

# STRATEGY FOR DIGITAL TRANSFORMATION

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# FOREWORD

Digital Transformation is a fundamental aspect of 21st Century healthcare. Benefits include improved citizen centered care, supporting health and care professionals whilst improving efficiencies within the system.

Digital is becoming increasingly recognised as an enabler to providing good quality care within the health and social care system. The NHS Long Term Plan (LTP) acknowledges healthcare is no exception to the technological revolution being experienced by modern life<sup>1</sup>.

The ambition of the Humber, Coast and Vale (HCV) Health and Care Partnership is to create a health and care system that supports everyone's health and wellbeing and that is there to help when people need it. In everything it does, the Partnership is helping people to: start well, live well and age well.



<sup>1</sup> [www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf)

# EXECUTIVE SUMMARY

The Humber, Coast and Vale Health and Care Partnership is a collaboration of twenty-eight (28) different health and care organisations, serving a population of 1.4 million people.

The aim of the Partnership is to develop a health and care system that enables people to start well, live well and age well. With this as a backdrop, the Partnership engaged South, Central and West Commissioning Support Unit (SCW) to facilitate developing a high level Partnership wide Digital Strategy that would identify a collective vision of the digital future for HCV maximising digital transformation opportunities.

1. Develop a high level strategic plan for health & care transformation enabled by digital technology.

2. Identify key principles and ambitions for digital transformation across Humber, Coast and Vale.

3. Create a strategy that will be clinically and citizen led, developing transformation of care, supported by identifying and confirming digital solutions.

The process would be inclusive and the work was to be delivered within three months. This meant that more specific tactical plans could not be developed. What was achieved are ten high level recommendations for digital transformation, supported by the citizens and care providers that frame the way forward for the next three to five years.

## Recommendations:

1. Conduct a review of the Governance and Leadership structures in play across the Partnership to reduce complexity and to increase transparency and accountability.
2. Establish and recruit a Chief Digital and Transformation Officer for the Partnership to provide oversight and accountability of a digital road map.
3. Appoint a CCIO and CNIO as champions in the Partnership to re-imagine clinical pathways and align digital enablers to support new models of care in line with the NHS Long Term Plan.
4. Adopt the mind-set of “One system for all” – whereby there is a regional consensus to a consistent approach with enabling architecture and technologies/platforms.
5. Agree on priorities for digital transformation, clarify with all stakeholders, and allocate resources for successful delivery.



6. Develop a business architecture map that includes the macro-population health needs as well as the micro-organisational level needs
7. Create a cost analysis of all the digital plans across the Partnership
8. Adopt HIMSS Continuity of Care Maturity Model for measuring digital adoption across the Partnership
9. Implement a Balanced Scorecard approach that will bring all operational plans and high level goals into one easily comprehensible snapshot to track progress
10. Develop a comprehensive and consistent communication and engagement strategy to celebrate what is being achieved through digitally enabled transformation and provide an explicit open and transparent feedback mechanism.

It is estimated that implementing the above recommendations would take three to five years. The Partnership is currently developing its own Long Term Plan, due to be published in late 2019. This provides a wonderful opportunity of integrating a Digital Strategy which is aligned with the wider Partnership ambitions.

Humber, Coast and Vale are in a unique position to be a healthcare delivery exemplar. The ingredients are there with the joint efforts from Trusts, GP Practices, Local Authorities, and Social Care teams. Combined with the efforts from existing initiatives, such as the Yorkshire and Humber Care Record (YHCR), this has created a culture that wants to use innovation and technology with a desire to meet the aspirations articulated in the many published reports.

The critical factor of any Digital Strategy is that success is dependent on the culture change that is incorporated to enable digital solutions to achieve the outcomes expected. The challenge for the Partnership will be creating shared trust across the twenty-eight (28) organisations and putting the system, local community and citizen needs above individual organisational needs. The participants that engaged with this process clearly demonstrated the knowledge and skills to make that happen.

**It is recognised that there will be elements of this Digital Strategy which will be more applicable to certain areas of the health and care sector than other areas. However, this document is intended to act as a platform for the widest audience possible across Humber, Coast and Vale Health and Care Partnership. This includes the wider landscape outside of health and social care, including local authorities, charities, social enterprises and the wider community.**

The ambitions and outcomes we have presented below from the engagement process may require a few additions, however they do represent the key points we gathered from stakeholders we had the privilege of speaking with.

#### **Desired Ambitions and Outcomes for HCV:**

- Information Technology infrastructure that supports the solutions and sharing of data across the region – the right devices, network connectivity to deliver services that works
- The appropriate information is accessible and shared across organisations in a secure way to enable high quality, safe care
- Everyone who works within HCV will be digitally literate and able to use digital solutions effectively in their day-to-day work
- Citizens living in HCV will be able to view and contribute to their own health and wellness records wherever they may be
- Citizens will accept they have a shared responsibility to create a healthy community
- HCV will manage resources (human, financial) sustainably
- HCV will be a system that supports and enables digital innovation.

It will be through courageous leadership, collaboration and compromise that the vision and ambitions of this Digital Strategy will be delivered.

# HUMBER, COAST AND VALE PARTNERSHIP: A SNAPSHOT

## POPULATION

Humber, Coast and Vale has a population of **1.4 MILLION**



Humber, Coast and Vale is made up of **28 ORGANISATIONS**



**23%** of the population lives in the most deprived areas of England. There is also a high proportion of the population living in extremely rural and isolated areas.

**8.9%** of the population is aged over 75+



## SYSTEM USE

**27%** of people who saw a GP could have had their issues resolved another way



**36%** of A&E visits due to unavailability of GP staff



**40%** of patients visiting A&E required no treatment



**51%** of people could not get an appointment with a GP on their preferred day



## BUDGET

If no transformational changes take place, Humber, Coast and Vale will have a budget deficit of at least **£420 MILLION** by 2020/21



Bed days lost each month due to people in hospital beds being stuck there longer than they need to be: **4000 DAYS**



## DISEASE

**14%** of people aged 16-24 have mental health disorders



**CANCER** is the leading cause of death in under 75's



Cancer kills over **4,000 PEOPLE A YEAR**, with lung cancer being the biggest contributor



**SMOKING, ALCOHOL ABUSE AND OBESITY RATES** are higher than the national average



## LIFE EXPECTANCY

Significant variations:



In the UK the population over 75 as a whole in 2017 was 5.6%. This is expected to rise to **9.3% by 2036**



The city of Kingston-Upon-Hull was the local authority with the highest ASMR (Age Standardised Mortality Rate) in England in 2017



**LOWEST**  
London  
528.6 deaths



**HIGHEST**  
Kingston-Upon-Hull  
1,345.8 deaths

# VISION FOR DIGITAL TRANSFORMATION IN HUMBER, COAST AND VALE

## HUMBER, COAST AND VALE VISION – START WELL, LIVE WELL, AGE WELL

The Humber Coast and Vale Partnership provides excellence in healthcare delivery focusing on healthy lives for citizens with care providers harnessing the innovative use of digital solutions that enables information to be accessed by the right people at the right time in the right place.

PRINCIPLES	PEOPLE FIRST	INTEROPERABILITY AND SHARING	ONE SYSTEM (SIMPLIFY)	EDUCATION AND LEARNING	PRESERVE TRUST AND PROTECT DATA	CLINICIAN AND CITIZEN DESIGNED SOLUTIONS
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STRATEGIC DIRECTION	Work with citizens and partners to develop digital solutions that are responsive to the health and care needs of the community	Optimise asset and resource use to balance system needs and organisational priorities	Optimise the use of real time data to drive population health management and professional expertise to continuously improve quality and safety	Ensure robust infrastructure is in place to support current and future digital organisations	Lead change management through the inclusion of citizens and employees in learning new digital solutions, decommissioning old processes so citizens and the workforce can confidently use digital health technologies to deliver health and care
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STRATEGIC PRIORITIES	Ensure citizen involvement on decision making Boards	Conduct a gap analysis on current major systems in acute facilities	Conduct assessment of devices and fund to have all devices updated and fit for purpose	Ensure systems meet Cyber Essentials requirements
	Appoint a Chief Digital and Transformation Officer	Review board and committee structures to enable effective participation and timely decision making	Adopt HIMSS CCMM as model to progress the Partnership	Develop a five year finance plan for digital investments

HEADLINE MEASURES OF SUCCESS	<p>2019 – Decision making boards/committees for digital will be restructured to ensure the right people for decision making are members to deliver plans. Recommended size be min 9 – max 15</p> <p>2019 – CD&amp;TO in place overseeing the digital strategy and plans for the Partnership</p> <p>2020 – Citizen participation in the design and decision making</p> <p>2020 - Plan in place to ensure end devices are refreshed with the ability to support applications and work processes</p> <p>2020 – A plan is in place that maps how paper/fax machines will be eliminated from use by 2020 – Progress will be tracked using a Balanced Scorecard</p> <p>2021 – 30% of follow up appointments will be done using virtual consultation</p> <p>2022 – Clinicians have access to core applications using a single sign-on approach (card, proximity reader) to support ease of patient/work flow</p> <p>2023 – Citizens can access their health information on portable devices</p> <p>2024 – Majority (75%) of clinical activities are supported by digital platforms</p>
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## VISION

Humber, Coast and Vale Health and Care Partnership will create a better user experience by delivering excellent healthcare that supports healthy living for citizens and care providers in digitally connected communities.

This can be achieved by harnessing innovative uses of digital solutions which are sustainable and have the ability to evolve with changing needs and the digitisation of healthcare.

A Digital Strategy is first and foremost about people and processes. Digital solutions can enable innovation in processes but this must be accomplished with people at the heart of the change.

An effective Digital Strategy ensures that people are at the core and the strategy is as much about change management as it is about the digital solutions that can support changes to improve user experience and business efficiency.

Working with clinicians and developing new patient pathways of care that streamline processes, optimise efficiency, and work to eliminate gaps should drive digital decisions. This is collaborative work, and if done well should create a sense of discomfort as people are changing some long held behaviors and working practices. That is not to say, all things change, however we heard many experiences from public engagement activities that would provide a good start.

Throughout SCW's engagement, it was encouraging to see the commitment and care individuals demonstrated, all with the intention of doing the right thing for people and their organisations.

Incorporating more opportunities to build trust across agencies and channeling that commitment to help focus on the broader system view could create more opportunity to build a more seamless care delivery model (which includes acute care, social care, local authorities) for the citizen. This level of leadership requires the focus of the right people at the table to help coordinate all the moving parts that are happening at the micro (organisational level) as well as at the macro (system level).

By completing a cost analysis of existing digital initiatives across the Partnership, this will help to inform the development of a five year financial plan for digital investments across the Partnership.

Feedback provided indicated that improvements could be made by sharing regular updates and more transparency with stakeholders on progress.

One option would be to use the Balanced Scorecard (BSC) approach on a dashboard that incorporates system progress and could provide those interested with a one page view of tracking. It is a way to bring all operational plans and ambitions to one place to get a comprehensible snapshot. The digital performance indicators would be one theme on the BSC. Finance; Citizen/Local Authority perspectives and Processes could also be used with the operational plan performance indicators included.

To accompany this, adopting the Healthcare Information and Management System Society (HIMSS) Continuity of Care Maturity Model (CCMM) would be a best practice approach not only to provide a road map, but also as a way to have an objective assessment of the progress. As this is an internationally accepted model, the Partnership would not only gauge local progress, but could also position itself to be recognised internationally for meeting the various stages of this model.

Taking the feedback received and aligning it with the key areas of focus, a summary of the proposed vision, principles and strategic direction for Humber, Coast and Vale is presented on page 7.



# GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY TO DRIVE CHANGE

In the course of creating a Digital Strategy, it was observed as well as noted by stakeholders that there were many regional committees and boards containing over twenty (20) members.

Individuals were unclear as to how decisions were made, who held overall accountability for each decision, and how the activities were being coordinated and monitored.

It is important to be clear whether a group of people are gathering for information sharing purposes, or for impactful decision making. Research would suggest that between nine and twelve members is the optimal size for a committee, with fifteen being the maximum number to allow time for good debate, dialogue and exploration of the issues.

In addition, it would be useful to conduct a review of the membership of each committee. This would ensure the time and efforts of those allocated align with members capacities to participate and deliver the assigned targets. A review of the groups meeting and determining digital decisions should be undertaken by a Chief Digital and Transformation Officer (CDTO). This would ensure that the digital road map is being followed to confirm interoperability and best use of resources is being factored into the decisions. In addition with agreement reached across the multiple agencies/organisations, this role should be able to map all the initiatives and work with the digital players across the Partnership to ensure opportunities for reducing duplication are leveraged, and that digital decisions are being aligned to provide the best impact and efficient use of resources.

