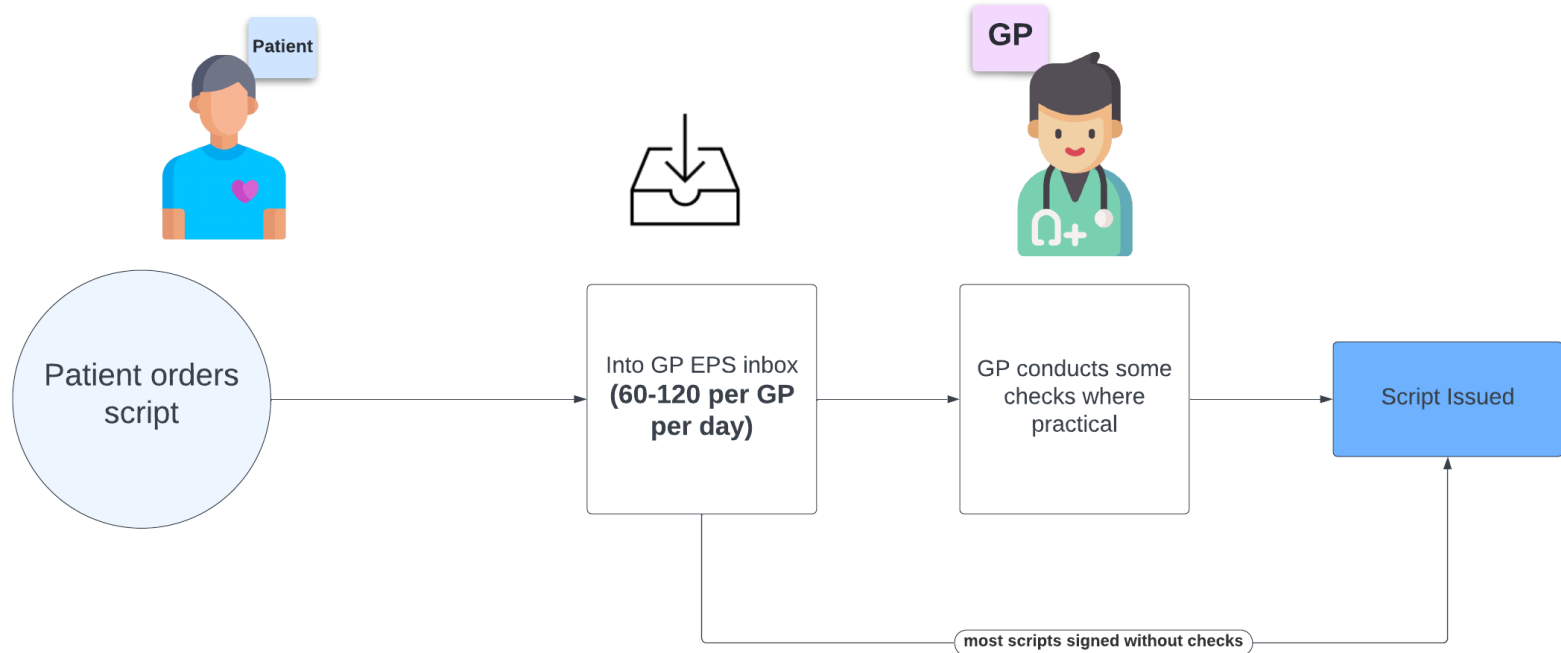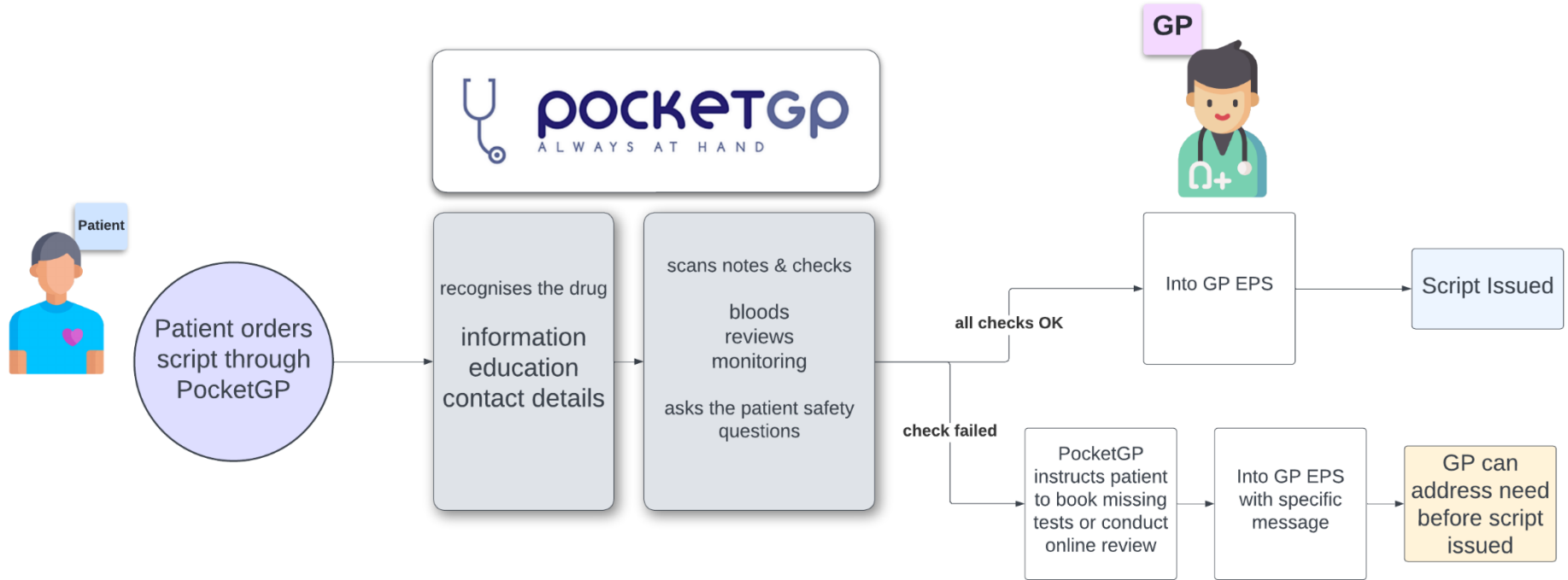What should I know about Methotrexate?

