Welcome to the NHS Integrating Care Conference!

Slido

Agenda

16th May 2024
9am – 5:30pm
etc venues, Manchester

Chair Opening Address

Ellen Rule
Deputy CEO / Director of Transformation
Gloucestershire Integrated Care Board


NHS INTEGRATING
CARE CONFERENCE
BUILDING INTEROPERABLE SYSTEMS

Case Study…

Speaking Now…

Georgina Hurst
VP of Sales UK&I
BridgeHead Software

Enabling Interoperability For Enhanced Patient Care

"Getting the right data to the right people at the right time..."

Georgina Hurst – Vice President Of Sales, UK & Ireland

Adam Coombes – HealthStore® Product Owner

BridgeHead

STORE | PROTECT | SHARE

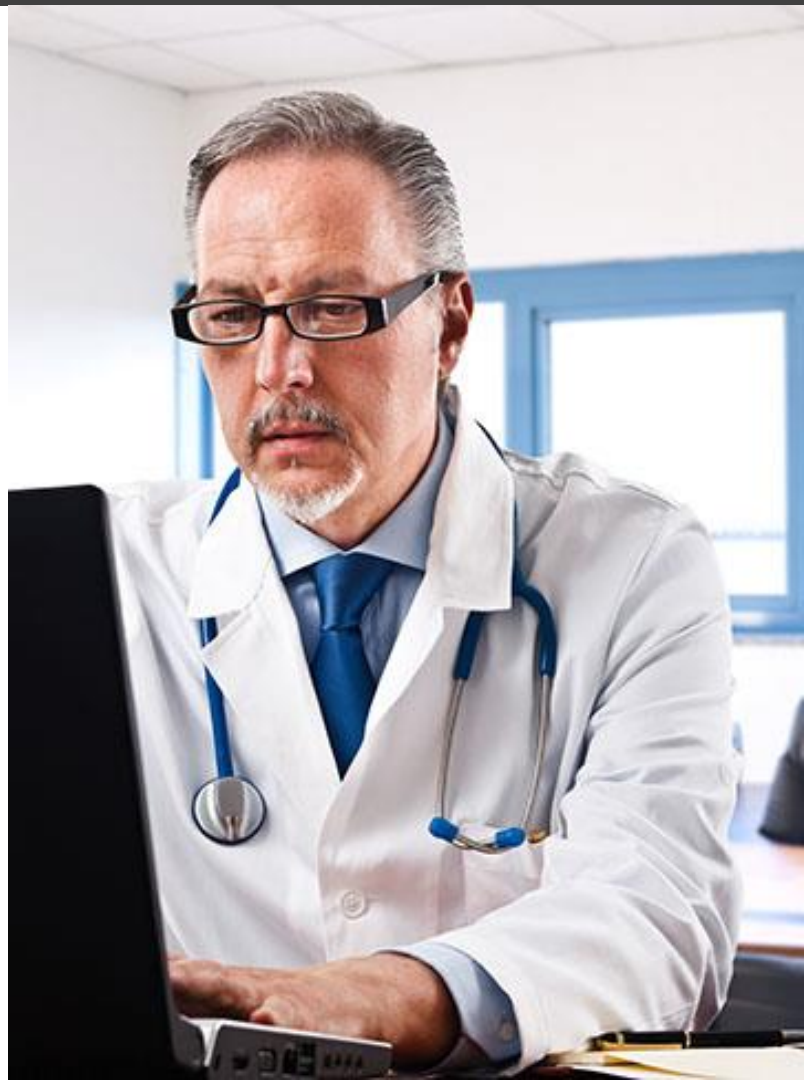
The Challenge: Healthcare Silos And Data Fragmentation

What Clinicians have told us…

> Our Multidisciplinary Teams struggle to access data from multiple sources.

> Useful and critical data is siloed in various systems and applications, causing inefficiencies, impacting clinical decisions, and increasing the risk of errors.

> The time spent having to log into multiple different applications is time wasted that impacts patient care.



The Challenge: Healthcare Silos And Data Fragmentation

What IT teams have told us…

> Although, it is ultimately our responsibility to provide our clinicians and support staff with access to the data they need, it's a lot more difficult than people realise!

> We have multiple, dormant applications that are no longer creating new content but need to be kept for legal reasons.

> Replacement of clinical systems (e.g. PACS/LIMS) creates and isolates legacy data.

> End-of-life and unsupported legacy systems put everyone at risk!

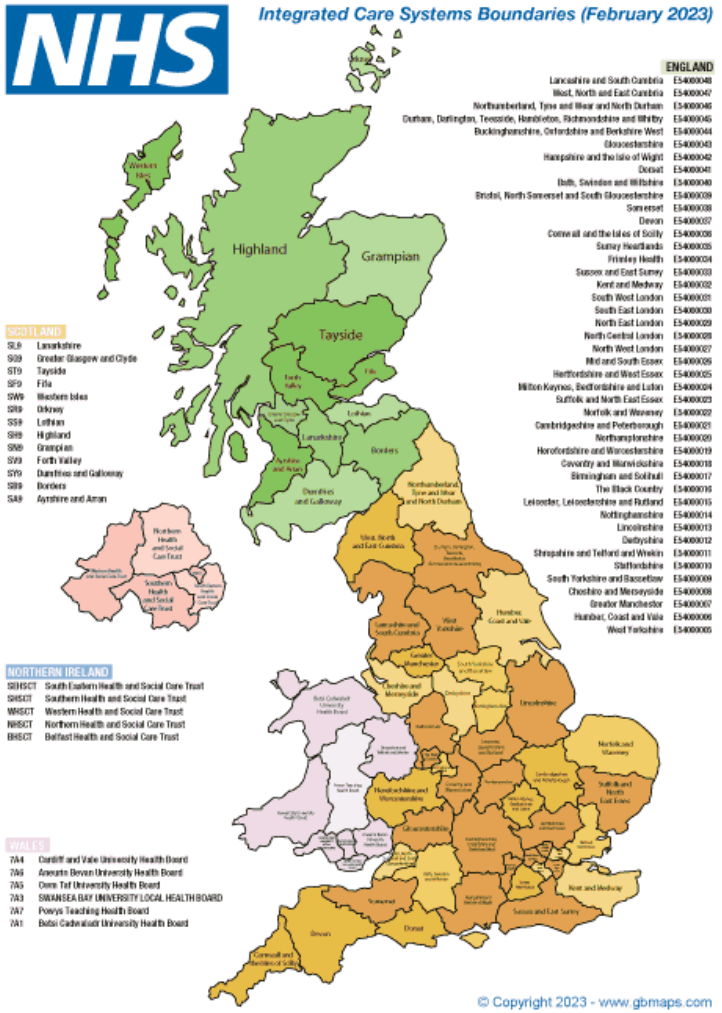
The Challenge: Healthcare Silos And Data Fragmentation

And then there's the ICS and ICBs…

> Cannot readily get access to all data required for analytics/population health. Data is stored in multiple systems and is not readily shared.

> Protecting patient information while sharing data across different systems and organisations is a critical concern.

> Ensuring that data is standardised across different systems and organisations is a significant challenge for us.



The Impact: Healthcare Silos And Data Fragmentation

The top challenge in working with disparate IT systems and

80%

of respondents say it complicates their job

55% of providers depend on

>50 point solutions to manage their clinical operations

In a typical EPR deployment, on average only

30%

of data is migrated to the new EPR system

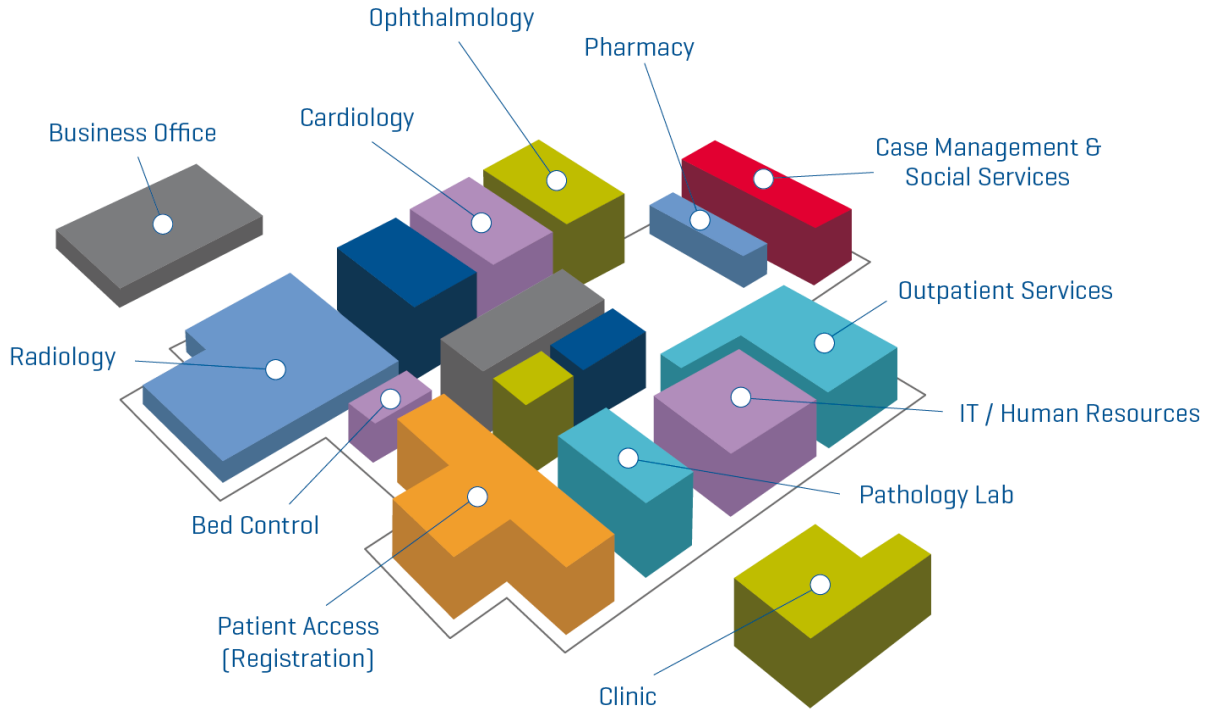
27%

of NHS clinicians lose over four hours a week through inefficient IT systems

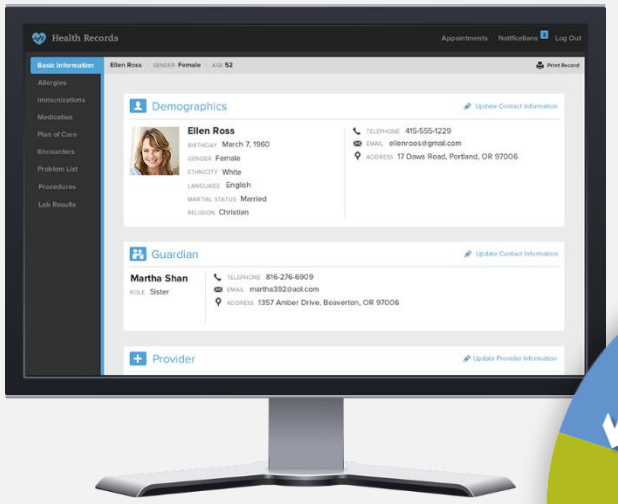
How Can We Solve These Problems?

The Solution: A Centralised, Clinical Repository For All Data Living Outside The EPR

- A real-time, FHIR-enabled application that consolidates data from various current & legacy sources to present a unified view of a single patient
- Valuable adjunct to electronic health records (EHRs) & clinical decision support systems
- Stores raw and transformed discrete data (i.e. lab results & medication details), images, documents and other information that clinicians use for patient care



What Is An Interoperable Clinical Data Repository?