Also a Chief Nursing Information Officer (CNIO) and Chief Clinical Information Officer (CCIO) should be appointed and work with the CDTO to ensure the clinical care and patient pathway needs remain at the centre of the work. Clinical and citizen membership should be included in the format of the structure.

In our engagement with the public and internal Partnership staff, it was refreshing to see the commitment and desire of individuals to improve the citizen and care provider experience, as well as the linkages among the various agencies in the region.

Most of the current literature on healthcare innovation states that the design of future hospitals and community health facilities will need to be flexible and less capital intensive. This will mean multi-purpose areas that are adaptable to changing clinical practices. The NHS Long Term Plan cites information technology as a key driver to enable expanding “one stop shop” community health and delivering new mobile services for citizen care. Ninety-five (95) percent of the UK population uses a smartphone. Wearable devices and other technologies are offering citizens and clinicians new ways to deliver care. These disruptive technologies are delivering “anywhere healthcare” that can be personalised to the citizen. This is revolutionising the way services are delivered and transforming the relationship the public has with the traditional delivery model.

Humber, Coast and Vale Health and Care Partnership have a receptive environment to be leading in new models of care with enabling technology. What would move the region forward is a more pragmatic view of technology using a lens of collaboration, consolidation and simplification for all users. Whilst interoperability is important, too many systems create complexity which has higher risk and often greater cost in the long term. We recommend all players come together to evaluate and rethink the governance model and participation for decision-making, with the goal to leverage best practice and implement digital solutions for greatest impact – meaning simplify, reduce total cost of ownership of solutions, joint procurements and contract consolidations where possible.

## RESOURCES AND REDUCING SYSTEM COMPLEXITY

While implementing digital solutions over the long term can improve efficiencies, often those returns on investments can take up to ten years.

The primary purpose of the health and care system is to deliver front-line services to citizens. When the system is under multiple pressures including financial, geographical and workforce, this requires different ways of working.

All efforts to collaborate on systems, contracts and procurements to leverage any possible savings should be explored. There are a number of boards and committees in the region each purchasing and implementing technology and digital solutions. These plans should be brought together with the key owners having deep dive discussions on opportunities to work together.

During the engagement activities, participants expressed the need to simplify the systems. The public and many of the clinicians expressed that the various groups should be collaborating more and looking at opportunities where one system could be deployed for several users across the Partnership. This could be that systems are integrated such that the user interfaces have the same “look and feel” for the same tasks.

This would not only reduce the training impact on the end user, but also improve the quality and consistency of information being shared. The more fragmentation with different systems, generally the operational complexity increases. All efforts should be made to make things simple for citizens and care providers. This would mean facilitating the feasibility of the Partnership adopting one EPR for the acute care sites. This does not imply that a review of systems across the Partnership should not be undertaken. This piece of work should help inform opportunities to reduce complexity within the acute care sector, potential reduction in cost of delivery of EPRs, and ease the burden on those delivering care outside of the acute environment. An objective is to ensure that the social care and primary care providers who receive and access acute information can do so in a way that is seamless, and does not place additional digital resource requirements on those community providers.

Thinking about the citizen and clinician centered solutions - “one system for all” may be more advantageous when analysing the total cost of ownership of the current systems in place. The Partnership has a responsibility to lead in terms of minimising future financial pressures and making “life easy” for the end users. Multiple systems, trying to produce the same outcome may not be the most beneficial approach. The opportunity to partner and advance the digital agenda forward with this approach should provide a significant leap forward regarding digital maturity.

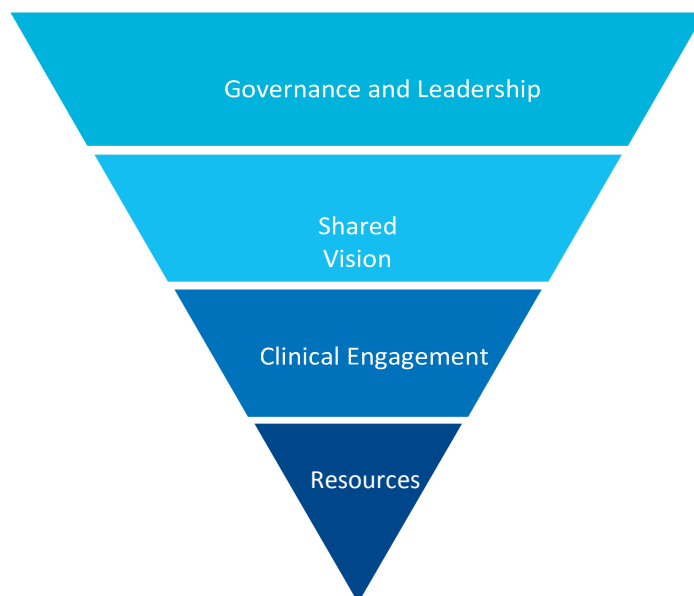
It should also be noted that the benefits of harnessing a more integrated digital transformation approach will reach wider than just the health and care system. Understanding employment data and how this relates to local population needs is just one example of potential wider economic benefits. This supports the importance of the Partnership to continue to work with local authorities and other organisations to leverage these broader drivers that create healthy and thriving communities.



# WHAT PEOPLE WANT FROM A DIGITAL STRATEGY

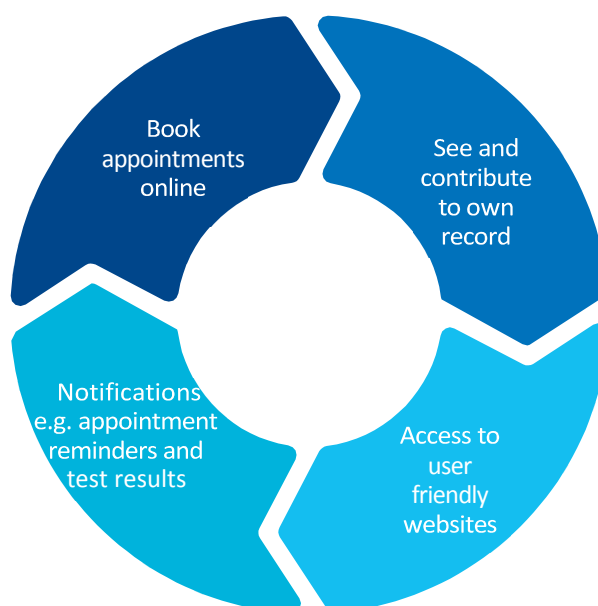
Below is a summary of the responses received when individuals were asked what were the most critical actions that would enable organisations in Humber, Coast and Vale to develop a shared leadership for an ambitious Digital Strategy.

## Actions To Enable Shared Leadership



As part of the public survey, participants were asked what technology would have the greatest impact on their ability to manage their health and wellbeing.

## Technologies To Manage Health and Wellbeing



In addition to the above, feedback regarding the actions that would have the greatest impact on improving citizen experiences were:

1. One system for all (people expressed wanting to have the experience of “one” system)
2. Shared Care Records
3. Interoperability (integrated approach where information/data can be shared across multiple agencies)
4. Personal health record for citizens.

In simple terms, both internal and external stakeholders want a system that is easy to use, the ability to find the information important to them and then for that information to flow easily across organisations and systems so it can be presented in a way that is useful for the end user. The end user experience whether you are a citizen, care provider, community service or administrator should be consistent and feel like one system. Below is a consolidation of the themes taken from a number of engagement events.



#### EXAMPLE

In one public focus group, a participant demonstrated how they had full access to managing their health remotely by booking appointments, receiving test results etc. all through their smartphone. This demonstrated the disparity in the room, as other participants were either not aware of the technology being available or were unsure how to use it. However, the clear consensus remained that all individuals desired the ability to manage their health using technology.



# STRATEGIC PRIORITIES AND CLINICAL PROGRAMMES OF FOCUS

The Humber, Coast and Vale 2019/20 operating plan<sup>2</sup> articulates the Partnership has six strategic priorities.

## HCV Strategic Priorities 2019/20



Supporting self-care and helping people to stay well



Integrating and improving 'out of hospital' care



Creating better hospital care



Improving services in clinical priority areas including cancer and mental health



Deploying resources effectively – workforce, IT, buildings and equipment



Making the most of every penny to deliver good quality local services within available funding

In order to deliver these priorities, a range of collaborative programmes are in place and outlined below.

## HCV Clinical Programmes of Focus



<sup>2</sup>[humbercoastandvale.org.uk/wp-content/uploads/2019/06/HCV-Operating-Plan-MASTER.pdf](https://humbercoastandvale.org.uk/wp-content/uploads/2019/06/HCV-Operating-Plan-MASTER.pdf)

A number of the above programmes are already working to deliver transformation across Humber, Coast and Vale at both local and regional level.

### Humber, Coast and Vale - How we work



# THE CHANGING LANDSCAPE

The importance of how digital can support service delivery in the NHS has now moved to the forefront of most discussions held and publications produced.

Chapter five of the NHS Long Term Plan (2019) describes how “Digitally-enabled care will go mainstream across the NHS”, and the subsequent Topol Review<sup>3</sup> “Preparing the healthcare workforce to deliver the digital future” notes that within twenty years, ninety (90) percent of all NHS jobs will require some element of digital skills.

Couple this with the Department for Health & Social Care (DHSC) policy document “The future of healthcare: our vision for digital, data and technology in health and care”<sup>4</sup> evidences the shift in importance to embedding a digital culture in the NHS. The NHS Long Term Plan Implementation Framework (June 2019)<sup>5</sup> outlines specific areas of focus for NHS organisations and how they will be monitored.

It is also expected to support increased population health management tools, making data driven decisions based on understanding the needs of the local population, as well as tackling wider health determinants (including access to technology and connectivity).

*“Systems should set out in their plans how they will increase the use of digital tools to transform how outpatient services are offered and provide more options for virtual outpatient appointments.*

*As part of this, systems should identify which specialties they intend to prioritise as they work towards removing the need for up to a third of face-to-face outpatient visits, reducing outpatient visits by 30 million a year nationally, and reducing the need for unnecessary patient and staff travel. Systems should also demonstrate in their plans how they will work with their CCGs and GP practices to deliver the commitments relevant to digital primary care set out in the NHS Operational Planning and Contracting Guidance 2019/20, GMS contract for 2019/20 and GMS contract framework.*

*This includes the delivery of an online consultation offer in each practice by April 2020 and a video consultation offer to all patients by April 2021. The programme of work to deliver digital first primary care is being finalised and by the end of July 2019, we will confirm the programme arrangements and process for managing targeted funding for health systems. Selected sites in each region will test and validate the approach to digital first primary care.*

*Together with NHSX we will support systems to develop and deliver their plans”.*

**(Section 2.25 and 2.26 of NHS LTP Implementation Framework)**

<sup>3</sup> Topol, Eric. The Topol Review: Preparing the Healthcare workforce to deliver the digital future. An independent report on behalf of the secretary of state for Health and Social Care. Feb. 2019

<sup>4</sup> [www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care](https://www.gov.uk/government/publications/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care/the-future-of-healthcare-our-vision-for-digital-data-and-technology-in-health-and-care)

<sup>5</sup> [www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/06/long-term-plan-implementation-framework-v1.pdf)

There is a clear acknowledgment that the system must get the basics right. This refers to the underlying digital architecture of the health and care system being recognised as the critical building blocks to safe and successful adoption of technology.

Another key area of focus is interoperability – that is the ability for systems, people, geographies, and organisations to share information to optimise health outcomes for its citizens. Adopting standards such as open interfaces when considering digital solutions will ensure that new and existing systems communicate with each other. This will contribute to the right data being available to the right people at the right time and place.

During our work with Humber, Coast and Vale, it was repeatedly heard that service delivery improvements were being hindered by outdated technology and a lack of access to the right information.

It was stated that devices were often outdated and incompatible with current applications, requiring multiple log-ins which delayed the delivery of care. Citizens noted that when they asked for information to be sent digitally, they were told it was either not available or could not be done.

In some cases where digital access was possible, it was noted that employees still printed out documents even if the citizen could access them in a digital format. To paraphrase one member of the public **“it seems like the processes are antiquated and there has not been an effort to change how people work or allow for information to be distributed using the electronic means available”**.

Securing updated mobile devices (mobiles, laptops, tablets etc.) with high broadband speed (network & Wi-Fi), updated desktop devices all with an enabled single point of access to applications is a basic requirement in today's healthcare system. Ensuring all licensed programs are up-to-date and cyber security tools are current is a fundamental principle for any digital organisation.

This is critical if Humber, Coast and Vale want to achieve the NHS Long Term Plan deliverable of one third of outpatient visits being completed through virtual consultations. In addition, during discussions with the public the travel to appointments created many challenges. Virtual consultations available on mobile devices would minimise what many expressed as “geographic challenges”. There are many rural areas that have travel challenges, so offering virtual consultations where people can use their smartphones would have a significant impact on their ability to improve their own health management.