Useful links

Helpful videos

Videos to help you understand more about this medication.

Guidance and support for Methotrexate
Basic information to help you understand what you need to do when you're taking methotrexate from Newcastle hospital.

Understanding methotrexate

Request a Prescription

5 items

Have you had any of the following?

1/2

- Rash or oral ulceration
- Severe vomiting
- New onset breathlessness or coughing
- Severe sore throat
- Abnormal bruising.

• Yes

No

Contact your GP
Please contact your GP or nurse specialist immediately for advice. The practice number is 01632 960444. If you are unable to contact the practice, please contact NHS 111 or attend your local A&E department.

Back   Skip checks   Submit Answers

Request a Prescription

recommended form of Methotrexate at 2.5mg. Please continue.

Your GP has prescribed you Folic Acid, along with your Methotrexate. It is important that you take this medication, along with the Methotrexate, as prescribed.

There is no record of your blood tests in the last 3 months. Are you having your testing somewhere other than your GP practice?

2/2

It is vital for safe prescribing of methotrexate that you have regular monitoring blood tests at least every 12 weeks.

Yes

• No

Please contact your GP surgery on 01632 960444 to book your blood tests. Your GP may not be able to prescribe this medication without the results.

The journey so far

Synapse256 Incorporated

April 2023

Health Innovation Grant

Nov 2023

Pilot practices....