EHR

- Encounters
- Care Plans
- Scheduling
- Allergies
- Me

Other Patient Data Silos

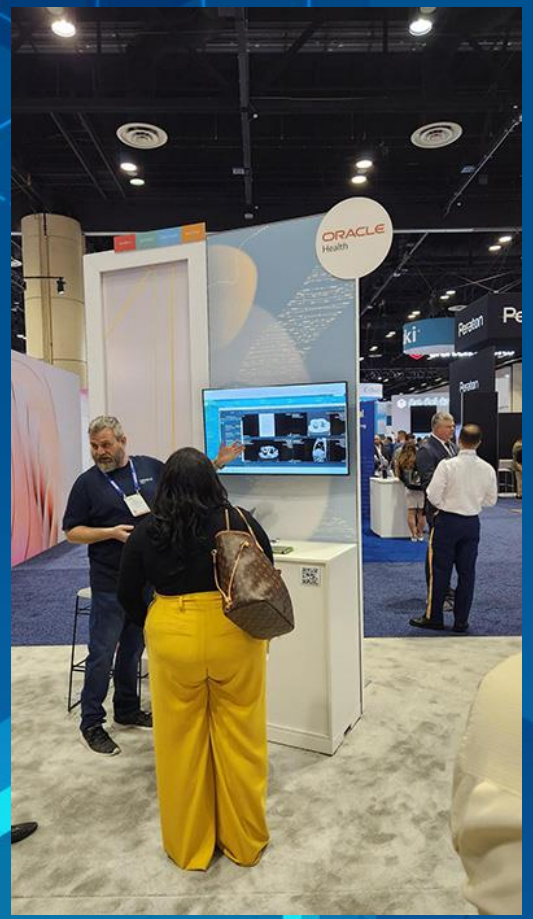
- Ultrasound
- Mammography
- Legacy Records
- EKGs
- adiology
- Discharge Letters
- Cardiology
- Referral Letters
- Endoscopy Reports
- Pathology
- Dental
- Dermatology

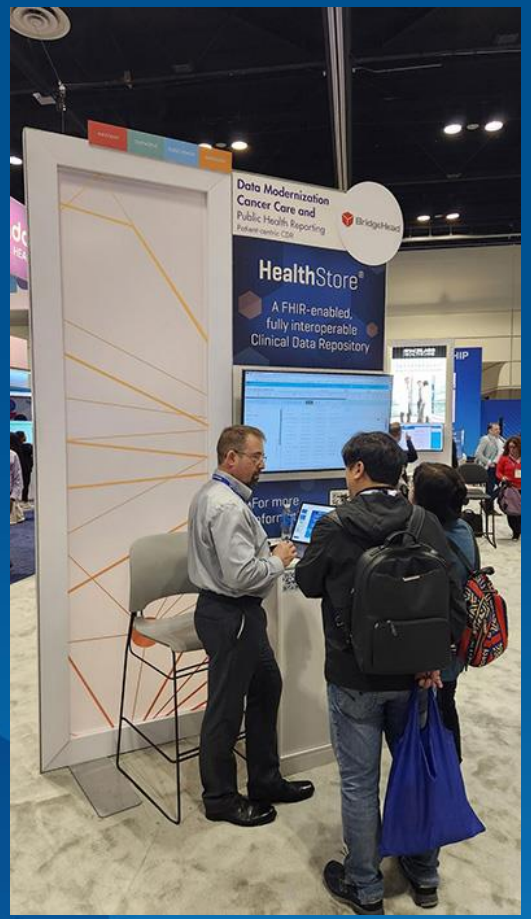
Solution: A Clinical Data Repository

A Centralised, Clinical Repository For All Data Living Outside The EHR

CDR connectivity overview

Clinical Data Repository (CDR), a critical tool for aggregating, organizing, protecting and sharing patient data.





Live Demo of HealthStore® Clinical Data Repository

Walk through of a scenario similar to BridgeHead's live integration and data exchange with EPIC and Oracle Cerner.

Images from HIMSS24 Interoperability Showcase

The Benefits: A FHIR Enabled Clinical Data Repository

Streamline Data Access


Alleviate The IT Burden

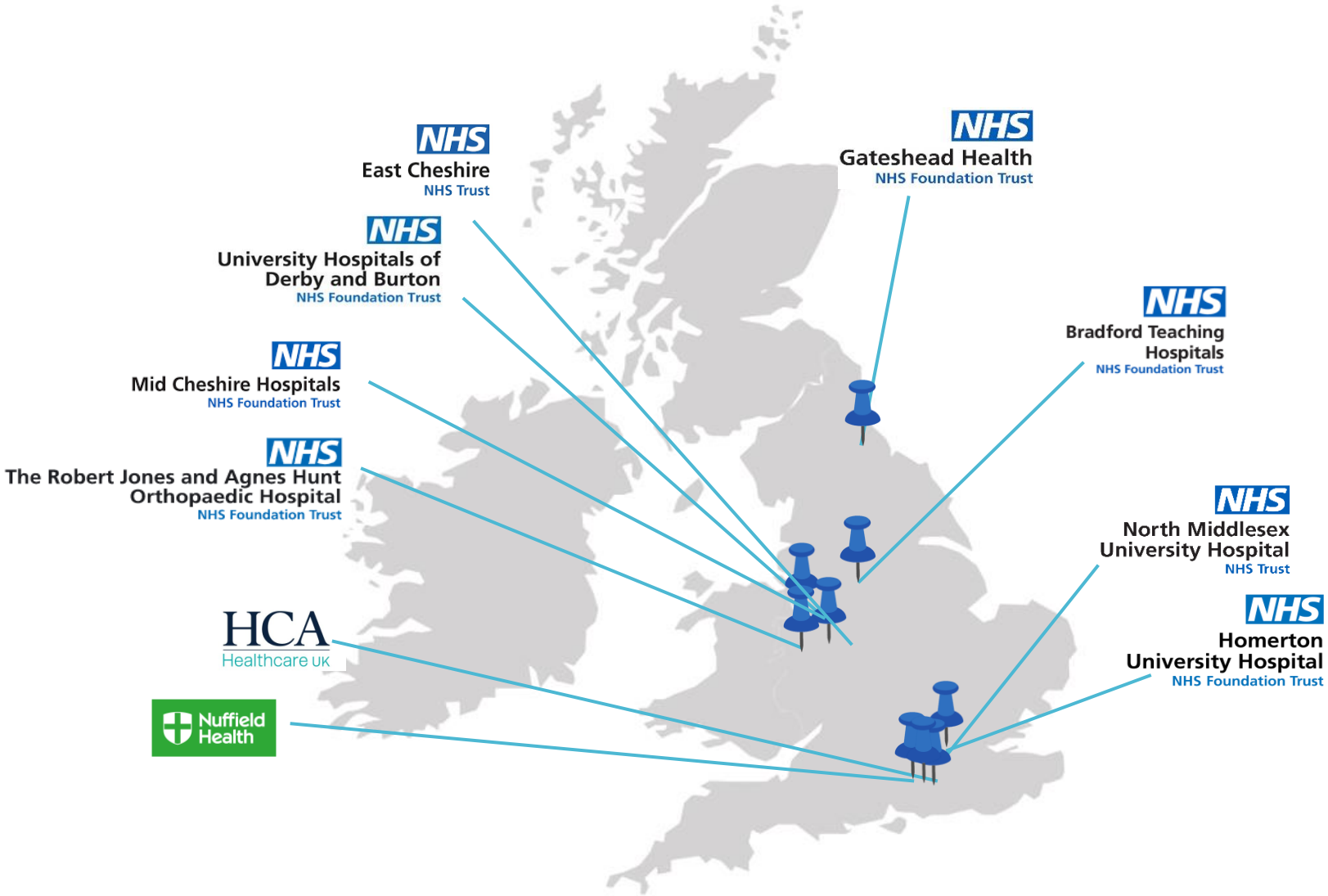

Reduce Cost

Retain & Leverage Data


Improve Security


Support MDTs & Data Sharing

Just Some Of Our UK Adoption…



Why Customers Chose An Interoperable CDR…

University Hospitals of Derby and Burton NHS Foundation Trust	Homerton University Hospital NHS Foundation Trust	Government of JERSEY	Bradford Teaching Hospitals NHS Foundation Trust
▶ New EPR: Nervecentre	▶ EPR: Oracle Cerner	▶ New EPR: IMS Maxims ▶ New PACS: Philips	▶ EPR: Oracle Cerner

DRIVERS

PATIENT SAFETY	DATA ACCESS	PATIENT SAFETY	DATA ACCESS	PATIENT SAFETY	DATA ACCESS	PATIENT SAFETY	DATA ACCESS
CYBER RISK	REDUCE COST	CYBER RISK	REDUCE COST	CYBER RISK	REDUCE COST	CYBER RISK	REDUCE COST

Georgina Hurst

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Adam Coombes

HealthStore® Product Owner

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Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

SCAN ME

Speaking Now…

Ben Jeeves
Associate Chief Clinical Information Officer, AHP professional Lead, Advanced Practice Physiotherapist Midlands partnership NHS University Foundation Trust

HOW CAN THE CHALLENGES OF INTEGRATING HEALTHCARE BE EFFECTIVELY ADDRESSED BY DIGITAL?