*“The time is now to step forward with courage, gather the collective intelligence of all the stakeholders in service of shared aims and how all of us participate in thinking together for change.”*

**Thomas J. Hurley and Juanita Brown**

“Conversational Leadership: Thinking Together for a Change,” The Systems Thinker, Vol.20 No.9 / November 2009



# RECOMMENDATIONS

Every organisation across Humber, Coast and Vale will have a long list of actions and projects. Focus is required to ensure people have the capacity to deliver in a timely way.

Based on feedback and interactions with key stakeholders this Digital Strategy outlines ten recommendations below.

## Recommendations for achieving digital transformation across HCV

Summary	Description
<b>1.</b> Review the governance and leadership structure	To streamline and ensure reporting and accountability lines clearly converge into an overarching governing body. Ideally decision making, accountable committees should be 9-12 members who can make decisions.
<b>2.</b> Establish a Chief Digital and Transformation Officer role or Partnership CIO role	Has accountability and oversight for the digital road map. The individual would build a detailed plan for the Partnership and should have ability to connect with all the agencies that are making digital decisions that will affect future development.
<b>3.</b> Appoint CCIO and CNIO champions in the Partnership	To support the CDTO role, re-imagine clinical pathways and align digital enablers to support new models of care.
<b>4.</b> One system for all	Conduct an objective options appraisal of EPR systems used by the 3 acute facilities. A thorough gap analysis would support any potential future opportunities for convergence, or open dialogue on options for the way forward as a system.
<b>5.</b> Ensure agreed priorities are clear to all and resources are allocated to deliver those priorities.	This may require that current projects or activities are suspended to enable the time and commitment to deliver the priorities. Focus should be on creating a consistent and transparent pipeline where digital supports delivering the wider Partnership ambitions. Clear priorities and committed resource allocations may also create opportunities for creative funding models to be explored. In addition the efforts to support “culture change” are often underestimated and it is well researched that this is the most critical variable for successful digitisation.
<b>6.</b> Conduct an assessment on Business Analytics and map out the Business Intelligence architecture	Assess the processes required to provide analysis on population health and how the data will be structured. In addition, review how system decisions at organisational levels can be improved and data sharing agreements across STP's, LHCR's and other agencies can be structured to create a rich dashboard with quality data. There are many silos collecting data, and there is the potential that it is not consistent or that data integrity can be assured across the system. The HCV Partnership would benefit from stakeholders collaborating to create a system plan on data architecture that supports informed decision making and future planning needs.

*Continued...*

Summary	Description
<b>7.</b> Develop a plan with cost analysis of securing modern IT infrastructure	Including up to date devices, Wi-Fi and single sign-on to access systems. The plan should be developed with the goal of supporting consultations (at least 30%) out of hospital as per the NHS Long Term Plan. Also factor in any opportunities to partner with other organisations/agencies.
<b>8.</b> Review for acceptance, the HIMSS Continuity of Care Maturity Model (CCMM) as the guide for measuring digital adoption in the Partnership	This is an internationally recognised model that focuses on care providers and citizens experience as the result of intelligent use of technology.
<b>9.</b> Develop a Balanced Scorecard approach to track accountability and progress	Post this for public and internal employees to see so all are vested in the progress. The scorecard could be a compilation of sections: digital; operating plan; NHS LTP.
<b>10.</b> Develop a comprehensive communication and engagement strategy	A continuous communication and engagement strategy celebrating what is being achieved through digitally enabled transformation, plus an explicit open and transparent feedback mechanism to capture early where things are not going well to support a learning culture/reflective practice. Continuous dialogue with citizens on the potential risks/pitfalls of digitisation will build trust with citizens and create a community of support.



## SUMMARY

Humber Coast and Vale Health and Care Partnership have an excellent opportunity to leverage the talents across the region to create a citizen centered system that is digitally enabled.

The commitment of the people, the support from the NHS and other stakeholders presents Humber, Coast and Vale with real potential to deliver a first-class health and care system to their community.

This report outlines the many benefits of harnessing digital transformation. Moving forward, successful organisations will be those that have the ability to access data in a way that links health, wellness and wider data to understand the determinants of health for local populations. As mentioned the potential of assessing this information can also bring wider economic benefits.

As digital technologies evolve and access to rich databases of information expands, young people will be attracted to careers in informatics. Digital transformation across the whole health and care system, including Humber Coast and Vale, will be essential to attract new emerging talents to support the wave of digital revolution in the coming years and decades.

What may be holding it back is fragmentation across the region. If the Partnership brings all the various players together in a way where the broader system views are considered, this will contribute to improving coordination within the system. This community level collaboration will require compromise, a pragmatic view of financial sustainability, with an understanding of what the public view as place-based person centered health and wellbeing.

In a recent McKinsey and company publication it is noted that the barriers to transformation in healthcare are often decidedly non-technological. In a recent interview, Harold F. Wolf, President and CEO of the Healthcare Information and Management Systems Society (HIMSS), considers a change of culture to be the biggest hurdle in the industry's digital transformation. Similarly, McKinsey colleagues found that the three barriers to digital most mentioned by leaders in the pharmaceutical and medical technology industry were culture and mind-set, organisational structure and governance<sup>6</sup>.

Every organisation (local authorities, STPs, LHCRs, Social Care, Trusts, etc.) will have a long list of actions and projects that they are trying to tackle. Focus is required to ensure people have the capacity to deliver in a timely way and the efforts are placed on the areas that will have the most impact. Based on our feedback and interactions with key stakeholders this Digital Strategy outlines ten recommendations that we believe the adoption of these would provide a way forward that lays a solid foundation for success for the Partnership.

<sup>6</sup> Jones, G., Petre, Z., Rutter, KA, Smauroo, A. "Promoting an overdue digital transformation in healthcare." MacKinsey & Company Digital Newsletter, June 24, 2019

# ACKNOWLEDGEMENTS

With the creation of any strategy, there are many people that contribute and give their time freely because they care about their community.

We would like to express sincere thanks to all the physicians, administrators, care providers and citizens who contributed to this work by sharing their open and honest expertise, knowledge and real world experiences. We also would like to thank the leadership of the Humber, Coast and Vale Health and Care Partnership Strategic Digital Board. Collectively, they have supported an open and transparent process that has made this work a rewarding experience.

Particular thanks are due to the editorial group who each played a role in helping to finalise this report:

**Chris O'Neil** – Partnership Director - Humber Coast and Vale Health and Care Partnership

**Linsay Cunningham** – Strategic Lead – Communications and Engagement - Humber Coast and Vale Health and Care Partnership

**Paul Rice** – Regional Director of Digital Transformation – NHSE/I North East and Yorkshire

## Humber, Coast and Vale Health and Care Partnership Strategic Digital Board

Name	Job Title	Organisation
Chris Long (Chair)	Chief Executive	Hull University Teaching Hospitals NHS Trust
Paul Rice	Regional Director of Digital Transformation	NHSE/I North East & Yorkshire
Chris O'Neil	Partnership Director	Humber, Coast and Vale Health and Care Partnership
Linsay Cunningham	Strategic Lead – Communications and Engagement	Humber, Coast and Vale Health and Care Partnership
Simon Evans	Citizen member	N/A
Angela Wood	DCO Team Head of Digital Technology	NHS England
Michael Bateson	Citizen member	N/A
Debbie Westmoreland	Head of Digital	Scarborough and Ryedale CCG
John Mitchell	Associate Director of IT	CCGs across the Humber
Tracy Sowersby	Deputy Director of Informatics	Hull University Teaching Hospitals NHS Trust
Paul Hudson	ICT Shared Services Group Manager	North Lincolnshire Business Connect
Lynsay Thomsen	ICT Business Partner	North East Lincolnshire Council
Stephen Pintus	Director of Public Health	North East Lincolnshire CCG



# APPENDIX 1

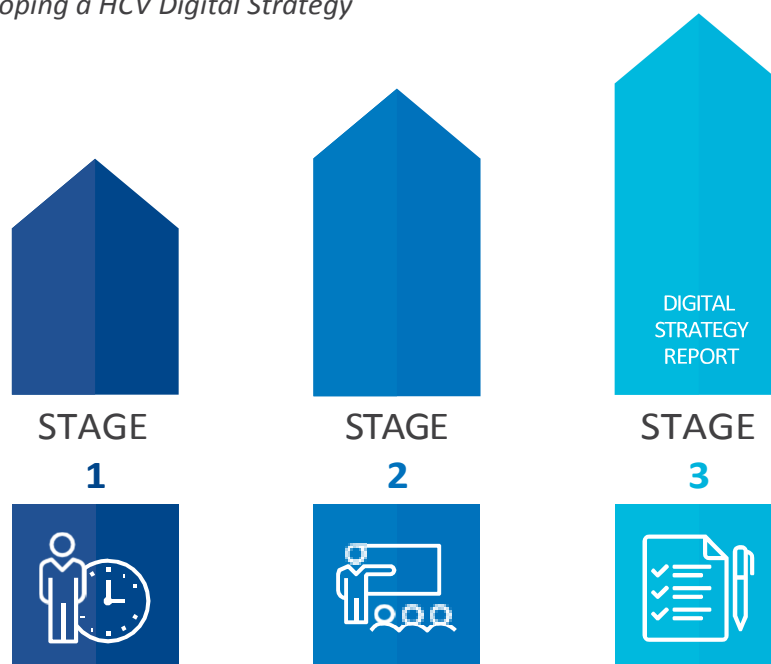
CREATING A HCVDIGITAL STRATEGY

# APPENDIX 1

To develop a Humber, Coast and Vale strategy for digital transformation, SCW were commissioned.

Work formally began in April 2019 with an expectation of completing the work within 3 months. In order to successfully achieve this, the process of developing a digital strategy was divided into three key phases, outlined in Fig.1 below.

**Fig.1:** Stages of developing a HCV Digital Strategy



## PHASE 1 – INITIATION AND SCHEDULING

SCW hosted a series of initial kick-off meetings with key contacts from the HCV Partnership. This provided the opportunity to develop working arrangements, including appropriate lines of communication, reviewing the proposed schedule and mapping out logistical arrangements.

## PHASE 2 – ENGAGEMENT ACTIVITIES

To develop the digital strategy it was vital to work closely with representatives from the HCV Partnership and engage with a large cross section of stakeholders. This included engaging with those outside the senior leadership level of the Partnership. To gather the necessary information, a variety of engagement activities have been completed.

### A. 1:1 stakeholder interviews

As part of the phase 2 engagement events, a series of 1:1 remote interviews were conducted (via telephone and Skype). These interviews included key contacts from across the HCV health and social care sector with a focus on clinicians and senior administrators. The purpose of these interviews was to understand individuals' perspectives of the opportunities and challenges which need to be considered when creating a Humber, Coast and Vale Digital Strategy. For this piece of work, fifteen 1:1 interviews were completed.

## B. Online survey – creating a digital strategy

To understand what the local population wanted to see in their digital strategy, an online survey was created. This allowed participants to share their thoughts around what they would like to see in a locally-owned digital strategy. It also provided the opportunity to utilise regional knowledge to help identify potential challenges or barriers that could be associated with implementing a digital strategy.

To reach the widest audience possible, two versions of the online survey were created.

The first version was developed for internal staff working across the Partnership

The second was a condensed version intended for a public/patient target audience

A summary of the engagement received for the online survey is listed below in Table 1.

**Table 1:** Summary of engagement for the HCV digital strategy online survey

Version	Survey open/close date	No. responses received
Internal HCV Partnership staff	30 April – 14 May	72
Public	15 May – 28 May	19

Responses were collated and analysed, identifying key themes which were used to structure later engagement activities.