April 2024

NHS England Test Environment

Sep 2023

Live EMIS/S1 and NHS login Integration

March 2024
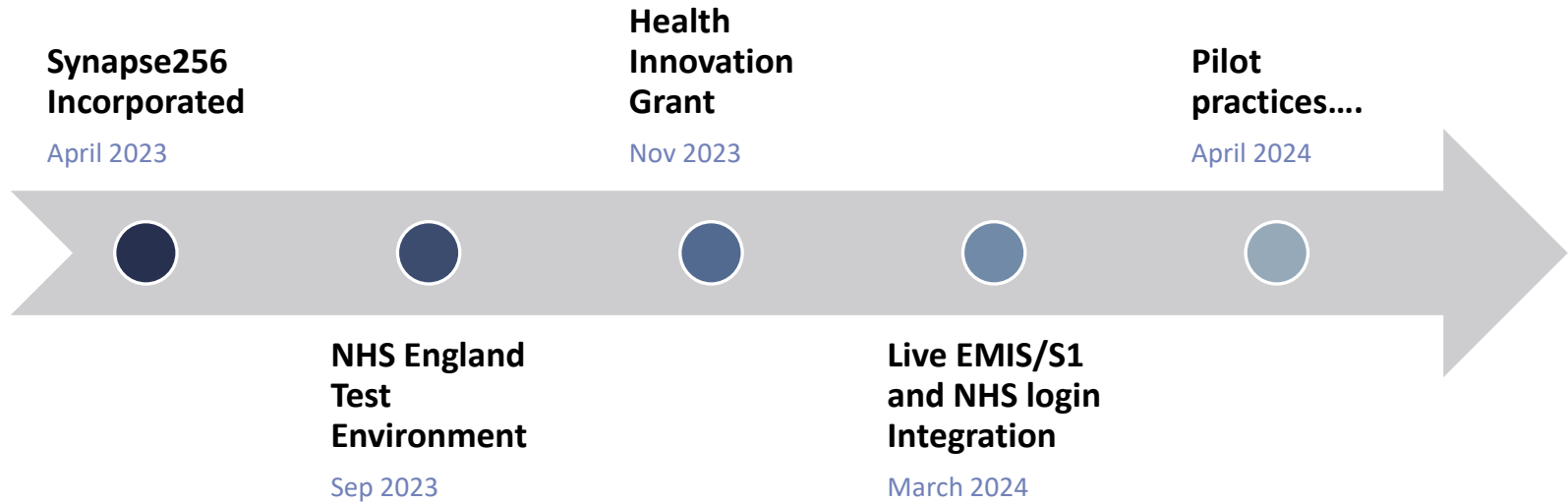
Be a pilot practice

- Practices across 3 ICBs nationally are engaged

- Regulation meeting (clinical and IG) – DPIA, DCB, DTAC.

- In the pilot
  - The practice can choose which conditions they want to concentrate on
  - The practice can choose which drugs they want PocketGP to monitor.
  - We will set it up, train the staff and patients and monitor the outcomes.
  - The practice can feedback

How do I get on the free pilot

SCAN ME

visit

www.pocketgp.app

Click Register Interest ❯

email

shammy.noor@nhs.net

Thank-you for your time

Should all pharmacies have screens?

The Digitisation of Community Pharmacy Public Health Promotion

North East and North Cumbria AHSN

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Where did the idea come from?

- Conversations at a national level about a known area of improvement
- 6 x Public Health Campaigns (1 month)
- Leaflets and Posters based leading to conversations with pharmacy team
- **Potential value circa £50 million per year**
- However, value impacted by:
  - Poor coordination of materials
  - Variable quality of content
  - Expensive distribution to 11k sites
  - Minimal data from campaigns
  - Leaflets go out of date
  - Wastage of materials
  - Not bright or eye catching

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Drive Digital Innovation in Pharmacy

- Partnership with the NENC AHSN to run a pilot programme
- To replace traditional leaflets and posters with professional pharmacy screens
- To install screens in 20 Pharmacies
- To use both internal and external (shop window) facing displays
- To select and create high quality content for health promotion purposes only
- To pay pharmacies £450 to use the space and to support the screen install
- To measure outcomes for 6 months and commission an evaluation
- To ask pharmacists to print up to date leaflets from a library of 1000s

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What were the desired outcomes?

"The project aimed to revolutionise pharmacy public health campaigns by changing the format from static paper based to running as vibrant, short videos on digital displays..." Andre Yeung, 2022

- Environment – to eliminate the need to post leaflets, posters and letters to community pharmacy teams

- Workload – to reduce the requirement for pharmacy teams to actively promote campaigns to members of the public

- Visibility – to increase visibility of the campaigns to people waiting for prescriptions or walking past the pharmacy

- Quality – to increase the quality of content through professionally produced and highly engaging videos

- Volume – to increase the number of campaigns that can be ran at anyone time and the flexibility

- Financials – to reduce the costs of successfully delivering campaigns

Selecting a Screens Provider

- Contacted **UK based screens providers**
- Worked with them to produce a screens **provider specification**
- Used that specification to request **expressions of interest** and responses
- Received **6 written responses** outlining proposals to satisfy the specification
- Scored all responses and invited **4 to present verbally** and answer questions
- Scored all bidders and a clear winner was found – 9Ways Digital Media

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Selecting Pharmacies

- Worked with LPCs in the North East of England

- Wrote out to all pharmacies in Durham and Sunderland

- Received over 40 expressions of interest

- Selected 20 pharmacies to give variation in terms of location, type, size and footfall