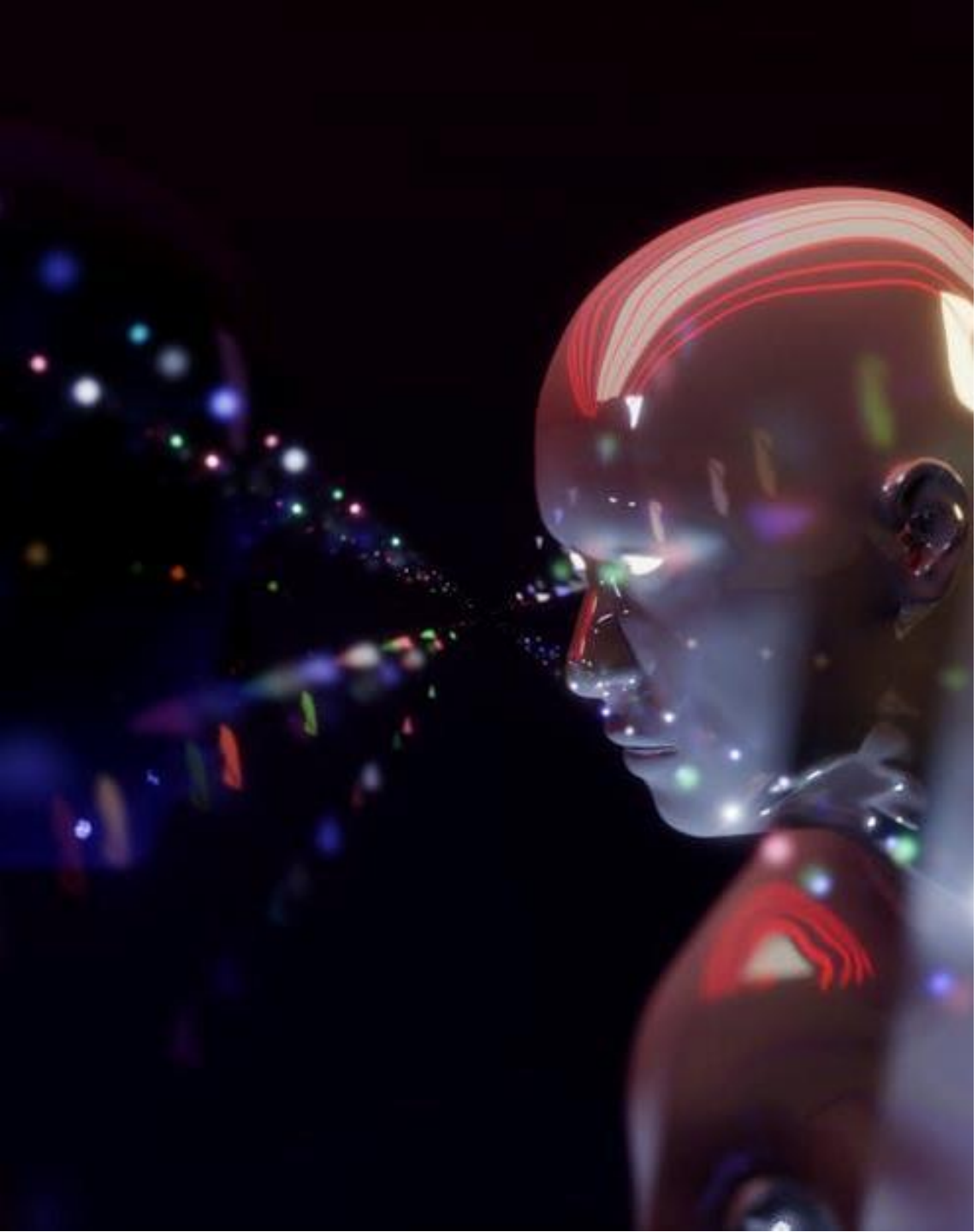
BEN JEEVES

ASSOCIATE CCIO

MAY 2024

AGENDA

- COMPELLING NEED FOR CHANGE
- DIGITAL AS AN ENABLER
- BARRIERS
- CLOSING



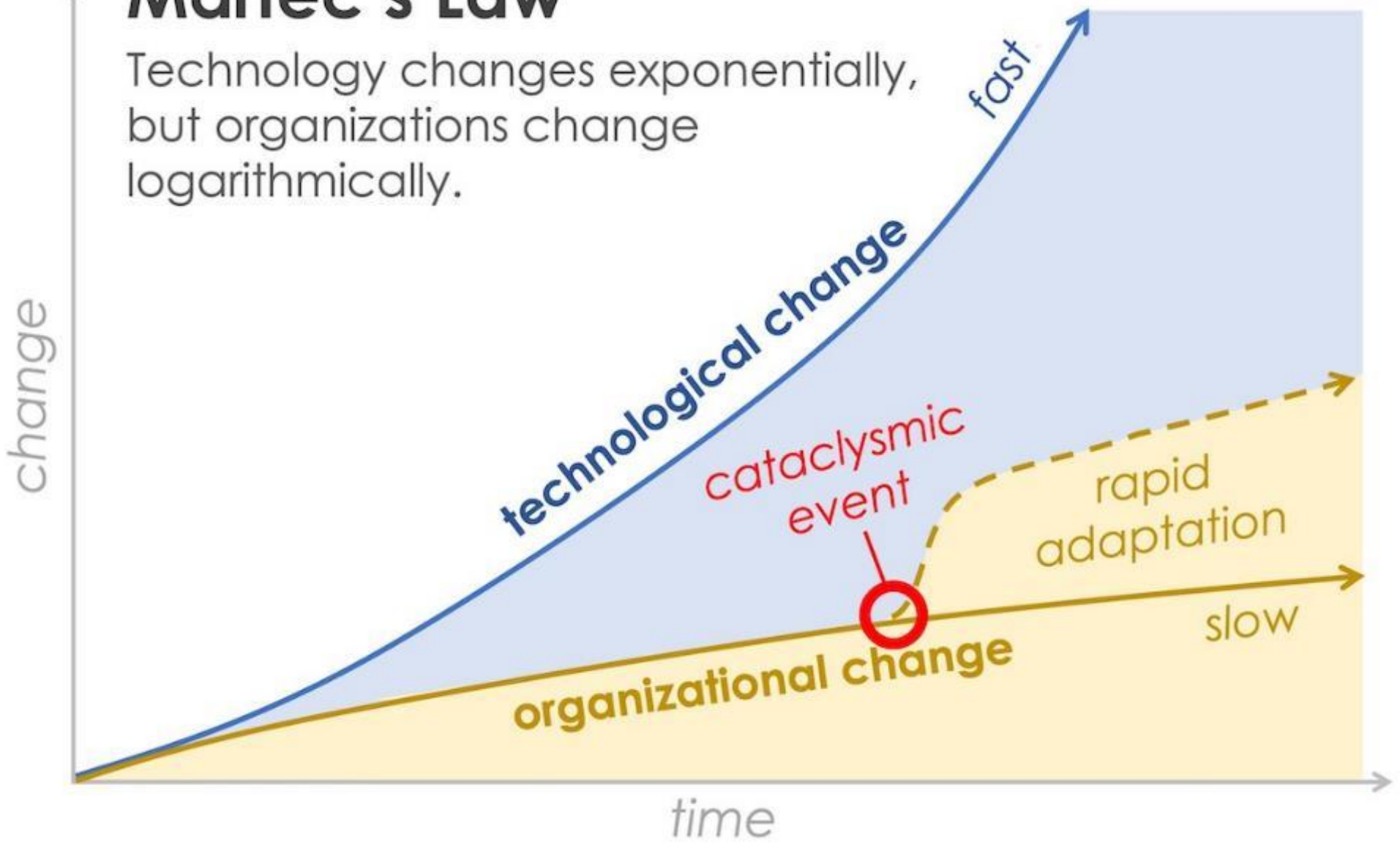
CHANGE

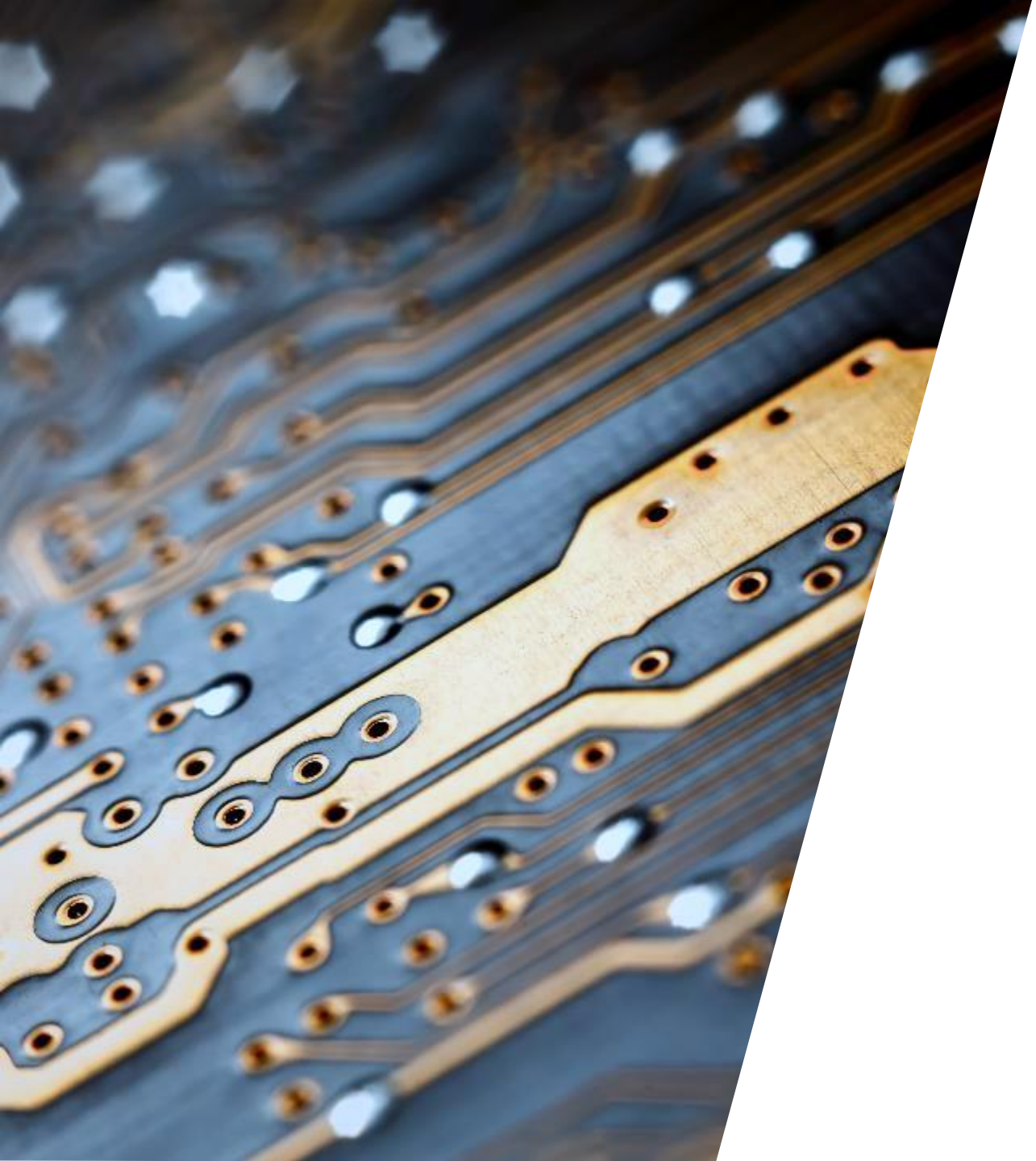
WHAT ABOUT CHANGE?

- THE CASE FOR CHANGE
- CHANGE IS INEVITABLE
- CHANGE IS ESSENTIAL
- THERE IS DIGITISATION
- THEN THERE IS DIGITAL TRANSFORMATION

Martec's Law

Technology changes exponentially, but organizations change logarithmically.