## C. Digital strategy workshops and focus groups

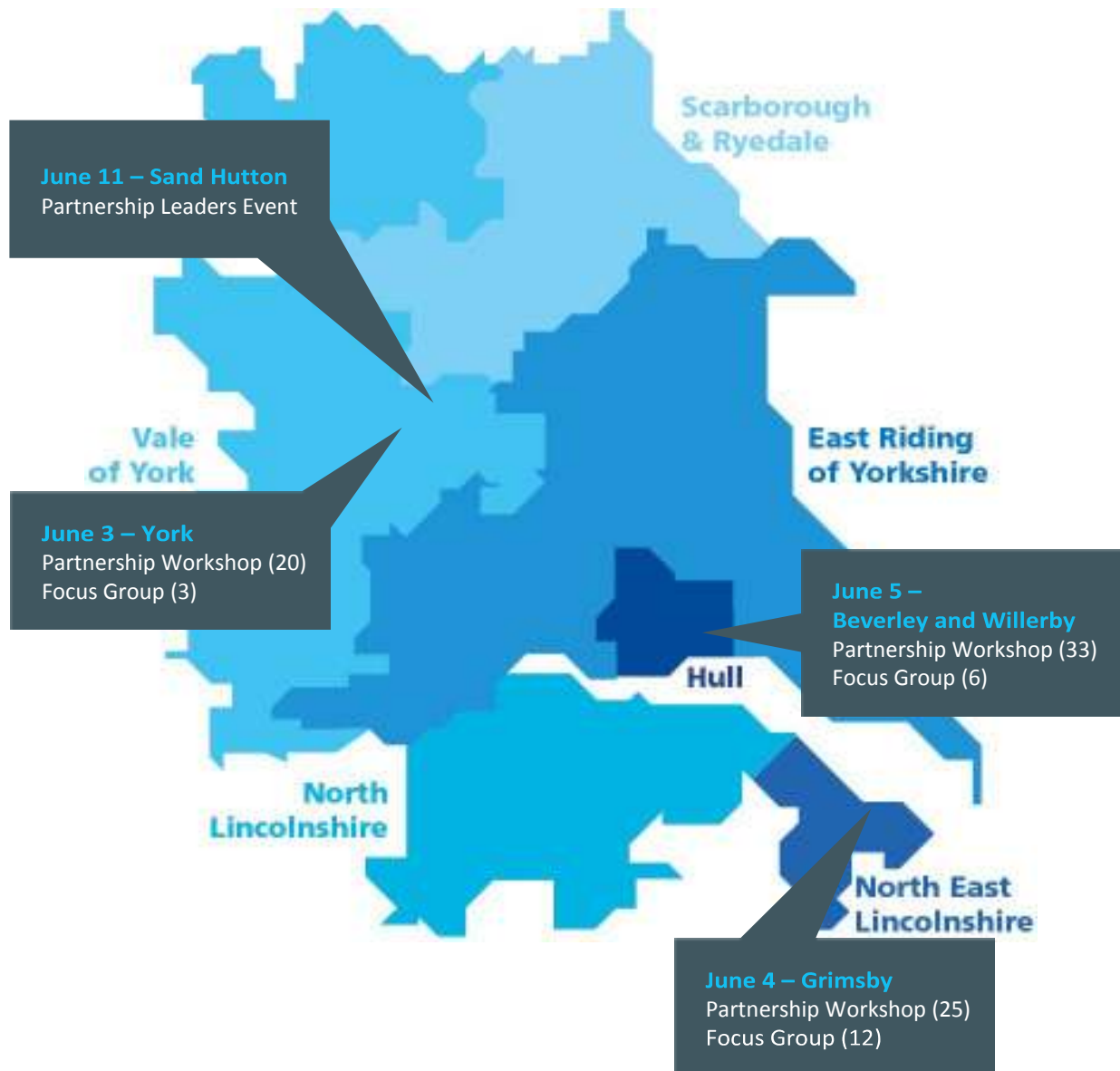
Following completion of the online surveys, a series of engagement events were coordinated across the Partnerships footprint.

These events consisted of several large workshops where internal Partnership staff were invited to attend. In addition, several smaller focus groups were run in similar locations where members of the public / patient network groups were invited to attend. This was to ensure the digital strategy created includes feedback from members of the public and regular service users. A summary of the engagement activities is listed below in Fig.2.

## D. Partnership leaders event

The final engagement event for creating a HCV digital strategy was attending a Partnership leader's event on 11 July. There were over 100 senior leaders from across the Partnership in attendance, and the digital strategy work was one of eight showcase hubs. This provided the opportunity to disseminate preliminary findings from the previous engagement activities to senior leaders across the Partnership and capture any additional input.

**Fig2:** Summary of engagement activities



### PHASE 3 – PRODUCING A DIGITAL STRATEGY REPORT

Following completion of the engagement activities in phase 2, outputs were compiled and presented in this strategy. The outputs as commissioned and presented in this document are:

- An over-arching vision of the collective ambitions for digital transformation across Humber, Coast and Vale
- Key principles and priorities to underpin future developments
- Next steps for the Partnership
- A high-level draft strategic document developed from clinician, public, and administrative input.

# APPENDIX 2A

ONLINE SURVEY  
(INTERNAL PARTNERSHIP VERSION)



## APPENDIX 2A

**1. How would you describe your role and involvement within the Humber, Coast and Vale (HCV) Health and Care Partnership?**

- ☐ Clinician (Primary Care)
- ☐ Clinician (Secondary Care)
- ☐ Clinician (Social Care)
- ☐ Administration
- ☐ Management
- ☐ Local Authority

Other (Please Specify)

**2. What do you think are the things that the HCV Partnership does well? (Please select up to TWO)**

- ☐ We work well together, sharing information, resources and best practice
- ☐ We have a shared vision that we all support
- ☐ We formally track, document and monitor our progress on a regular basis
- ☐ We use evidence to ensure that we are doing the right thing
- ☐ We communicate with the right people at the right time

Other (please specify)

**3. What works well about digital systems in our region currently? (Please select up to THREE)**

- ☐ Easy and timely access to clinical information
- ☐ I can access digital systems as and when needed
- ☐ Information is available about citizens healthcare needs as and when needed
- ☐ We can share radiology images
- ☐ We can share lab results
- ☐ Systems are integrated so that I can see the patient information I need
- ☐ I am able to communicate easily with my colleagues that are involved in the circle of care
- ☐ Patients can access and update information about themselves
- ☐ I receive population health data that is useful for decision making

Other (please specify)

**4. What improvements do you think need to be made to HCVs current digital systems?**  
(Please rank from 1 to 6 with 1 being the most important and 6 the least)

- ☐ Faster access to information systems
- ☐ Easier access to information systems
- ☐ Newer hardware
- ☐ Integrated systems (Interoperability)
- ☐ Better sharing of citizen information
- ☐ Collaboration tools (e.g. Office 365, Messaging service etc.)

**5. What do you think should be the top digital priorities for the Partnership?**  
(Please select up to THREE)

- ☐ General Practitioner Information Technology (GPIT) upgrades
- ☐ Windows 10 Upgrades
- ☐ Health Services Collaborative Network (HSCN) - N3 replacement
- ☐ Digital Infrastructure fit for future use (Hardware, connectivity speed etc.)
- ☐ Shared Care Records (Cancer Record, Electronic Palliative Care Coordination System)
- ☐ Electronic Patient Records (EPRs) - future proofing
- ☐ Long Term Care self-management tools for patients

Other (please specify)

**6. What key principles do you think should be embedded to deliver a successful digital transformation strategy?**  
(Please list up to THREE)

**7. What digital improvement would have the biggest impact on improving patient experiences across HCV?**

**8.** Please select digital tools that would have the biggest impact on how local partners provide care to their patients. (Please select up to THREE)

- ☐ Booking clinic appointments online
- ☐ Ordering prescriptions
- ☐ Using monitoring devices to send data to care providers (heart monitor, blood pressure, diabetes etc.)
- ☐ Having a GP consultation online
- ☐ Talking to a mental health specialist online
- ☐ Digital tools for citizen health care (health care apps)
- ☐ Integrated collaborative tools
- ☐ Using data to improve flow in the system (e.g. real-time bed monitoring tools)
- ☐ Increased ability to remotely share clinical opinion between clinicians - including in real time
- ☐ Online consultation (Remote access/video link to outpatients' appointments)

Other (please specify)

**9.** What do you think are the potential benefits of working collaboratively as a Partnership in terms of digital solutions? (Please select up to THREE)

- ☐ Improved information sharing across organisations
- ☐ Ability to access information more easily
- ☐ Improved workflow efficiency
- ☐ Improved patient pathways
- ☐ More holistic view of patient healthcare journey
- ☐ More flexible workforce resourcing e.g. remote working
- ☐ Potential to reduce costs or defer increasing costs
- ☐ Increased time to care
- ☐ Increased depth of expertise for system management

Other (please specify)

**10.** What are the most critical actions that would enable organisations in Humber, Coast and Vale to develop shared leadership for an ambitious Digital Strategy? (Please list up to TWO)

**11.** What do you think are the main barriers that could prevent the delivery at pace of a HCV Digital Strategy? (Please select up to THREE)

- ☐ Differing priorities
- ☐ Digital infrastructure (Not fit for purpose)
- ☐ Challenges of all organisations agreeing on Digital Strategy
- ☐ No sense of urgency
- ☐ Insufficient funds for transformation
- ☐ Lack of staff capacity to support transformation
- ☐ Lack of trust that digital transformation will make real changes/have impact
- ☐ Daily operations/ Business as Usual priorities
- ☐ Speed of access to systems
- ☐ Unclear Lines of accountability Lack
- ☐ of clear directions on priorities

Other (please specify)

**12.** What do you think are the biggest risks the HCV Partnership should consider when developing its Digital Strategy? (Please select up to TWO)

- ☐ Alignment with the broader Partnership plan and Yorkshire and Humber-wide programmes
- ☐ Infrastructure to support implementation of transformation
- ☐ Lack of staff buy-in
- ☐ Conflicts of local/sector/system-wide priorities
- ☐ Availability of resources (financial, staff etc.) to deliver the strategy
- ☐ Not defining accountability to meet key milestones of transformation

Other (please specify)

**13.** What do you think are the key challenges that need to be overcome to deliver a HCV Digital Strategy? (Please select up to TWO)

- ☐ Allocated funding
- ☐ Human Resources (People with capacity to deliver plans)
- ☐ Information Governance
- ☐ Changes to the national agenda priorities

Other (please specify)

**14.** What digital experience do you want to be created for staff?

**15.** What digital experience do you want to be created for citizens and patients?

**16.** Is there anything else you would like to add to help inform the HCV Digital Strategy?



# APPENDIX 2B

ONLINE SURVEY  
(EXTERNAL PUBLIC VERSION)

## APPENDIX 2B

### HUMBER, COAST AND VALE HEALTH AND CARE PARTNERSHIP – CREATING A DIGITAL STRATEGY

As in other industries and walks of life, the NHS and broader public sector need to embrace new and developing technologies so that we can continue to provide the best possible care for local people using all the resources that are available to us.

The Humber, Coast and Vale Health and Care Partnership - [humbercoastandvale.org.uk](http://humbercoastandvale.org.uk) - is a collective of 28 different health and care organisations across Hull, East Yorkshire, North and North East Lincolnshire, North Yorkshire and York. We are working together to improve the health and wellbeing of the 1.4 million people who live in our region. The Partnership is developing its first Digital Strategy and we would like to hear from citizens who live and work in our region about what matters most to them. Please share your ideas about how digital technology can improve health and care in our area by completing this survey.

**1.** In your opinion, what digital technology currently works well when accessing health / social care services in your local area? (Please select up to THREE)

- ☐ I am able to access and update information about myself
- ☐ I am able to communicate easily with my healthcare provider (GP, nurse etc.)
- ☐ I can easily obtain results from clinical appointments (X-ray, blood tests etc.)
- ☐ I am able to find out information on a particular health or social care service easily (my nearest clinic, local well-being services)
- ☐ I can manage my own health and wellness using digital technology
- ☐ I can easily book appointments online (using websites/apps etc.)

Other (please specify)

**2.** As a citizen, what use of technology (apps, more user friendly websites etc.) would have the greatest impact on your ability to manage your health and wellness?

**3.** What do you feel are the barriers which currently prevent you from being able to easily access health and social care services in your local area?

**4.** We want to create a digitally-enabled health and care service and are looking for ways to become more citizen-centered. What guidelines or principles do you think would help us to ensure that our strategy is 'Fit For Purpose'?

**5.** Is there anything else you would like to add to help inform a Humber, Coast and Vale Digital Strategy?

# APPENDIX 3

COLLATED SURVEY RESPONSES CLOSED  
ANSWERS (INTERNAL AND EXTERNAL)

## APPENDIX 3



### Humber, Coast and Vale – Online Survey

#### Internal Survey

- The engagement survey was distributed to eight Partnership governance groups. Our estimate is that this distribution would target approximately 150 individuals. Exact numbers were not known.
- Respondents were able to tell us their views on a Digital strategy from Tuesday 30 April to Tuesday 14 May.
- In total 72 responses were received (48% return rate).



## Humber, Coast and Vale – Online Survey

### Public Survey

- The engagement survey was distributed to a number of public groups via the Partnership. We had no data on how many people this might have reached. We estimate that there could be around 100 potential respondents.
- Respondents were able to tell us their views on a Digital strategy from Wednesday 15<sup>th</sup> May to Tuesday 28<sup>th</sup> May.
- In total 19 responses were received (approx. 20% return rate).