- 3 Well (national chain) pharmacies were selected to be a part of the pilot

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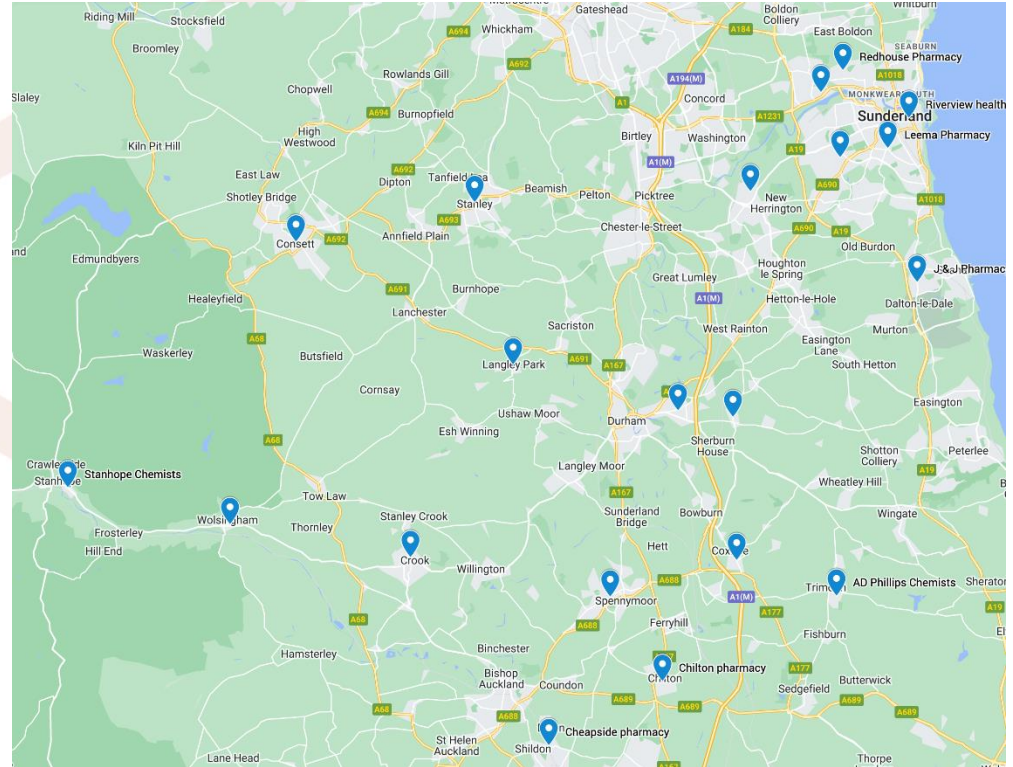
Selecting screens

- Mainly 43" screens plus some 34" screens (21" or 10" available)
- 3 pharmacies had additional 55" screens as well as the internal screens
- Mix of wall, ceiling and floor mounted

Selecting content

- Formed a content review group

- Developed a playlist of high quality public health videos (existing)

- In total, the number of campaigns running in each pharmacy went from 1 to 42!

- **Health promotion topics included:** sugar reduction, suicide, coughs and colds, heart disease prevention, dementia, oral health, how to treat a stye, urinary tract infections, MMR vaccinations, diabetic reviews, medicines disposal, hay fever, A&E services, eye health etc.

- **Pharmacy services included:** new medicines service, flu vaccination, UTIs, Think Pharmacy First, oral contraception, stop smoking, hypertension, inhaler recycling etc.

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What did we learn? (Independent evaluation, June 2023, H.Nazar FRPharmS PhD, Newcastle University)

Where this evidence is absent in healthcare, other fields such as in retail demonstrate that the power of digital advertising is unequivocal, with millions of pounds being invested in digital advertising to drive consumer behaviours and decisions.[6] **SCREENS WORK**

An estimated 85% of people visit a pharmacy at least once a year, with people on regular medication visiting more frequently to collect their medication, making them a suitable venue to broadcast digital public health messages due to footfall.[9] **PATIENT CONTACTS**

Some pharmacy staff struggled to get hold of physical resources, cited issues physical resources on their workload and the waste of paper that the leaflets and posters created. **WORKLOAD AND WASTE**

All participants shared excitement and positivity towards the installation of the screens. Pharmacy staff described the screens as eye-catching, attractive and good for triggering conversations with patients and members of the public. **POSITIVITY**

HealthWatch volunteers reported the screens were very noticeable at entry or when approaching the pharmacy from outside - eye-catching, easy to see and read messages. **HIGHLY VISIBLE**

'We've definitely had more enquiries about our UTI testing service since we got the screens, which we're almost sure is related.' **INCREASED SERVICE UPTAKE**

"The evaluation findings are resoundingly positive…the adoption of digital screens in community pharmacy for public health messaging looks to be the next step of maturity for health promotion…"

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What are the financials?