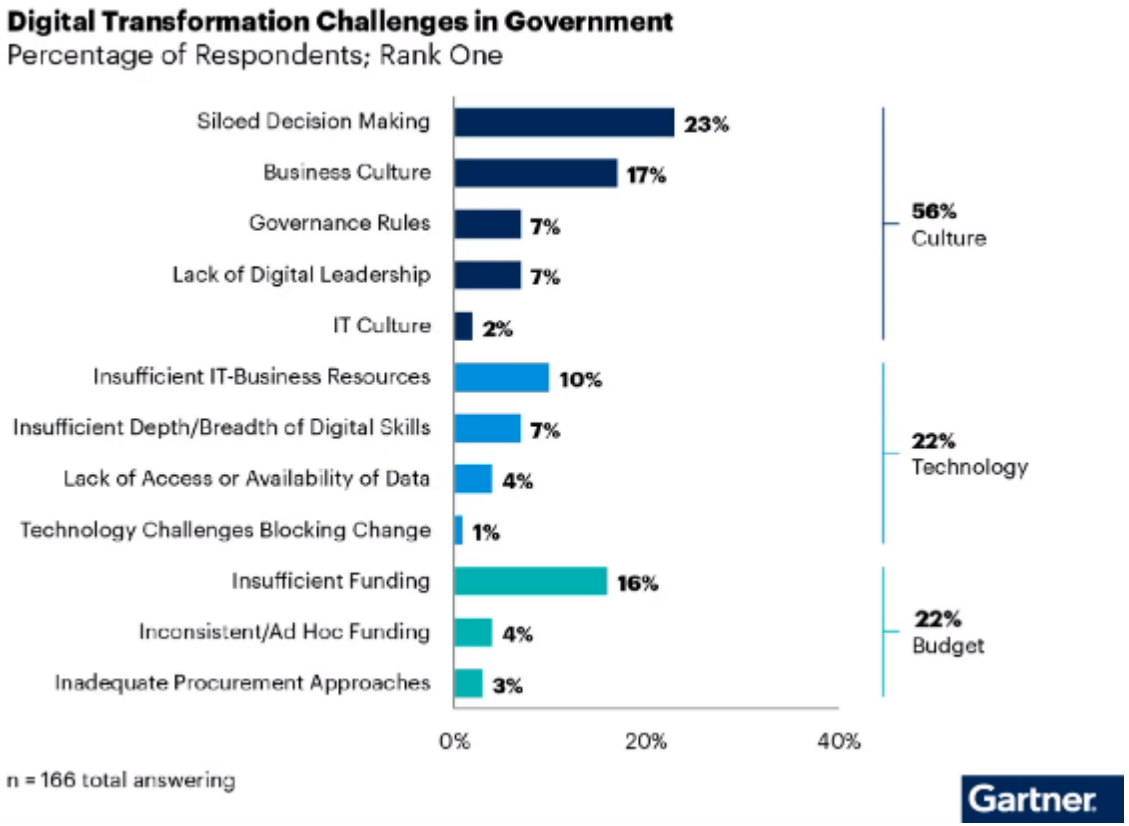


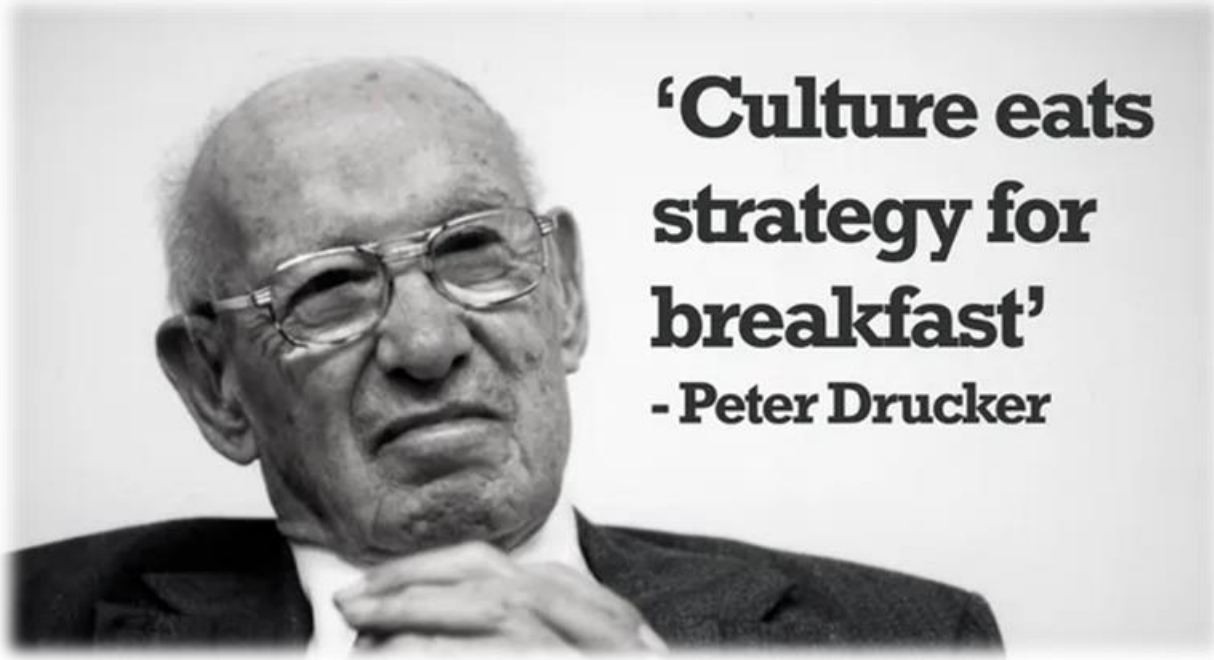
DIGITAL WILL ONLY GET YOU SO FAR

WHAT IS THE CITED FAILURE RATE?

BARRIERS TO CHANGE

READINESS FOR CHANGE





A CASE FOR CHANGE

A BLOG

CHANGE MANAGEMENT

ITS ALWAYS PEOPLE

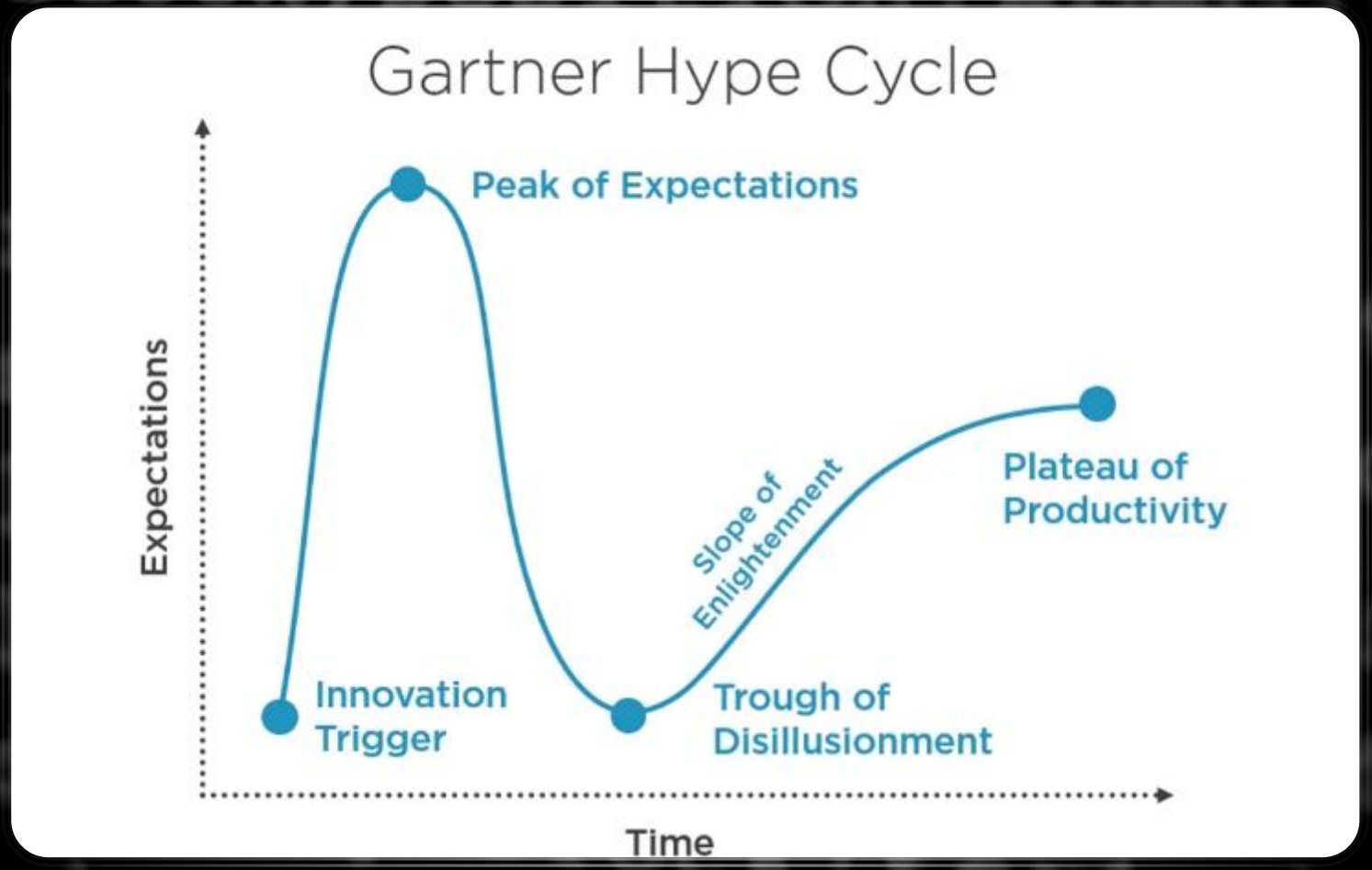
Challenge No. 2: Risk-averse culture

Cultures that resist change are particularly common among frontline and service delivery workforces, which are often risk-averse and see no benefit in making changes to what they perceive as tried-and-true practices.

In this environment, a CIO driving a technology-led transformation faces a particularly acute challenge. To succeed, align your **digital transformation** programs with business outcomes and make organizational change the core element of such programs.

Gartner

MANAGE PEOPLE
MORE THAN THE TECH



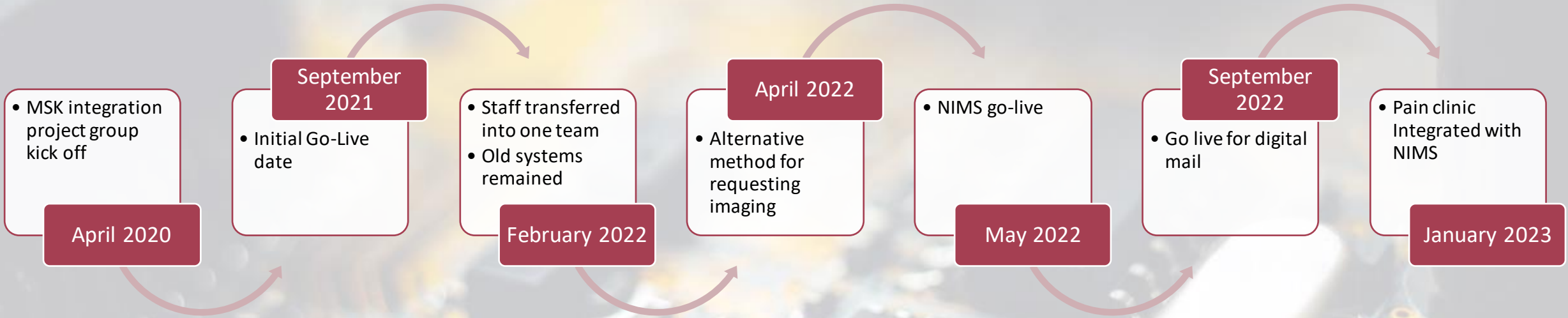
AN EXAMPLE

M S K

WHAT DID WE HAVE?

- North Staffordshire and Stoke-on-Trent
- IMPACT (Interdisciplinary Musculoskeletal Pain Assessment Community Team) Pain Service
- Musculoskeletal Interface Service (MIS)
- Physiotherapy service
- Podiatry service
- Multiple pathways/ entries for MSK care
- Duplication
- Inefficiency
- Multiple systems (7 clinically related systems)

TIMELINE


• MSK integration project group kick off
April 2020
September 2021
• Initial Go-Live date
• Staff transferred into one team
• Old systems remained
February 2022
April 2022
• Alternative method for requesting imaging
• NIMS go-live
May 2022
September 2022
• Go live for digital mail
• Pain clinic Integrated with NIMS
January 2023

WHAT DO WE HAVE NOW?

- A single point of access
- 6 systems
- Digital mail solution
- Less admin burden
- Less appointments needed?
- Some co-located clinics

- We still have duplication
- We still have inefficient pathways
- We have not yet fully realised benefits of integration
- Not all clinicians are co-located
- We have an ongoing need for change

LESSONS LEARNED

- Communication
- Colleagues didn’t feel ready
- People forget
- You don’t always need new tech


Always leave things better than you found them, especially people.
DR HENRY CLOUD

SO HOW CAN THE CHALLENGES OF INTEGRATING HEALTHCARE BE EFFECTIVELY ADDRESSED BY DIGITAL?

THANK YOU

ben.jeeves@mpft.nhs.uk

@bjeeves

Speaking Now…

Sophie Hodges
Lead Data Engineer
The Health Economics Unit

STAR with patients, carers, clinicians and system leaders to help make resourcing decisions across an ICS

Convenzis – Integrating Care Conference

16th May 2024

Sophie Hodges, Lead Data Engineer, Health Economics Unit

Hello, my name is Sophie

- Lead Data Engineer
  - Health Economics Unit, part of ML
  - Work with data scientists, economists, +++
  - Wide range of projects with various parts of health and care