## Key Findings

- There is a strong appetite for a HCV digital strategy
- Three priorities for respondents from the internal survey were;
  - Funding
  - Staff capacity
  - A solution that enables both clinicians and patients to view their whole record and for that solution to be available in all Partnership organisations

*N.B. For a full breakdown of anonymised individual responses to free text answers for both the public and Partnership survey, please refer to Appendix 3.*





## Summary

### Where two surveys are aligned

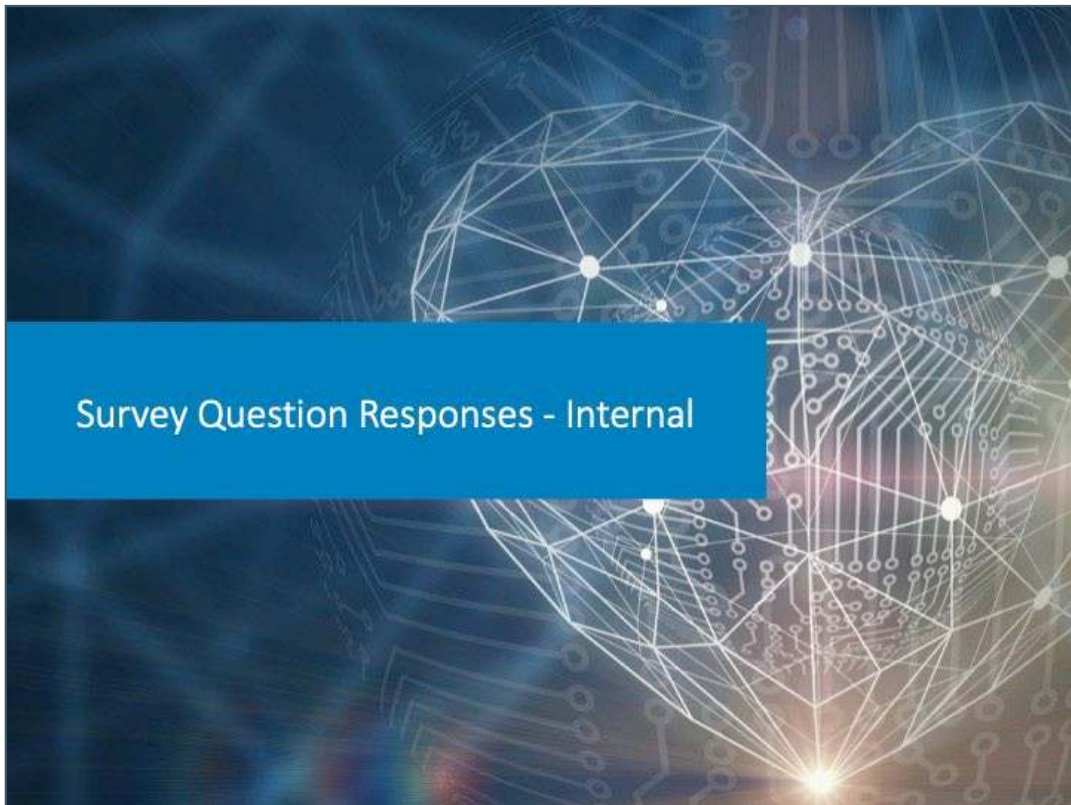
- Both want easy to use, easily accessible solutions
- Both want patients and clinicians to be engaged in designing solutions
- Both want patients and clinicians to be able to read and write to shared records
- Both want interoperability so clinicians can see information to support health management
- A single system that is user friendly for all

### Differences

- Focus generally was on accessing healthcare rather than managing own health in public survey
- Focus was on primary care rather than whole system solutions in public survey
- For obvious reasons, less focus on leadership and funding in public survey

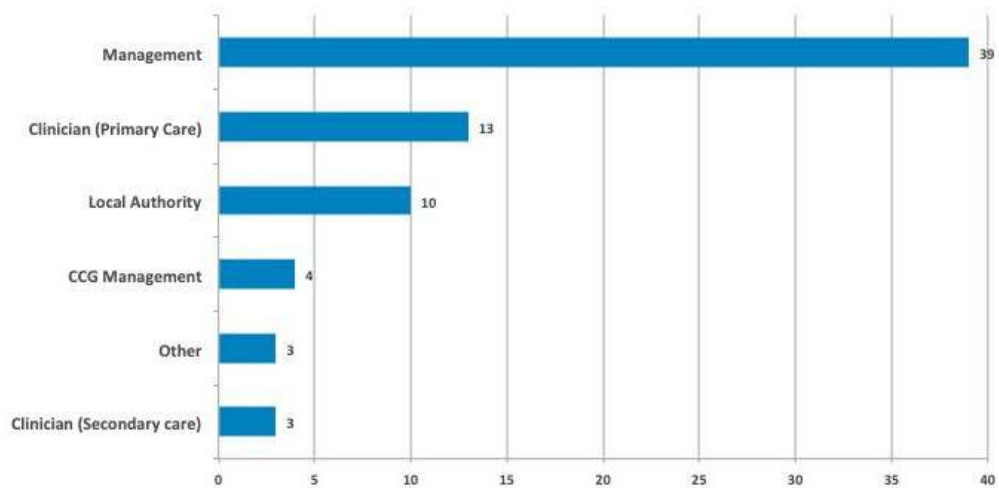


## Survey Question Responses - Internal



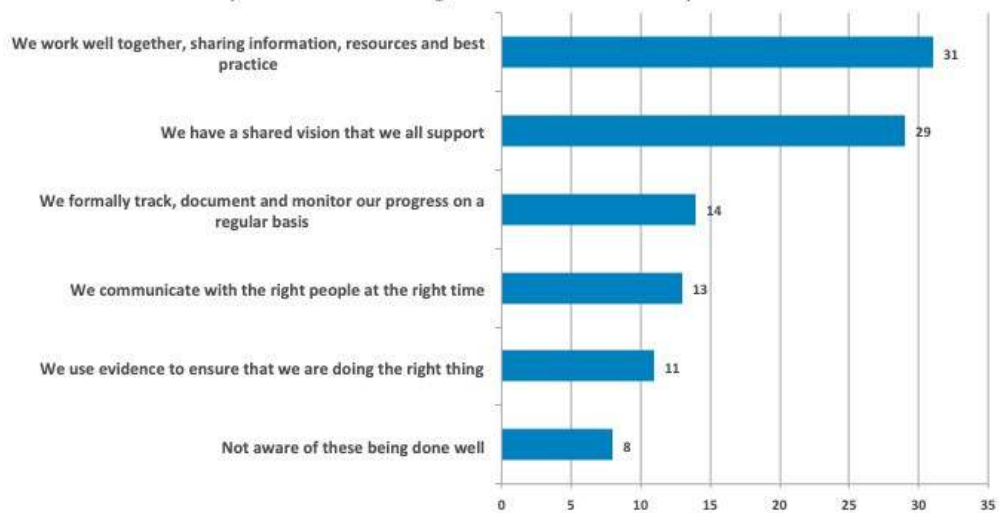
## Question 1

How would you describe your role and involvement within the Humber, Coast and Vale (HCV) Health and Care Partnership?

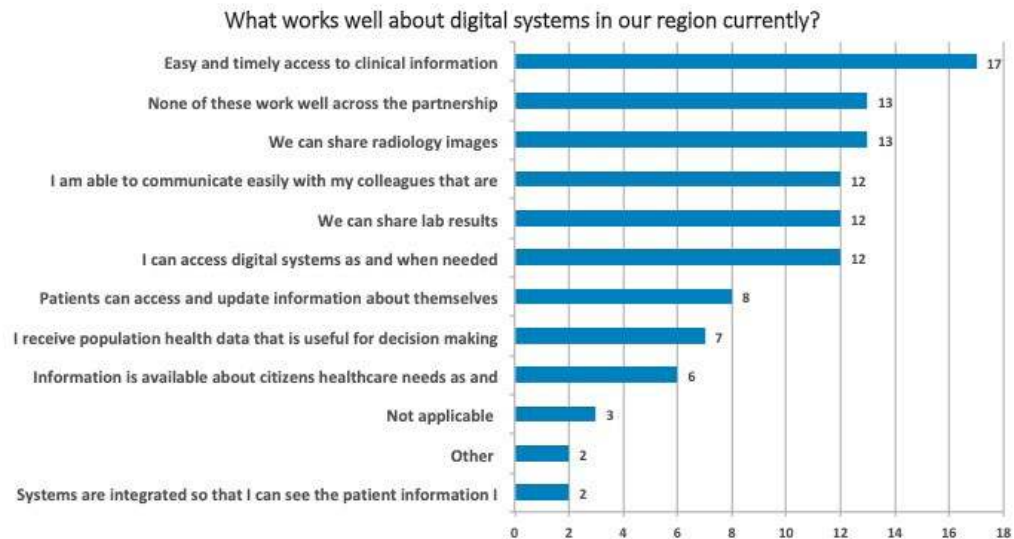


## Question 2

What do you think are the things that the HCV Partnership does well?

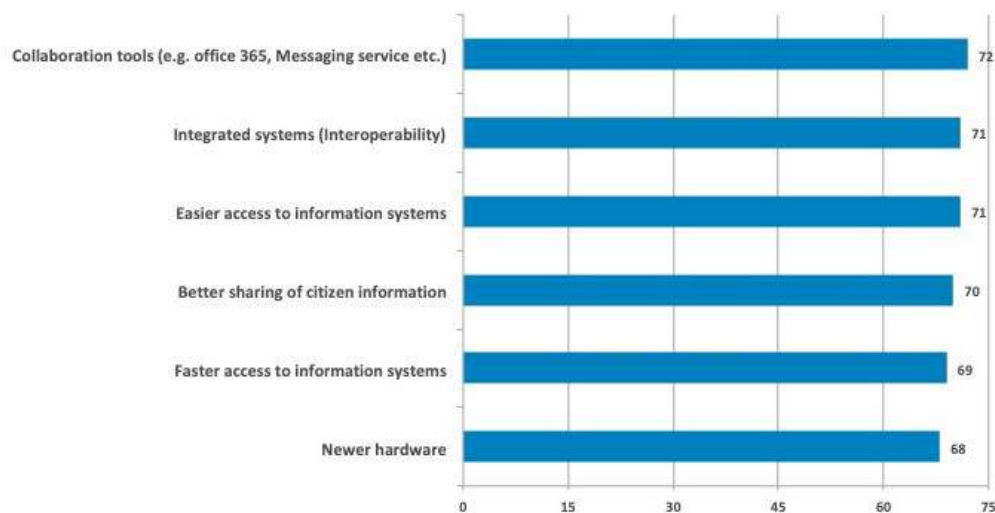


### Question 3



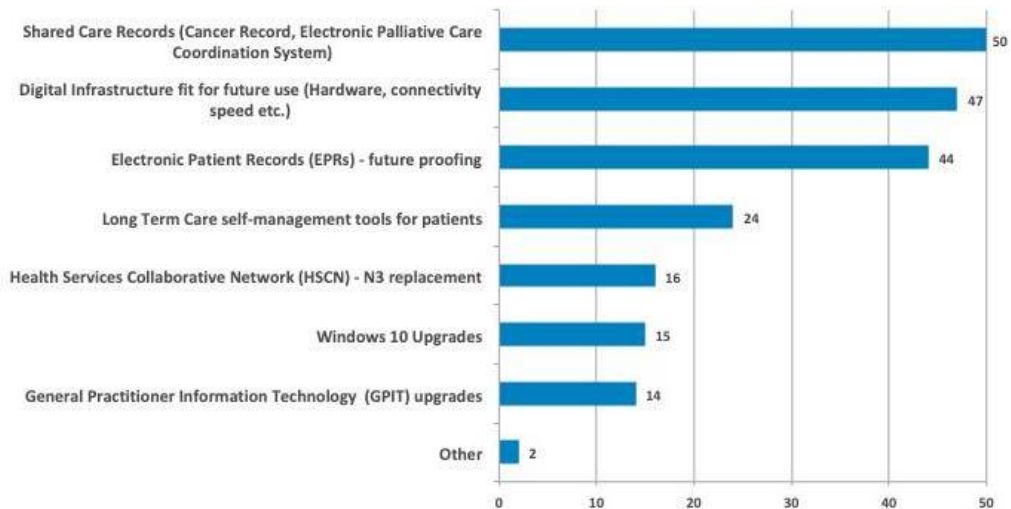
### Question 4

What improvements do you think need to be made to HCVs current digital systems?



## Question 5

What do you think should be the top digital priorities for the Partnership?



## Question 6

What key principles do you think should be embedded to deliver a successful digital transformation strategy?