- Circa £2000 per pharmacy for 2 years then £500 per year for ongoing content management and support

- Screens last 6+ years or more, therefore total cost per pharmacy for 6 years = £4,400

- 10,000 pharmacies for 6 years would cost £44 million or £7.3 million per year

- Reach - 150 people per day (at 300 days) per pharmacy = 450 million people per year

- By comparison, a single advertising campaign from MC Saatchi "Help Us Help You" cost the NHS £28.6 million and these campaigns have a **potential value circa £50 million per year**
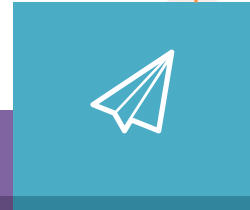
Benefits of digitising health promotion

- Run multiple simultaneous public health campaigns
- Centrally coordinate campaigns with General Practice etc.
- More impactful message due to bright, information rich and high-quality videos
- Flexibility to quickly stand-up campaigns nationally or locally
- Reduce logistics costs
- Reduce carbon footprint (logistics and production)
- Reduce workload for front line pharmacy teams
- Harness creativity of BHF, Cancer Research UK etc. to produce custom content

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Next steps?

"It's a no brainer... For me, its not a matter of 'if', it's a matter of 'when' screens replace leaflets and posters in pharmacies." Andre Yeung, 2022

Q&A

andre.yeung@nhs.net

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Refreshment break

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Meet the remote monitoring team

Mandy Mitchinson

Strategic Manager, Digital, NENC ICB

Kris Drummond

Team Lead, Teams Medical Practice

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Remote Monitoring Project - Why?

"We also want to help patients care for themselves. We want to make it easier for them to monitor certain long-term conditions at home, such as high blood pressure, where it is clinically safe, and make it easier for practices to review their patients' self-monitoring."

Recovery Plan

"Increasingly sophisticated technology continues to change many aspects of our daily lives. Technology can empower us with information to make decisions, make processes more efficient, give staff more flexibility and reduce costs."

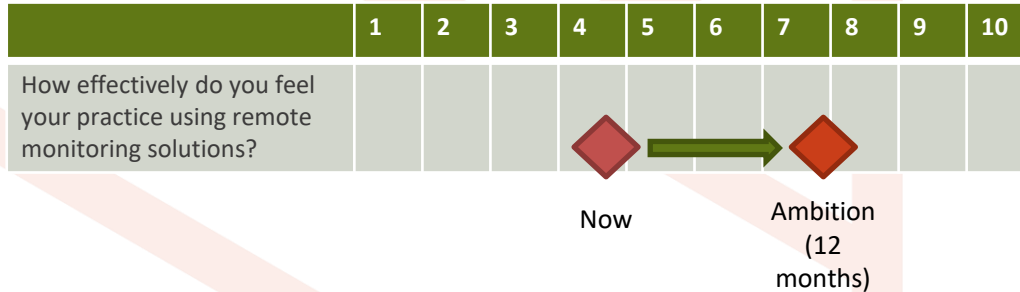"**Empower patients** by rolling out tools they can use to manage their own health"

"Home monitoring can substantially improve health outcomes and reduce the need for regular and urgent appointments. A good example is blood pressure control through home monitoring, reducing heart attacks and strokes. To make home monitoring easier for patients and practices, we are funding the digital tools for patients to send their readings to their practice, where staff can review and add them to their clinical record with 'one click'."

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Remote Monitoring Project - Why?

87% (27) of responding practices (31) have expressed a wish to see the level of usage of remote monitoring increase in their practice over the next 12 months

	1	2	3	4	5	6	7	8	9	10
How effectively do you feel your practice using remote monitoring solutions?				Now				Ambition (12 months)		

Questions

Can we help practices by saving time? What benefits could this bring for practices?

Are there patients you see day to day who just don't need to come into the practice?

Is there an impact on staff? What training needs are there? How does it feel for them?

What pathways/ conditions does this work for? What should we avoid?

Do we already have the technology / software we need to do this?

Is it clinically safe?

Can we give more time for better conversations by collecting information before patients attend?