- My background
  - Data
  - Project management
  - PHM
  - Analytics

NHS England

The Health Foundation

NHS Doncaster Clinical Commissioning Group

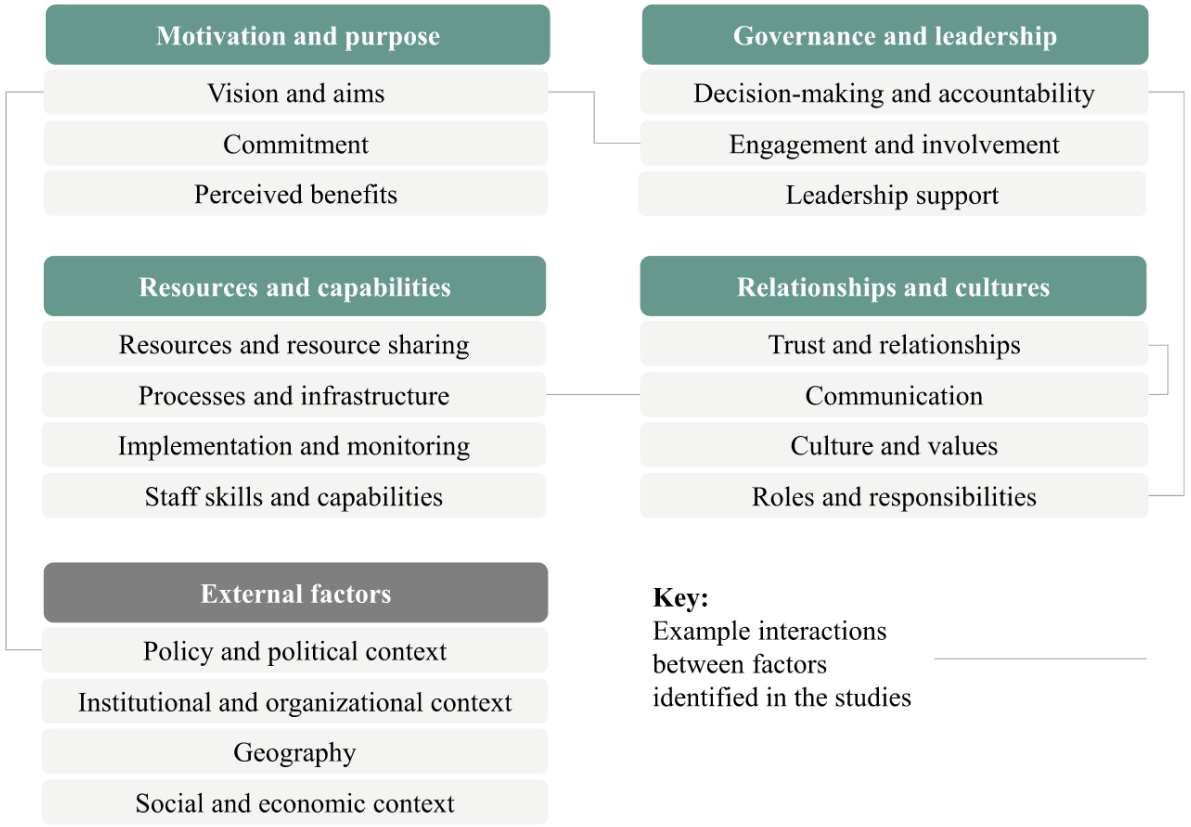
Health Economics Unit

NHS
Midlands and Lancashire
Commissioning Support Unit

The challenge

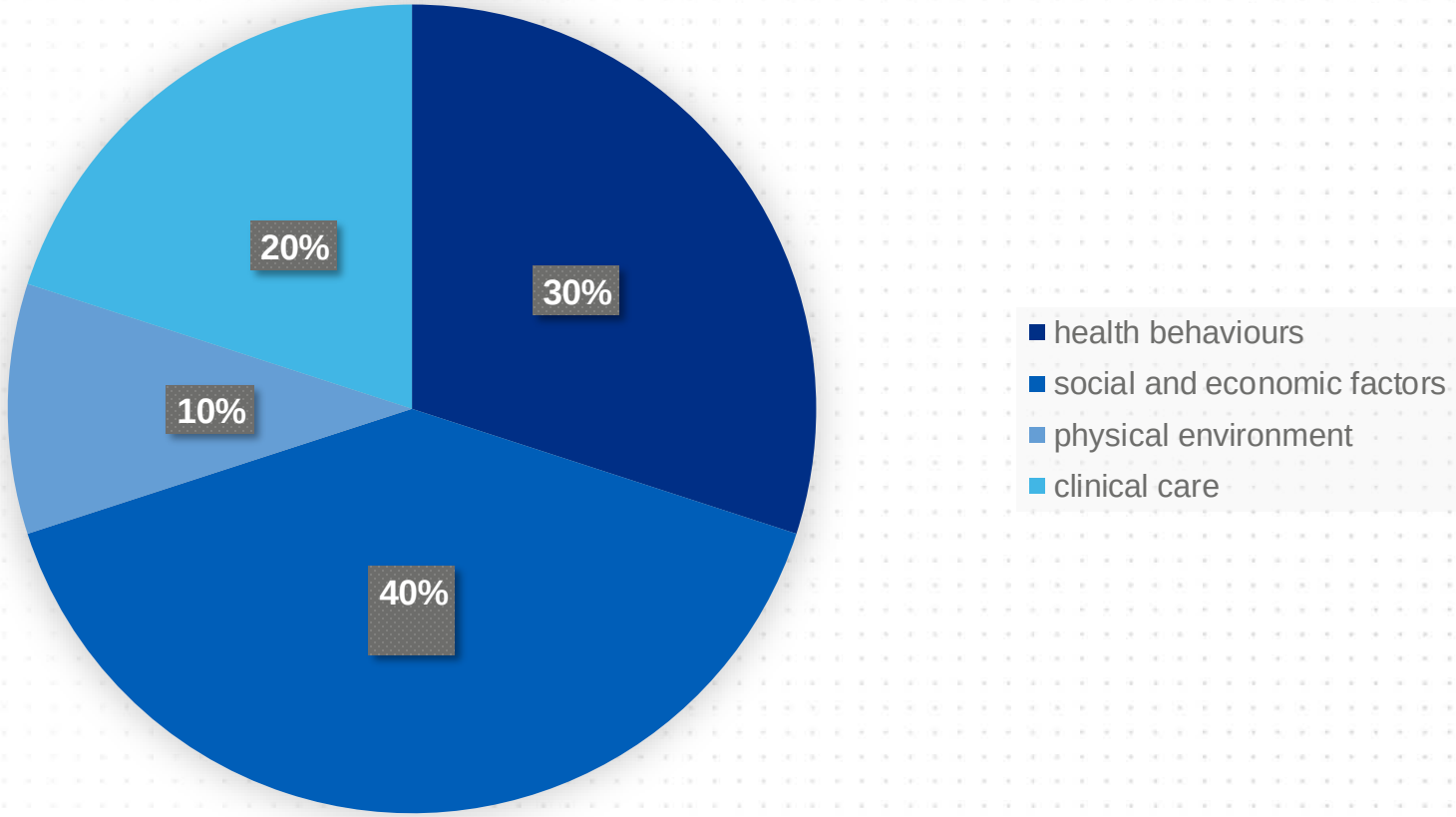
Why do we need MCDA and STAR?

System working is hard



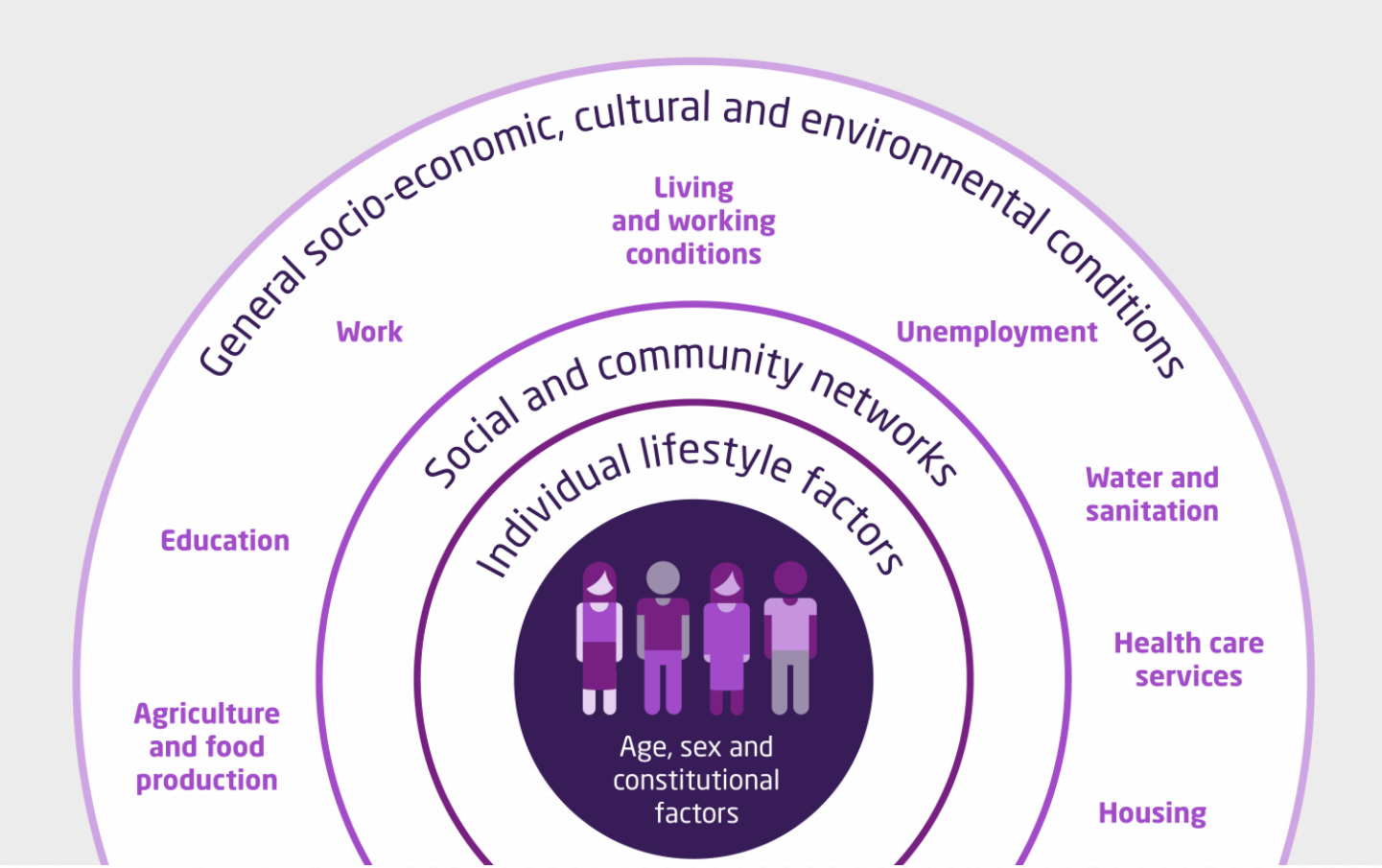
Alderwick, H., Hutchings, A., Briggs, A. *et al*. The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health* **21,** 753 (2021). https://doi.org/10.1186/s12889-021-10630-1

Modifiable determinants all contribute to outcomes



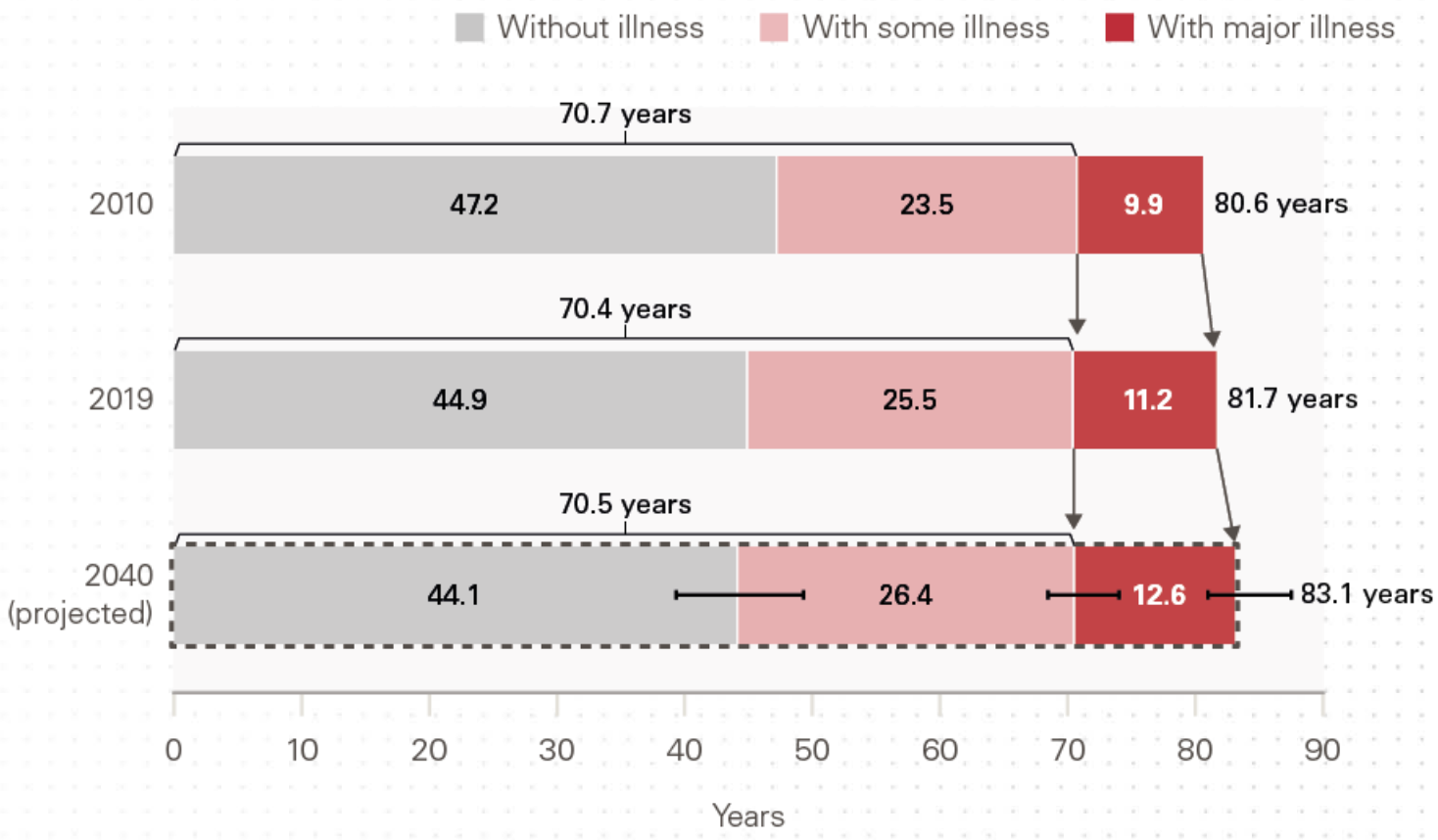
Hood CM, Gennuso KP, Swain GR, Catlin BB. County health rankings: relationships between determinant factors and health outcomes. *Am J Prev Med* 2016; 50: 129–135. https://doi.org/10.1016/j.amepre.2015.08.024.