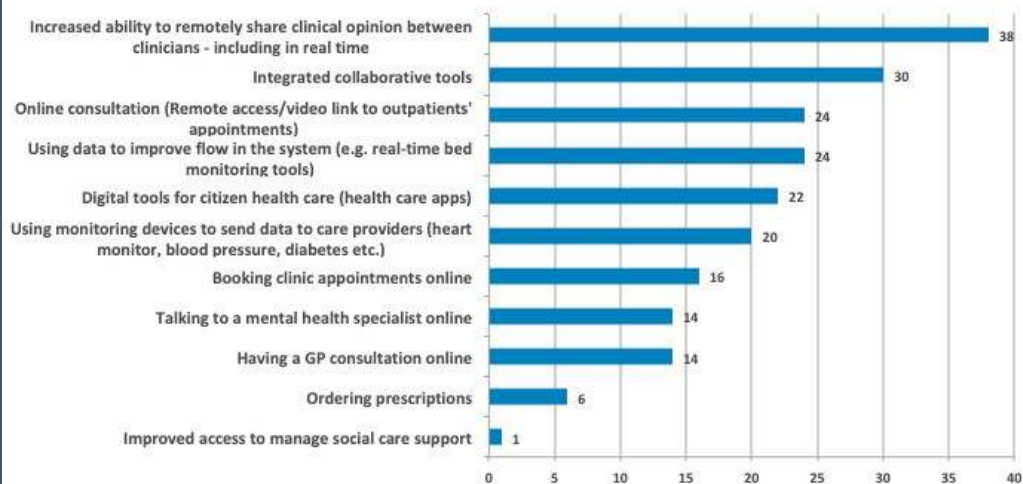
### Question 7

What digital improvement would have the biggest impact on improving patient experiences across HCV?



### Question 8

Digital tools that would have the biggest impact on how local partners provide care to their patients?





### Question 9

What do you think are the potential benefits of working collaboratively as a Partnership in terms of digital solutions?



### Question 10

What are the most critical actions that would enable organisations in Humber, Coast and Vale to develop shared leadership for an ambitious digital strategy?



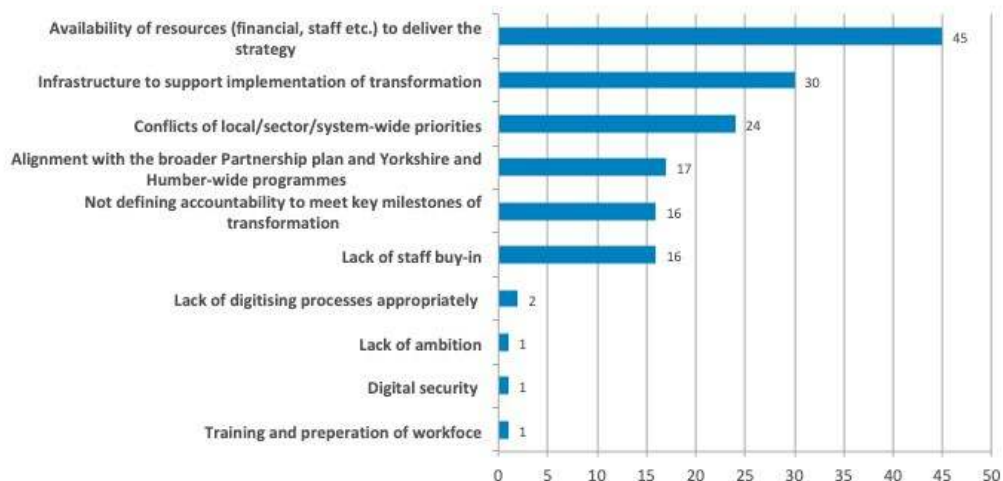
## Question 11

What do you think are the main barriers that could prevent the delivery at pace of a HCV digital strategy?



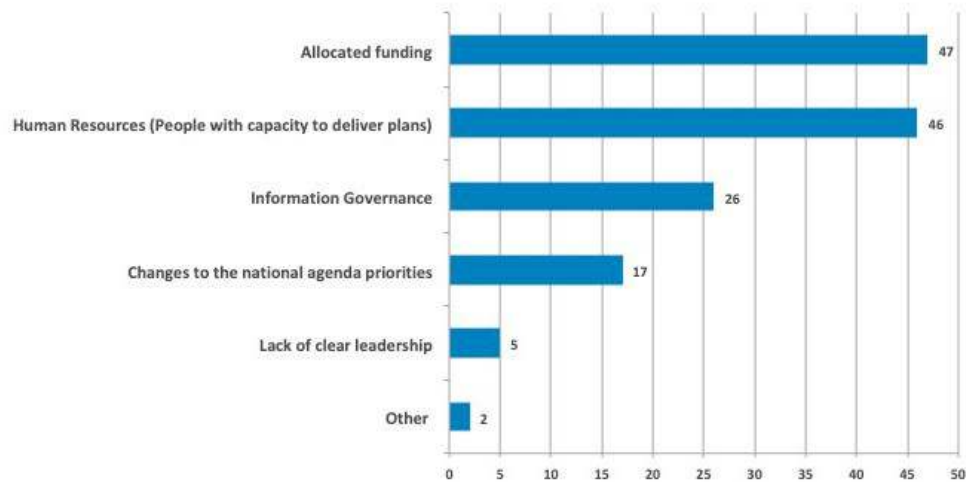
## Question 12

What do you think are the biggest risks the HCV Partnership should consider when developing its digital strategy?



### Question 13

What do you think are the key challenges that need to be overcome to deliver a HCV digital strategy?



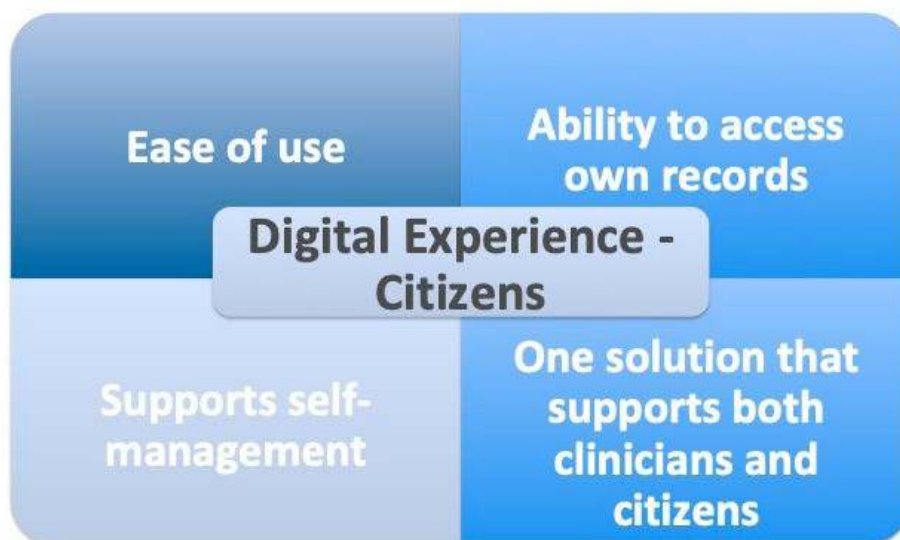
### Question 14

What digital experience do you want to be created for staff?



### Question 15

What digital experience do you want to be created for citizens and patients?



### Question 16

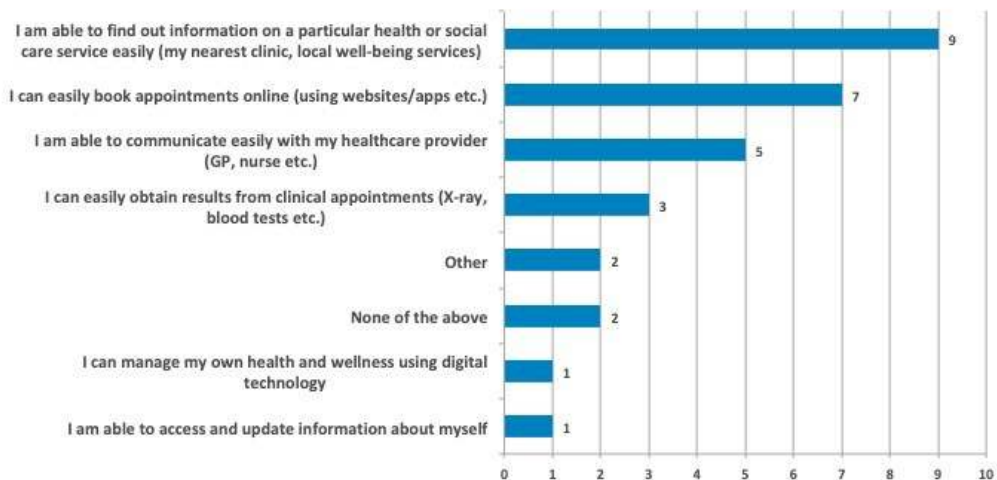
Is there anything else you would like to add to help inform the HCV digital strategy?



## Survey Question Responses - Public

### Question 1

In your opinion, what digital technology currently works well when accessing health / social care services in your local area?





## Question 2

As a citizen, what use of technology (apps, more user friendly websites etc.) would have the greatest impact on your ability to manage your health and wellness?



## Question 3

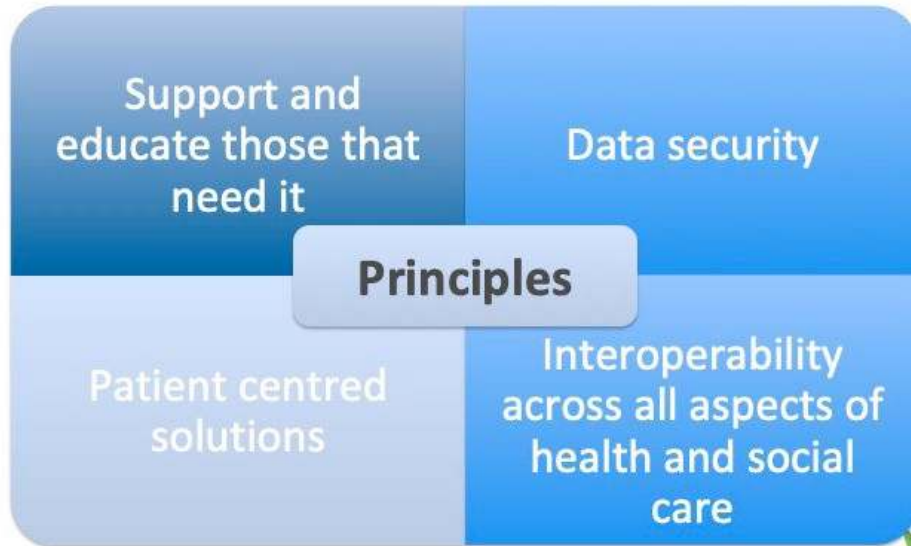
What do you feel are the barriers which currently prevent you from being able to easily access health and social care services in your local area?





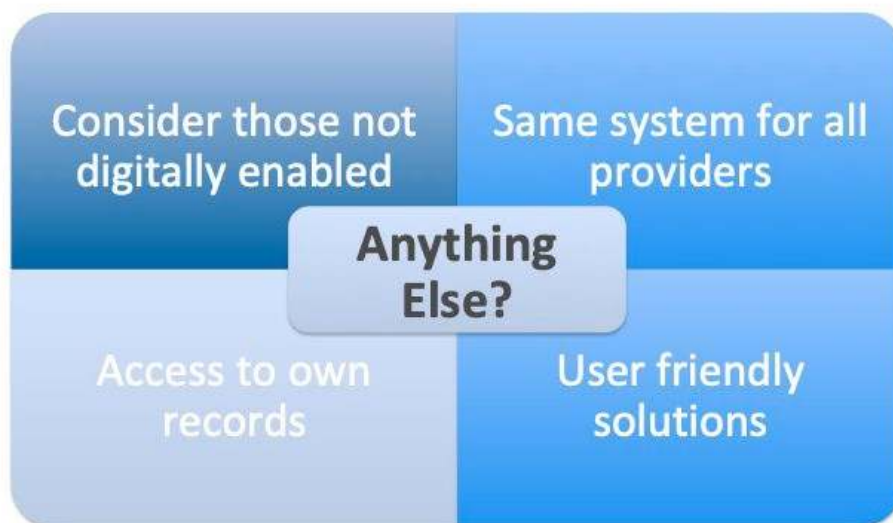
### Question 4

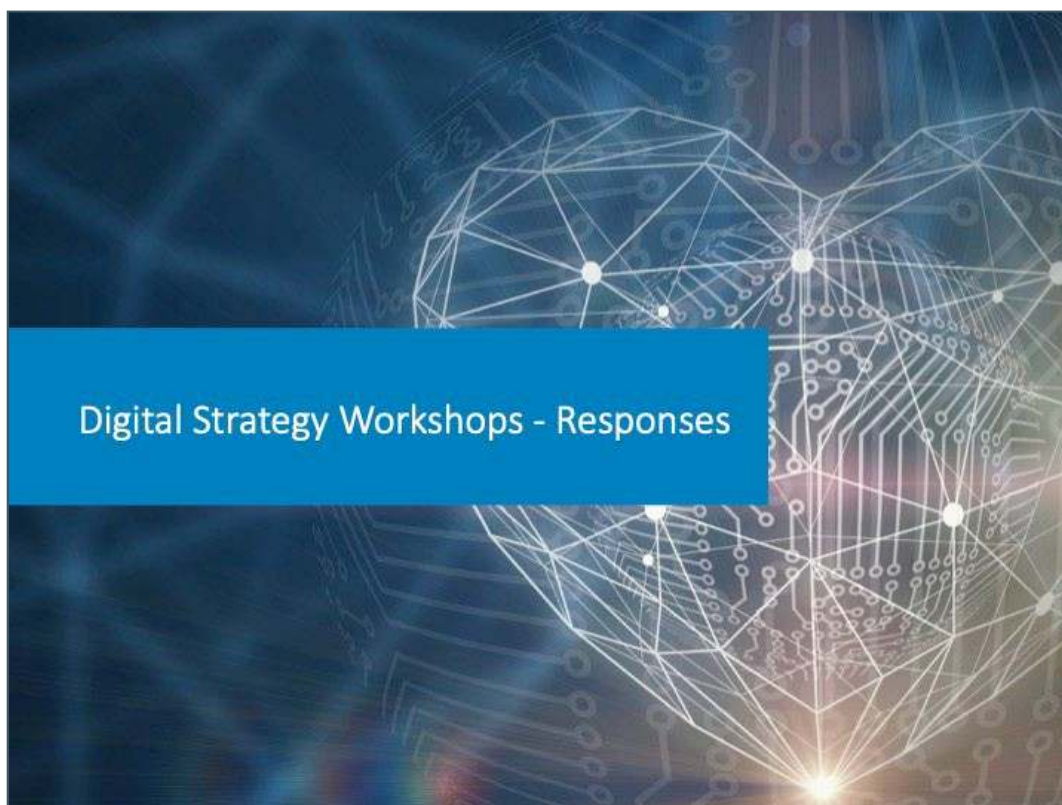
What guidelines or principles do you think would help us to ensure that our strategy is 'Fit For Purpose?'