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Remote monitoring
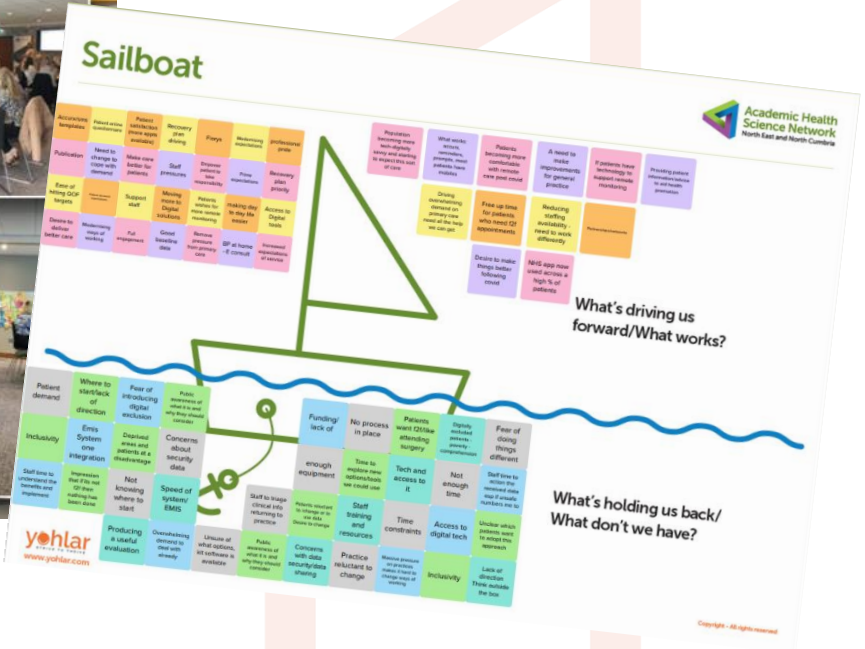
The model

INNOVATION DESIGN SERVICE

Commissioning lead - ICB

Programme lead and project management – HI NENC

System suppliers – Accurx etc…

Change and Benefits lead - NECS

5 Practices – Clinical and non clinical

Independent Evaluation – University of Sunderland

Payments to practice

Clinical oversight – Dr Becky Haines

PPIE – Involve North East

Planning

Organizing

Leading

Controlling

Management process

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Before and after

Oral contraception pill review

Patients requiring a pill review have a 15 minute face-to-face appointment with the nurse.

Patients are sent Accurx text to use an interactive kiosk in the practice to take weight, blood pressure and answer questions previously asked during the face-to-face review. Readings reviewed outside of appt and record updated.

Before

After

Before and after

Hypertension

No formal pathway for patients requiring hypertension reviews.

Review of patient records to see if have had bloods/blood pressure taken for other any conditions. If not, patient sent text and AccuBook links to book direct Blood appt and advise can have BP taken remotely via, reception BP machine/loan device/pharmacy. Results uploaded and record reviewed.

Before

After

Before and after

UTI's

Every patient with a suspected UTI have a 15 minute face-to-face GP appointment on the same day for discussion / treatment.

Identify Non-complex patients and direct to pharmacy support.
Complex patients sent Accurx text advising bring urine sample to practice and complete an online Florey form.
Added to the list for a call/follow-up.

Before

After

Example of Standard Operating Procedure
(St. Alban's Medical Group)

Remote monitoring project – Blood Pressure Remote Monitoring using BP@HOME App: St Alban's medical group – Standard Operating Procedure (SOP)

Remote monitoring has the potential to reduce practice workload by using the BP@HOME App to support patients self-checking their blood pressure at home. This process also improves accuracy of data and ensures no lost data, and works towards a greener, paper light practice.

Health Care Professional

1. Patient has been identified by Health Professional as requiring further Blood Pressure monitoring.
2. Patient is offered either an appointment to return to surgery in 2 weeks or offered the option of BP@HOME with BP machine loan scheme if patient does not have their own device.
3. If patient chooses BP@HOME option, Health Professional forward task to Nurse Admin to add patient to waiting list for loan devices (*Appendix 1)

Nurse Admin/Admin

4. When patient is top of the waiting list Nurse Admin contacts patient to book an appt with HCA ensuring appt slot is changed to 'Loan BP Machine'
5. When booking appointment for patient Nurse Admin to confirm if patient has a smart phone
   - Yes – use BP@HOME
   - No – Use Paper diary (go to step 15)

HCA/ Nurse Admin

6. During HCA appointment with patient, HCA to ensure below steps are followed (*Appendix 2, Step 2)
   - Check fit of BP cuff and ensure patient is aware how to use BP machine.
   - Complete patient detail slip and add to monitoring bag.
   - Complete Ardens template in clinical system, ticking the boxes confirming loan of equipment, signed agreement, and adding number of machines loaned in the comments box.
   - Ask patient to sign terms and conditions of machine loan.
   - Add patients details to BP Home loan monitors Excel spreadsheet.

- Step by step breakdown of the pathway
- Identifies any missing gaps in process
- May support those staff who do not like flow charts
- Opportunity to embed extra supporting documentation supplied by the practices.