Data and evidence quality is unequal



Dahlgren G, Whitehead M 1993

Moving targets



Watt T, Raymond A, Rachet-Jacquet L, Head A, Kypridemos C, Kelly E, Charlesworth A. Health in 2040: projected patterns of illness in England. The Health Foundation; 2023 (https://doi.org/10.37829/HF-2023-RC03).

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Measuring efficiency

What are the types of efficiency and how can understanding them help make better decisions?

Types of efficiency – party edition

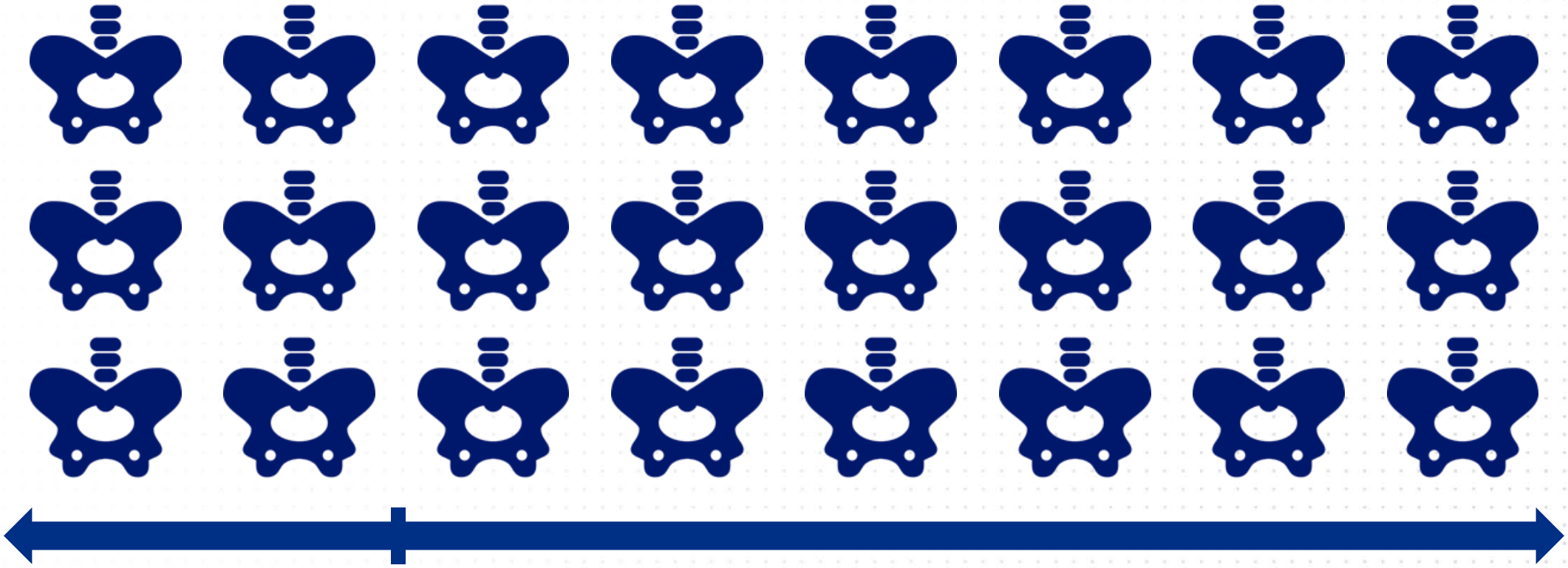
Technical efficiency – **doing things right**

Types of efficiency – party edition

Technical efficiency – **doing things right**

Allocative efficiency – **doing the right things**

Efficiencies in healthcare



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STAR

Socio-Technical Allocation of Resources, an approach rooted in Multi-criteria Decision Analysis (MCDA)

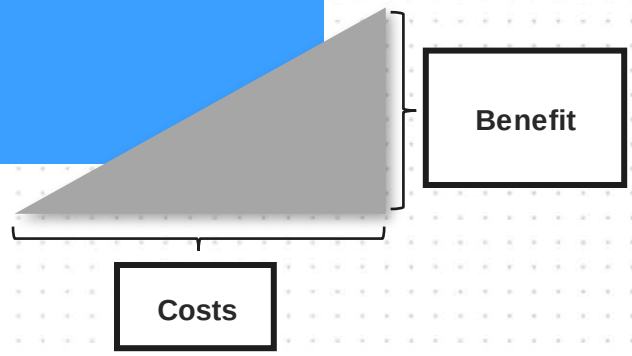
Socio-Technical Allocation of Resources

'Socio' part

The social process entails engaging local, key stakeholders (including patients, clinicians, and managers) to reach consensus about the best way forward. This is done with the help of an impartial facilitator in 'decision conferences.

'Technical' part

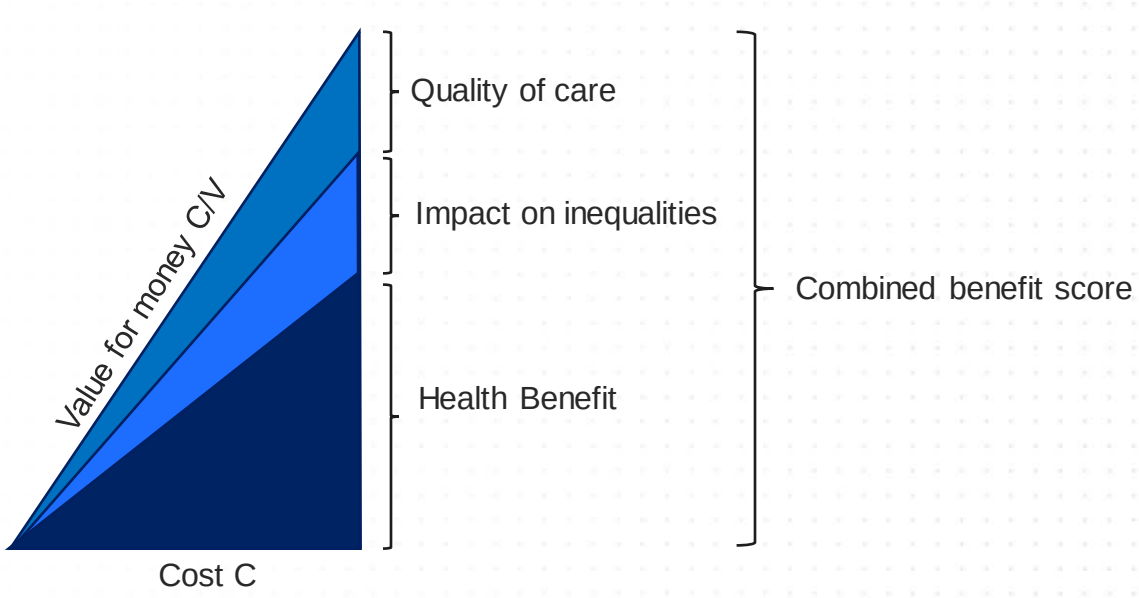
The technical process entails building visual models of the decision problem at hand. These models combine the best available data with stakeholders' views on multiple criteria to help determine the best way forward.