### Question 5

Is there anything else you would like to add to help inform a Humber, Coast and Vale Digital strategy?





## Humber, Coast and Vale – Digital Strategy Workshops

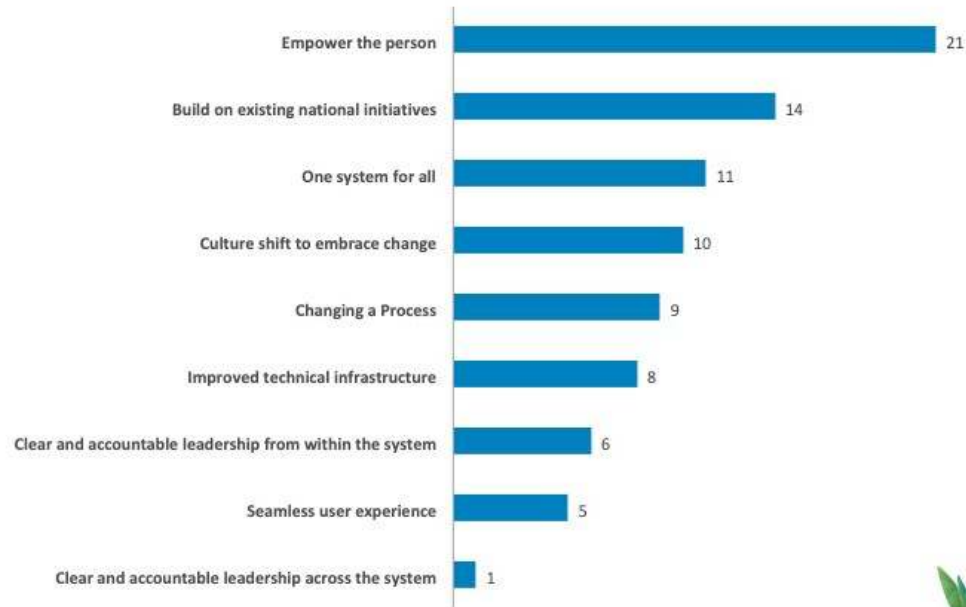
- A series of workshops were held across the HCV region. A range of internal staff from across the Partnership were invited to attend. Each session provided guests to opportunity to input their thoughts on creating a Digital Strategy.
- Workshops were interactive and structured in a World Cafe style. Attendees were asked several pre-meditated questions which were designed based on the outcomes of the prior online survey responses received. The details of each workshop are listed below

Date	Workshop Location	No. Attendees
3 June	York	20
4 June	Grimsby	25
5 June	Hull	33

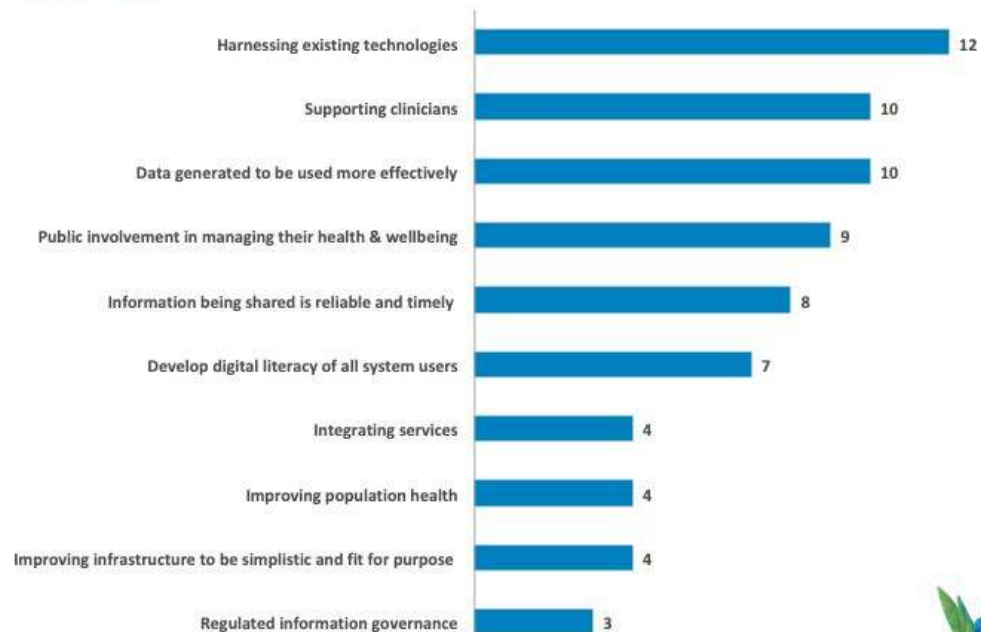
- The combined outputs from workshops are listed in the following slides



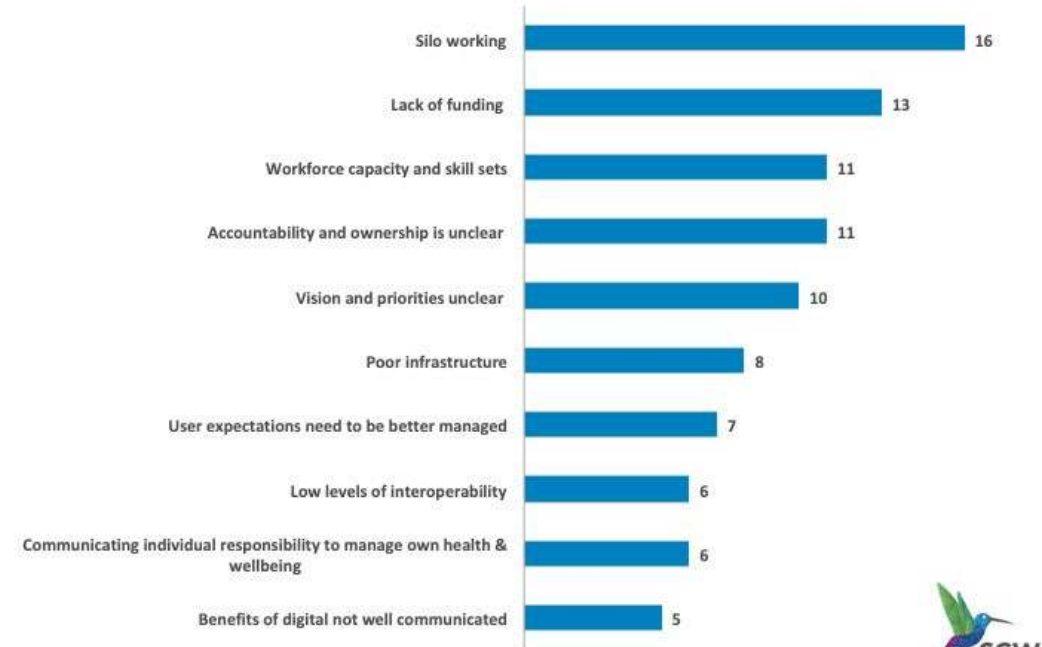
### Q1 - What big change would have the greatest impact to manage your healthcare needs?



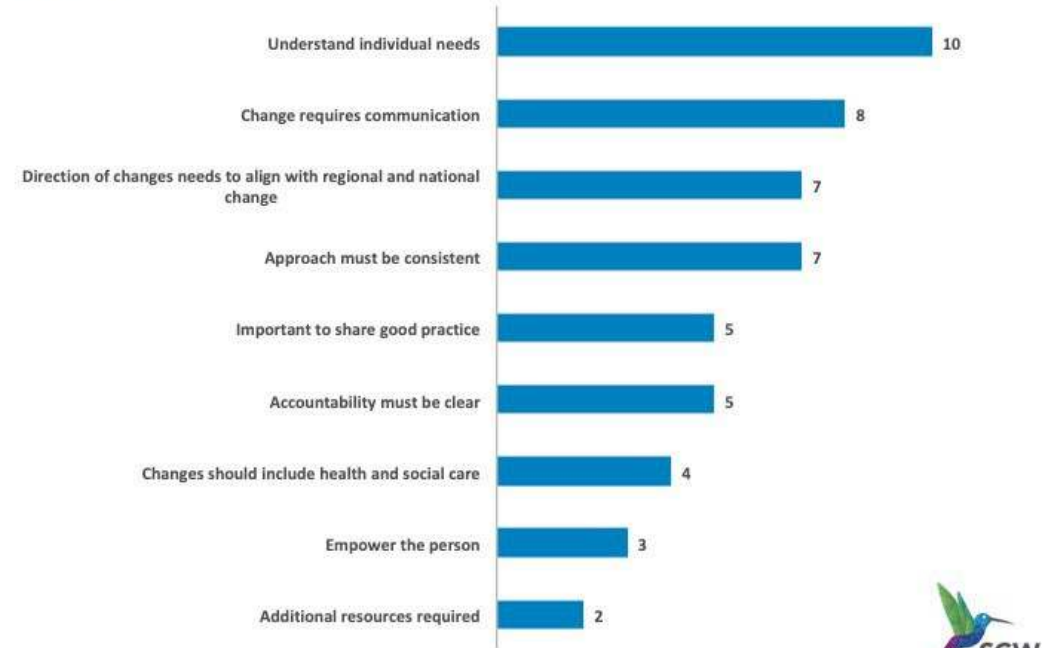
### Q2) What does a safe, quality service for healthcare delivery look like?



### Q3) What is preventing us from delivering the desired healthcare system in Humber, Coast & Vale? What can we do to resolve it?



### Q4) Final thoughts - are there any additional insights you would like to add?







## Humber, Coast and Vale – Digital Strategy Focus Groups

- As well as workshops for internal Partnership staff, a series of focus groups with members of the public / patient networks were also organised across the HCV region. The purpose was to ensure that a public perspective was included when developing a Digital Strategy.
- Attendees were also asked several pre-meditated questions which were designed based on the outcomes of the prior online survey responses received. The details of each focus group are listed below

Date	Focus Group Location	No. Attendees
3 June	York	3
4 June	Grimsby	12
5 June	Hull	6

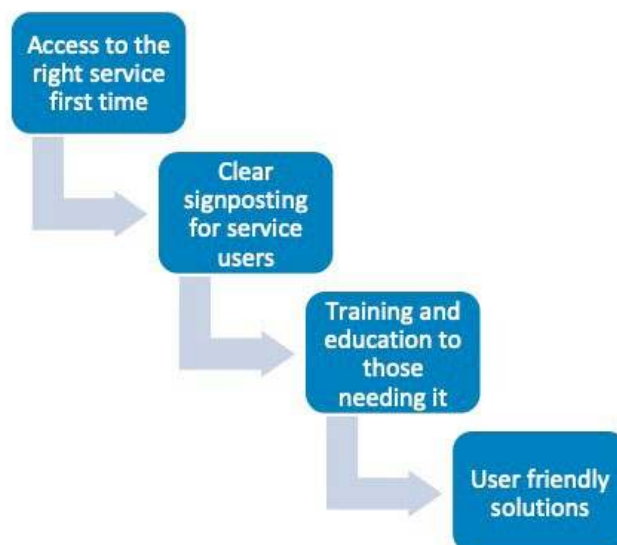
- The combined outputs from focus groups are listed in the following slides



Q1) How comfortable are people using technology? Do they have access to some form of technology?



Q2) What big change would have the greatest impact to manage your healthcare needs?