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Example of Urinary Tract Infection Flow Chart
(Teams Medical Practice)

Urinary Tract Infection (UTI) Pathway
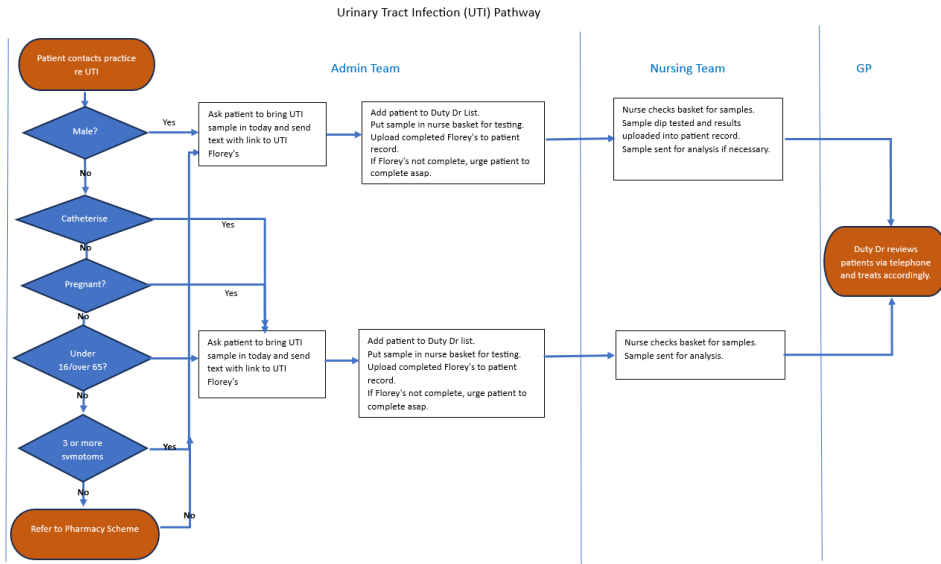
- More visual than the SOP
- Plan on a page
- Can be added to Functionality within clinical system (F12)
- For longer pathways can be split into separate areas/functions

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Examples of clinical pathways

- Contraception pill check using eConsult -   On average 50 appointments being saved per month. Time used to support another practice within their PCN due to high demand.

- New patient registrations – Template built. Coding in the background created - Approx 20 appointments a month being saved.

- Hypertension – Smart text option. Booking link, much more efficient and identifying patients that may have been missed. No data yet.

- BP at home – Health Call – through refining have exceeded their monthly target by 100 patients.

Key Learning

- Taking time out of practice is valuable to rethink how they have always done things

- The technology/software already exists

- There are ways avoid or shorten appointments

- Patients can be supportive, but choice is important

Early Findings University of Sunderland

- The outcome of the quantitative analysis presented a significantly positive working capacity, leading to better control of key health indicators.

- Increased awareness of health status, leading to proactive self-management and timely interventions by healthcare providers.

- Significant relationship between time-saving and workload

- The evaluation demonstrated positive results

- The findings underscore the potential of remote monitoring in enhancing patient care and the importance of addressing challenges proactively