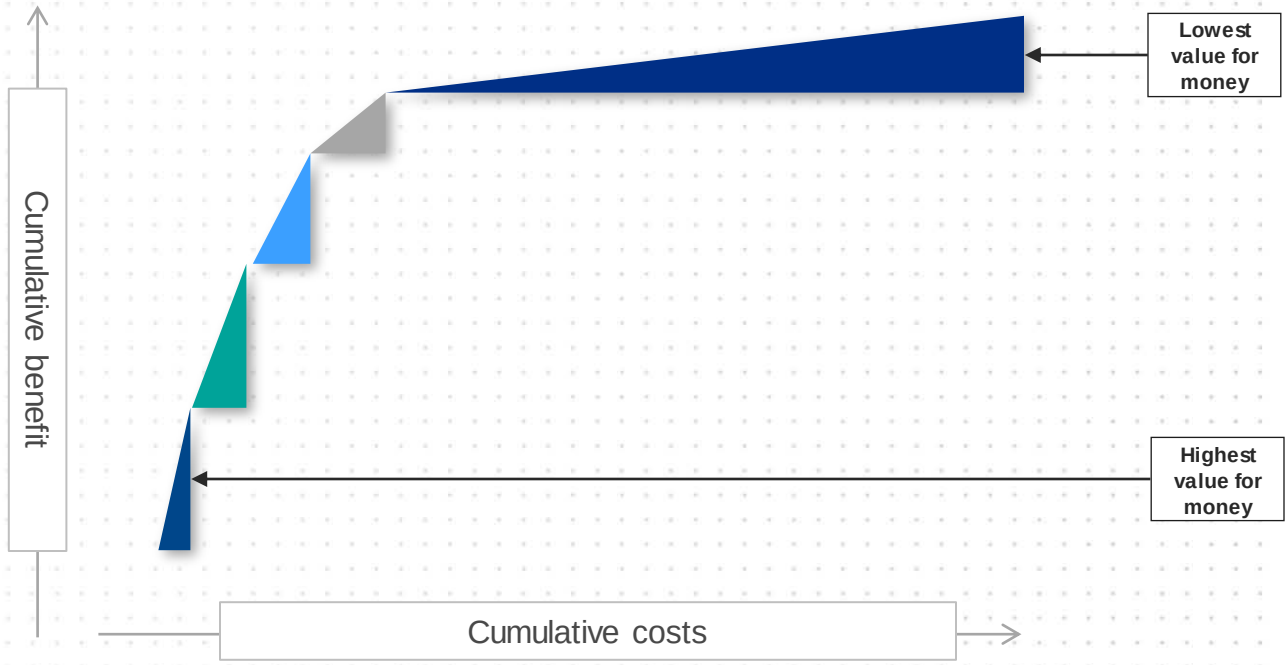


General approach to socio-technical projects

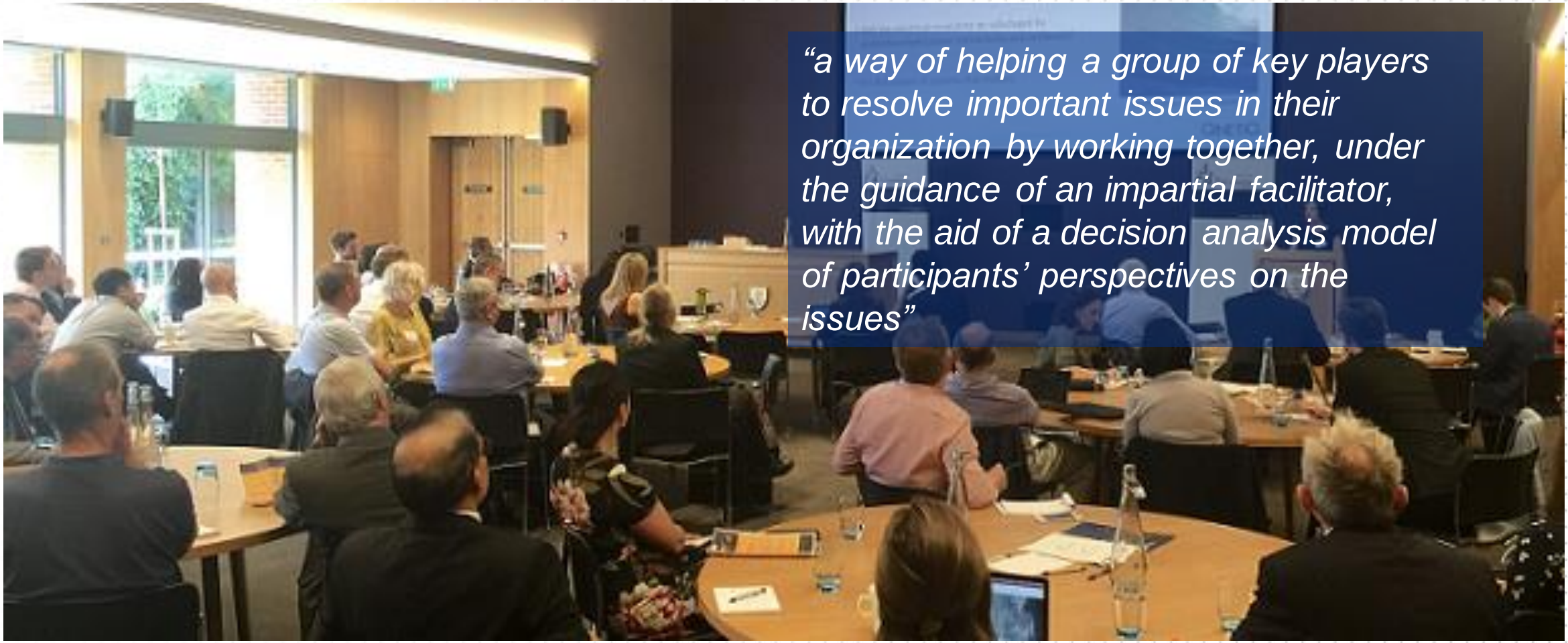
PHE prioritisation guidance, LSE MCDA guide, ISPOR MCDA emerging practice

Visualisations: efficiency frontiers



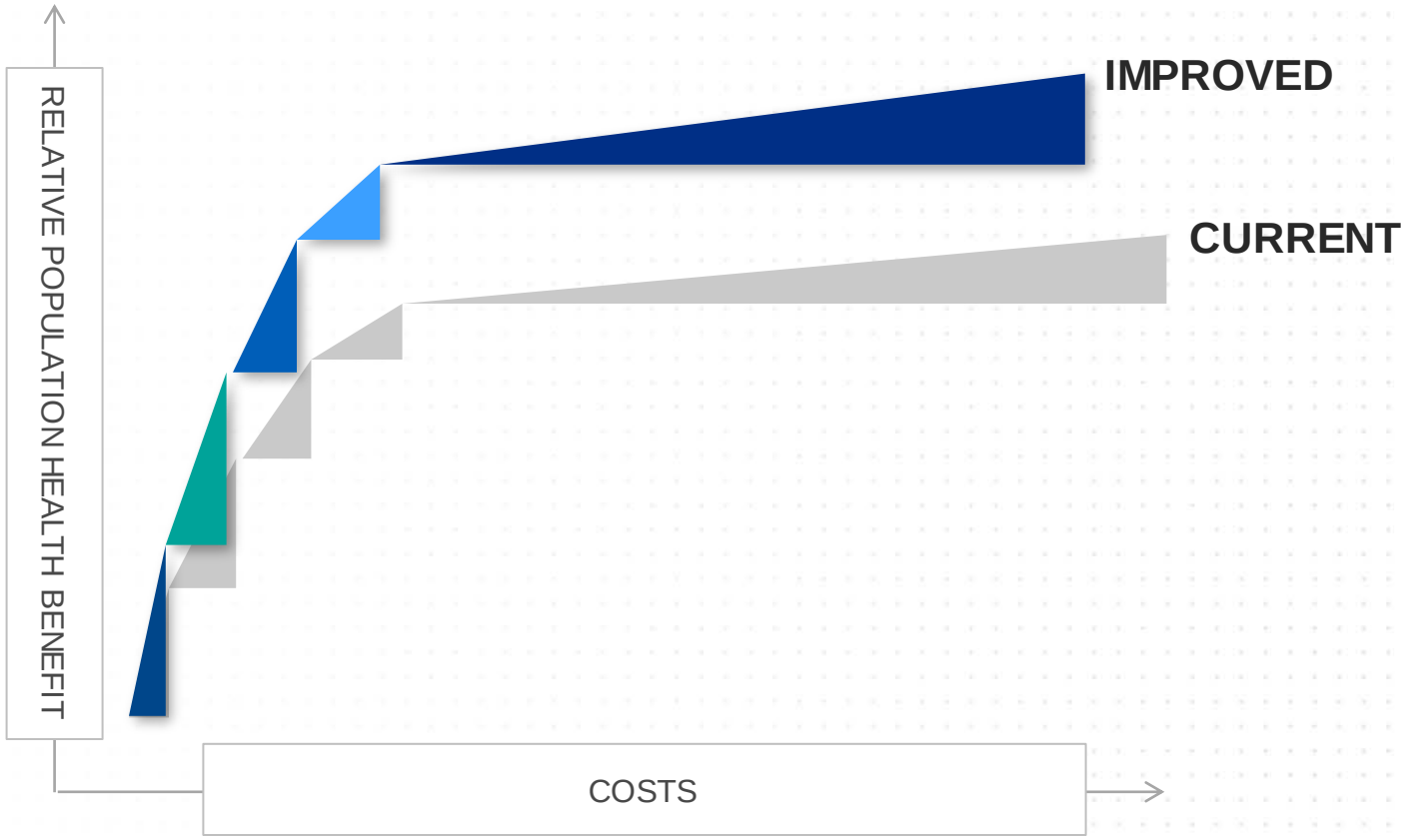


Decision conferences

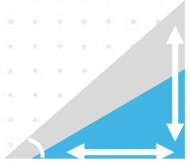


Phillips, L. D. (2007). Decision conferencing. In W. Edwards, R. F. Miles, & D. von Winterfeldt (Eds.), *Advances in Decision Analysis: From Foundations to Applications*. Cambridge University Press.

Improving the efficiency frontier



Changing the size - *Doing more or less*



Changing the shape - *Doing things differently*

New - *New interventions*

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STAR programme for COPD in 5 ICSs

COPD STAR Programme

We worked with 5 ICSs on their entire COPD pathways:

Collected data and evidence on the pathway:

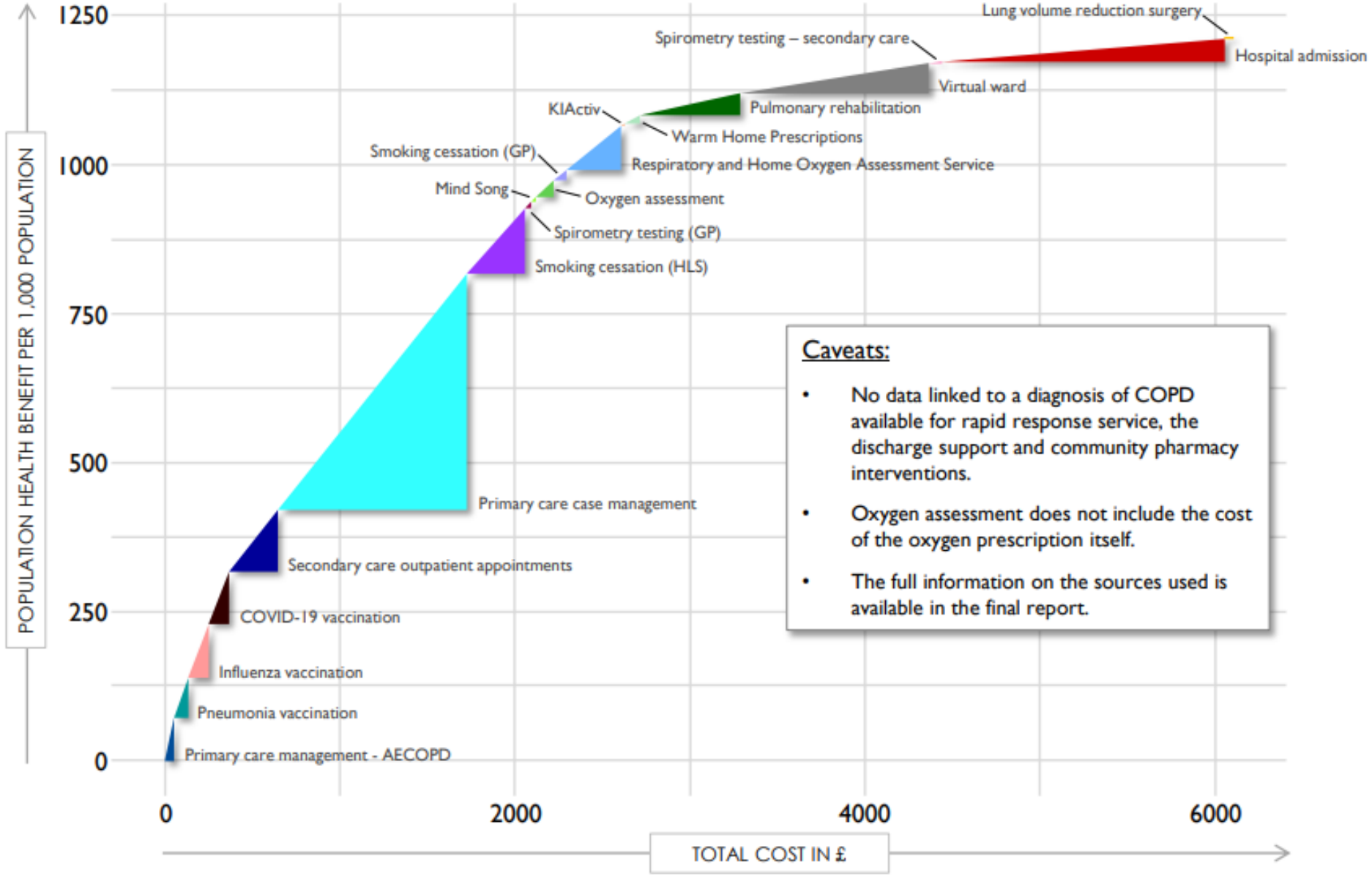
- >**500** COPD patients completed a preferences survey
- >**64** publications were part of the literature review
- >**100** data points were collected looking at costs, activity and health gain.

Collaborative workshops to value the pathway and identify improvements:

- ~100 attendees contributed to **10 in-person workshops**
- Attendees included patients, COPD clinical specialists, public health, finance, informatics, analysts and transformation managers.

Model pathway improvements in terms of costs and population health:

- **70** pathway improvements were modelled using STAR approach.
- **Five** pathway improvements per ICS were recommended for implementation due to the modelled cost and population health gain.