Teams Medical Centre

Kris Drummond

INNOVATION
DESIGN
SERVICE

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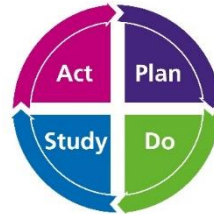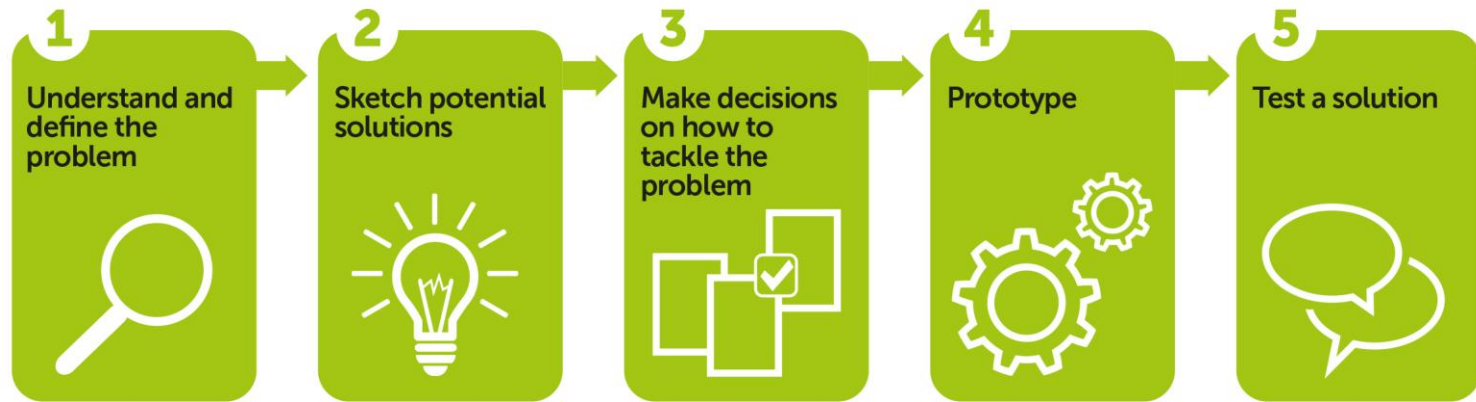
Double Diamond
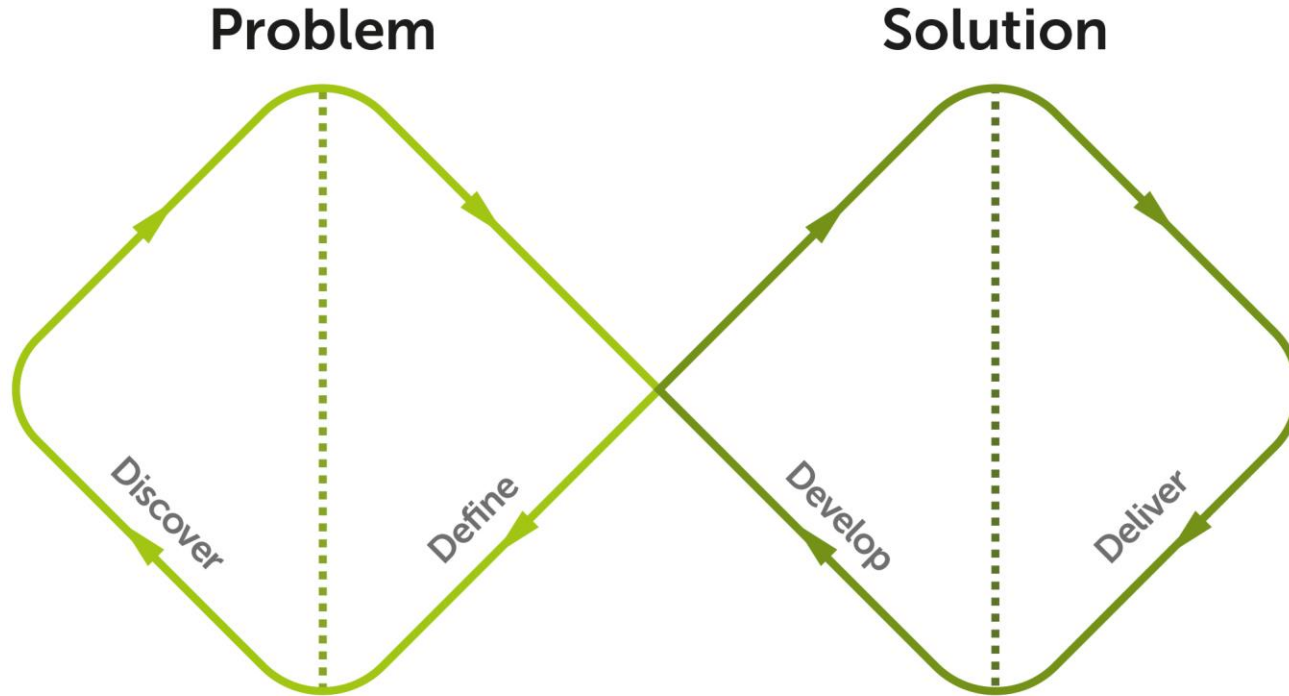
Can digital solutions help primary care providers better manage chronic conditions, promote preventive care, and support patient self-management?

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Objective

- The objective of this Design Thinking session is to explore and generate innovative digital solutions that empower primary care providers to effectively manage chronic conditions, promote preventive care, and support patient self-management. We will:

- Discuss what's driving us forward and what might be holding us back.

- Explore how we might use digital innovation to solve some of the key issues in primary care.

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Competition time

Next steps

- Embed a culture of innovation.

- Expansion of innovation team to include two primary care innovation managers and one social care innovation manager.

- Establish a community of practice for champions and innovators. With a focus on masterclasses. E.g. CDRC

- Expand the learning from remote monitoring to roll out wider across the system.

- Secure ongoing funding to support transformation.

- Final evaluation of remote monitoring.

Closing Remarks

Dave Belshaw

Digital Transformation
Director, HI NENC

Networking and Celebration