	PRIMARY PREVENTION	SECONDARY PREVENTION/DIAGNOSIS	STABLE MANAGEMENT	TERTIARY PREVENTION	MANAGEMENT OF ACUTE EXACERBATIONS
% of total spend	6.7%	8.3%	27.4%	12.4%	45.2%
% of pop health gain	10.5%	22.6%	47.4%	6%	13.5%

The pathway improvements identified by priority area

More proactive and earlier interventions in primary care

- Psychological support for patients
- Multi-professional team (MPT) management of patients
- Increase uptake of pneumonia vaccinations
- Proactive case finding

Creation of a tobacco prevention and treatment alliance

- Increasing uptake of smoking cessation services
- Vaping as a harm reduction pilot
- Very brief advice for tobacco dependency

Enhancing the role of social prescribing and awareness of services

- Avoiding fuel poverty
- Improving pulmonary rehabilitation services
- Improving uptake to Mindsong and KiActiv

Managing acute exacerbations more efficiently

- More effective use of the virtual ward
- Acute assessment hubs for emergency attendance avoidance

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Lessons learned along the way

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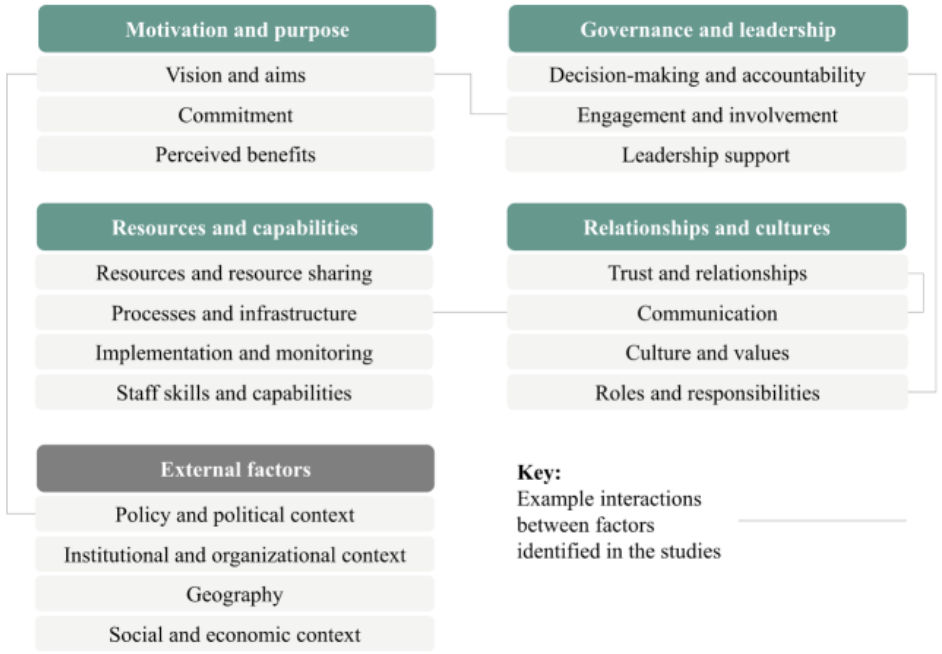
System working is hard



- A decision framework can provide structure to support system working
- Decision conferencing allows for consensus and collective decision making

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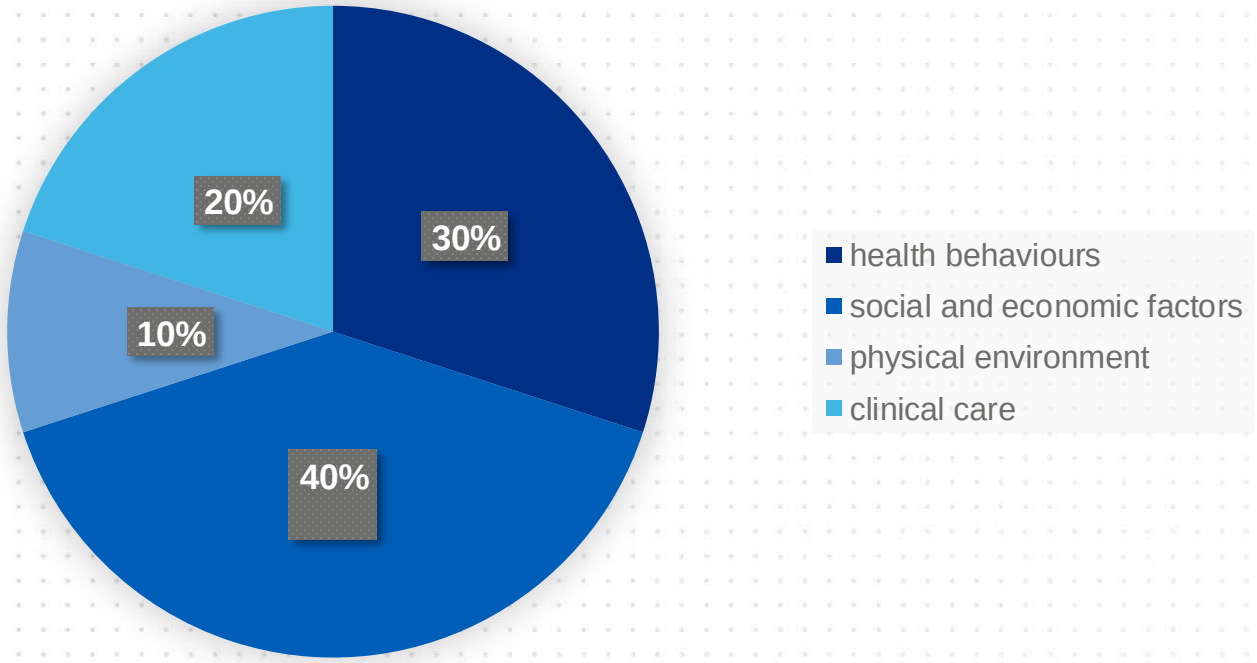
Modifiable determinants all contribute to outcomes



- Incorporate entire pathways from prevention to end of life care.
- Decisions are influenced by those in the room – so get the right people in the room that equally represent all important areas

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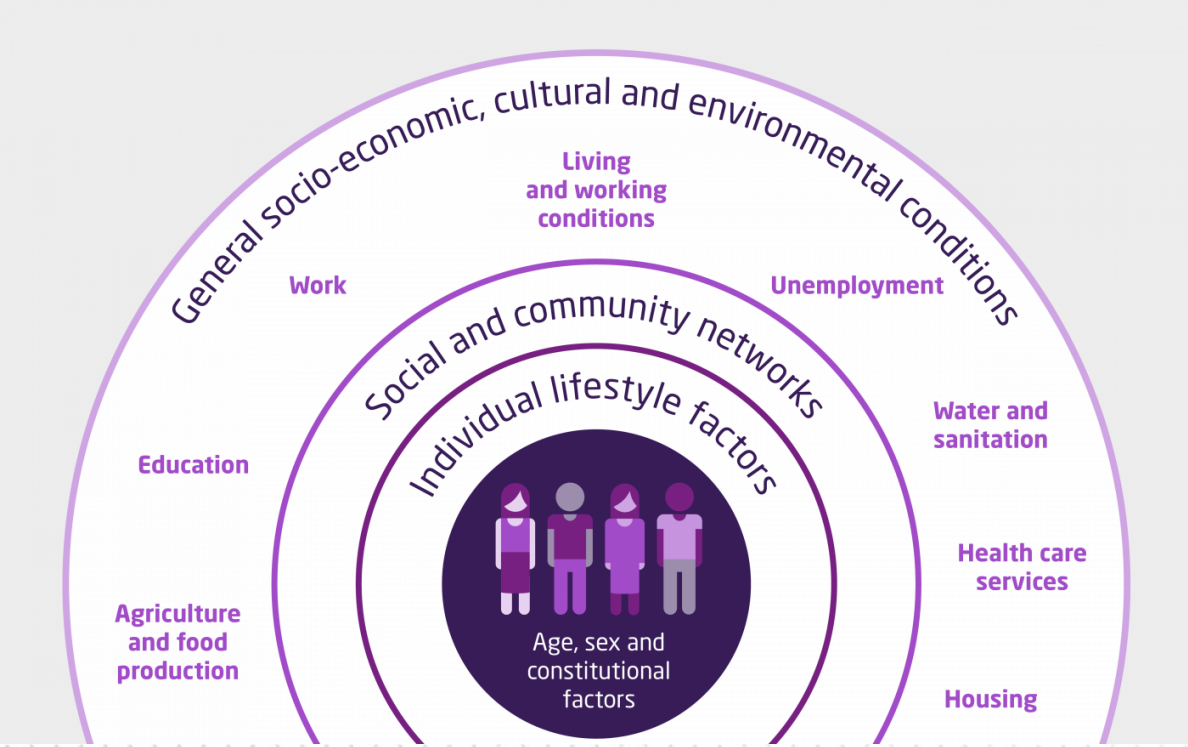
Data and evidence quality is unequal



- The absence of data and evidence is not a complete barrier.
- Patient input is vital.

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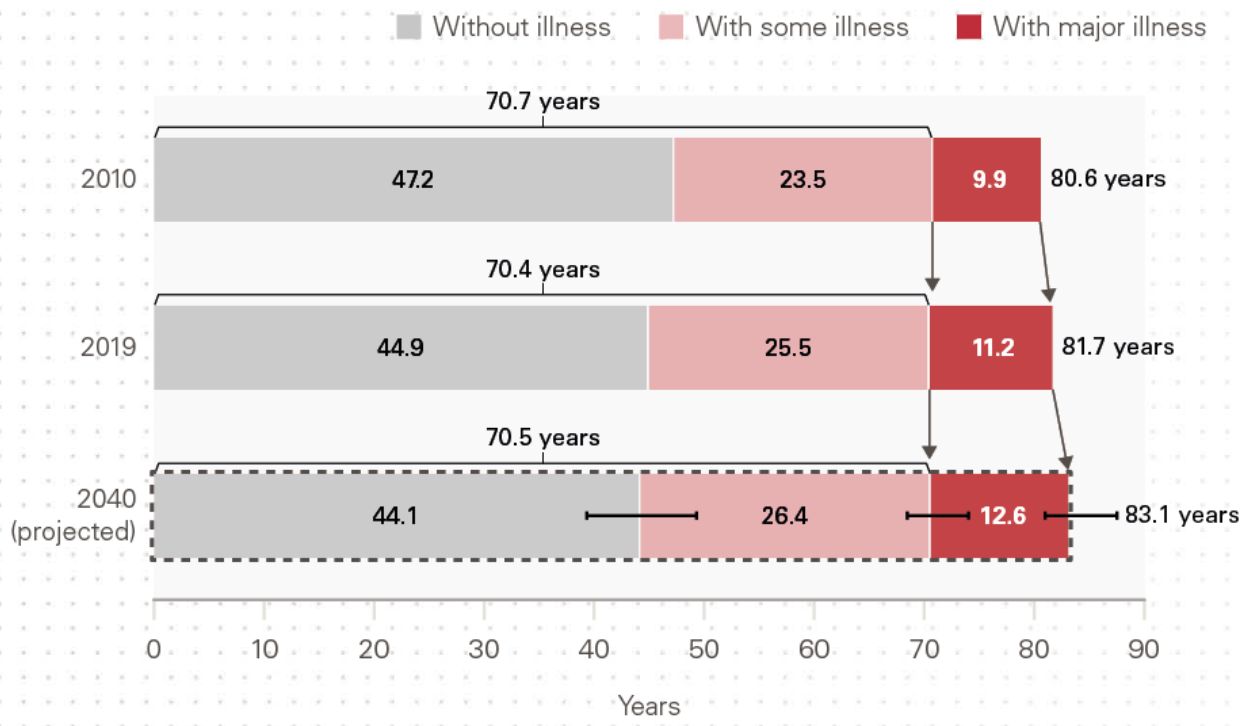
Moving targets



- Aim for progress and not perfection.
- Come back to these approaches regularly.

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Any questions?

I hope you enjoyed this session!

sophie.hodges5@nhs.net

https://healtheconomicsunit.nhs.uk/

Human Elements of Integration: Activating Communities for enhanced outcomes discussion

Taps Mtemachani
Director of Transformation and Partnership
NHS Black Country ICB

Dr Ian Lawrence
Clinical Director for Integration | Chief Clinical Information Officer
Derbyshire Community Health services