Q3) What is preventing us from making those changes and delivering an improved health system? What can we do about it?



Q4) Looking back at the challenges – what would you do?



# APPENDIX 4

ONLINE SURVEY FREE TEXT ANSWERS  
(INTERNAL AND EXTERNAL)

## Humber, Coast and Vale Health and Care Partnership - Online Survey - Partnership Free Text Responses

What key principles do you think should be embedded to deliver a successful digital transformation strategy?(Please list up to THREE)

Responses
<ul style="list-style-type: none"> <li>- Transparency</li> <li>- Interoperability</li> <li>- Future Proof</li> </ul>
<p>1) Answering the 'so what' question. what are the benefits of the proposed technology / digital solution? 2) Early and persistent engagement with our workforce and populations - no point in having delivered the technology if people aren't prepared and we miss realising the benefits. 3) Understanding what is deliver at which level - e.g. what happens at an STP level, Place level, etc?</p>
<ol style="list-style-type: none"> <li>1. To be able to share information across all organisations</li> <li>2. To be able to access information and update information wherever it is needed</li> <li>3. To have reliable access to clinical systems wherever it is required</li> </ol>
<ol style="list-style-type: none"> <li>1. appropriate investment to achieve base line/core standards of hardware</li> <li>2. integrated share care record</li> <li>3. video conferencing and skype use for meetings</li> </ol>
<ol style="list-style-type: none"> <li>1. Training</li> <li>2. Communication</li> <li>3. Improved Access</li> </ol>
<ol style="list-style-type: none"> <li>1. Ability to access, view, share data at point of care (patients and clinicians/care provider)</li> <li>2. Reliable infrastructure to enable technology and equipment to work (tools to do the job)</li> <li>3. Ease of use for patients/care providers</li> </ol>
<p>A consumer / patient focused approach to delivery of services</p>
<p>A placed based agenda across the public sector</p>
<p>Agreement to share information</p> <p>Patient involvement</p> <p>Upgrade of current systems</p>
<p>Appropriate Access, default sharing to health organisations, enhance culture of change to all clinicians.</p>

Basics right first - speed/hardware Early clinician involvement Define the need before the Tech
Benefits for the patient / resident. Benefits fro Staff benefits for the Organisations (Health and Wellbeing)
Brilliant basics to support both the professional and patient/citizen Quality first Equality and Diversity of opportunity and experience
central information standards , log of IT systems in use
Citizen at the heart of what we do Support staff to make good decisions Supports system to work together
Clarity in objective and process Patient engagement Focus on care outside traditional health centres
Clear and joined up communications agreed priority of system implementation Cross matrix resource to support across boundaries
communication between hospitals and GPs needs to improve. Timely digital discharges from all providers.
Communication Strategy including all impacted stakeholders, all the way to user level (in trust, CCG etc.) Clear Programme Management protocols and allocated representatives for stakeholder groups Striving for paper-free NHS for both patients and clinicians (including better use of smart technology and AI)
Connectivity Access Shared
Co-produce it with patients/citizens Making it easy to share/access information Engagement
Decent internet speeds and band width

Digital first approach for access for patients Patients able to take control Full interoperability of systems across all organisations/settings
ease of use for clinicians with the information that I need in a consultation immediately available with no clutter
effective, integrated, up to date
Engagement in design Interoperability Ease of access/use
focus on people outcomes data sharing not protection multi agency beyond NHS
Good governance procedures Invest to save Impact assessment
Have digital leadership across the STP Work together more collaboratively (not just sharing info)
Honesty, Collaboration & support
Information sharing record keeping standards
Information Sharing. Having the right people making decisions in the right areas. Having an understanding of the whole landscape.
Innovation Openness Collaboration
Input once and share Contemporaneous records Real time record updates
Integrated health and care systems

Integration of different systems
Integration, integration, integration
Interoperability at the cornerstone of every project Shared and communicated Vision Collaborative working across HCV
interoperability breakdown information sharing barriers digital innovations for self-management
Interoperability Innovation Information Sharing
interoperability open data standards
Interoperability Vendor neutrality Security
interoperability, collaboration / engagement with partner agencies, public engagement
interoperability, stop add stand alone piecemeal services
It has to be future proof , easy to use integrated system
mandatory interoperability consistent uniform coding transparency with security
paperless each item of information only needs to be entered once & can be accessed readily from others in the system reduce the number of hand offs & data transfers
PATH DATA FROM YORK HOSPITAL BEING VISIBLE AT HUTH MOBILE ACCESS RE HOME VISITS SHARED DECISION TOOLS WITH PATIENTS
Patients are empowered to make their own decisions about their care needs. Clinicians have access to all of the information they need about a patient to make the best decisions. Information is easily shared between local provider partners.



Place Based Care Integrated view of Records Appropriate Infrastructure
Quality of Information Information Accessibility
Rapid access and systems that work quickly Identical systems that all work the same wherever you are everything is digital with no paper
Safe Care Patient driven Clinician driven
Same system used by Health and Social Care
Shared
shared standards, common roadmap and agreed trajectory towards a converged systems and business architecture, a consistent and coherent digital ecosystem for
Shared vision between all parties Agreement on collaboration , no protected areas
Single solutions for the same requirement for Patients, clinicians; Stability in providers (cease tendering locally) appropriate resourcing
Speed, ease, shared (minimise reinventing the wheel)
Strong, confident and active System Leadership at every level deliver the fantastic opportunities and outcomes we can realise for our population in a much faster
Supporting clinical innovation Patient ownership of health Easy operability
Systems should only be purchased that guarantee interoperability HCV should support only 1 system for primary care that is able to integrate with other services Create a digital delivery culture

That user need is truly met, with an ability to tailor provision around the capabilities of the user, which in modern times can vary considerably from user to user.
Support in the workplace to ensure the full benefits of the technology and the associated digital solutions are exploited fully (Many people still don't know the full capabilities of both windows of ms office products).
The provision of a user voice, to identify system issues and improvements which are often endemic and embedded and are often over looked because they are simply tolerated by the users because of digital failure fatigue.
The current systems do not even work-our cyberlabs access is frequently down over the last month (90% of the time), I frequently cannot log in to GP Browser and the N3 connection often drops. Adding to this we appear to also have a smartcard intermittent issue. EMBED are highly unreliable. The system is a shambles and needs fixing before you even think of dreaming up a digital transformation strategy and trying to meet the demands of the new NHS contract
what is needed to support the patient need?
who are ALL of the people who need access to that information?

What digital improvement would have the biggest impact on improving patient experiences across HCV?
Responses
- One record for all, shared by multiple organisations
a 100% health and social economy use of a unified shared record platform
A shared record across the patch that allows all, including patients, to contribute to a common patient assessment.
Access that works in multiple locations/environments.
Speeder access to digital resources.
Keeping technology up to date and current so that inbuilt advances can be exploited quickly by the organisation.
Access to EPR
access to secondary care appointments
an EPR
better infrastructure
Data and systems sharing to facilitate seamless transition between health and social care for patients
Delivering the agreed plan and sticking to the course set by our Digital Roadmap.
Developing a consistent and comprehensive digital ecosystems for patients
Digital leadership
Easy access to electronic patient records

Fast access to information = better understanding, whether clinician or patient.
Less duplication, more safety, reduced admin costs
faster machines
Giving patients access to a specifically designed tool / app that supports wellbeing. We don't currently have a shared app to support video consultations, and links to multiple clinical systems. Everything is separate and having something to join these up would really help patient experience.
Integrated electronic booking systems
Integrated electronic care records with sharing agreements across primary, community and secondary care
Integrated health and social care systems
integrated primary and secondary care systems
integration
Interconnectivity
Interoperability
Interoperability
interopratability and intergration provided that each individual and organisation add useful upto date information in clinical records
Linked and accessible systems (Clinical Portal)
NHS app with permissions set to access all information
one GP system
One patient portal across the HCV
One record for all health contacts available to all including the patient
Patient control and management via electronic means, eg, booking appointments in secondary care themselves, remove paper notifications for patients, email and/or app use, ordering prescriptions through technology, access to advice and guidance for specific conditions, rather than face to face requirement. Move towards AI and automated clinical diagnostics - improve the NHS Direct quizzes with real outcomes and link those to the options for next steps, eg, booking appts etc.
patient education on accessing digital solutions, including shared records,
Patient held record - particularly around the primary / secondary care interface where people are repeatedly left in limbo as the two areas struggle to communicate effectively. The patient is the common denominator and giving them the information about test results, appointments, etc will support personalisation and choice
Patient Portal for a Single "Front Door" to Services
people's own control
Promotion of patient related Apps
quick access/one login/everything on the same platform
Rapid expansion of YHCR to include ALL local trusts/social care/Primary care
read and write access for their records
Real time record updates

Reduce the number of IT providers. A single provider would be much better.
Single infrastructure across the region
Reliable read/write access wherever it is required and for all those who need it (GP's, Ambulance, Social Care, NHS)
SAME SYSTEM FOR ALL
Self Care- self management by citizens that connect back to the NHS
self-management and e-consultation- currently ALL roads lead to A & E
Self Service
Shared care record
Shared data on current involvement of health and care agencies.
Shared medical record
Shared records
single point of access system for all health needs, one platform as an entry point.
Single source of truth for clinicians
Ask for information once only
pooled, collaborative resource
Standards around interoperability
Start with EPACCs then extend to frailty and other chronic diseases
supported follow-up/home first
Telemedicine
The ability to share records (eliminate duplication/repetition)
The GP actually have reliable IT.
universal interoperability
Wide access, standard patient health app.
YHCR & Patient online access

**What are the most critical actions that would enable organisations in Humber, Coast and Vale to develop shared leadership for an ambitious digital strategy?(Please list up to TWO)**

Responses
- Agreed funding - Agreed vision
? not sure of question Employ a separate STP digital lead (not working for another organisation also)

1) define the benefits and beneficiaries of the work.
2) clear authority and accountability for aspects of the strategy.
1. Taking everyone on the journey not just the savvy/interested ones
2. Ensuring that it will deliver improvements to patient care
1. adequate and appropriate engagement from PCN clinical directors to shape what is required.
2. standardised care plans
1. ensure senior executive leads from all organisations are appointed and aware of scope of digital transformation
2. using glossary of terms and talk in lay persons language at meetings- discuss outcomes/outputs and not technical solutions
1. Full understanding of the shared benefits. 2) Full understanding of what can be delivered through working together / at scale
a focus on people outcomes not organisations
doing things at the right level of geography
Accountable owners and agreed timelines to deliver priorities
Agreed Vision
Financial envelope agreed.
All organisations agree
The right people involved.
Allocation of dedicated resource to manage programmes/projects
An understanding, at leadership level, of the evidenceable capabilities and opportunities afforded by modern digital technology.
An environment within which leaders utilise digital solutions as part of their role without the need to delegate the task
appoint a digital advocate
develop clinical workforce consensus
Appoint a Digital Tsar with total discretion to implement digital strategy once agreed by all parties.
Appointment of CIO with overarching responsibility
All leaders at all levels communicating with integrity the vital role digital technology plays in delivering a sustainable high quality responsive health and social care
Appropriate funding
Appropriate representation from all orgs
Balanced playing field - all areas the same
Direction & Support from all Senior management
Bring together digital leadership into a single operations forum with clear leadership and a strong mandate from the partnership
Build a platform that feed in information from all various systems
Share financial resources to build such a platform
CIO/CCIO Local Network

Clarity on strategic priorities, governance and use of resources. Capacity to deliver
Clear strategy filtered down to organisation levels Clear funded development plan
Clear workable plan and Resources (funding and people)
Clinical engagement EPR Strategy
Clinical Leadership including GP's Alignment of the development of the service vision and strategy and the digital strategy
Co production Enabling engagement
Data sharing agreements Shared vision
deliver on what is already promised, can TPP and EMIS share yet?
Do not have different systems primary and secondary care systems should be the same
Executive sponsorship of the digital agenda by an appropriately skilled individual in each contributing health and social care organisation within the HCV. Learning to bring IT/Digital to the table at the earliest opportunity at each project in order to recognise the significance of its impact on success.
Financial resources to deliver the strategy, enabling sharing of relevant information
Finding a way to ensure the successful buy in of all organisations with an incentivised scheme
Fix our current IT before trying to complicate it further.
For all organisations to commit to undertaking some joint large scale procurement and stop doing it bit part at single organisation level. All organisations to have a clearly identifiable executive lead for digital
get the right people spend enough money
Hardware and integration
Having the right people in the right positions Being open and honest in discussion and information sharing Putting patient first
Integrated Health and social care records

integration of systems patient views of shared EPR
Investment and Funding Strategy including partner commitments to savings plans directly correlating to introduction of technology. Move further and quicker into newer technologies to inform patient care - AI (learning from trends, recommendations for treatments), better IT packages than MS word and excel for administration, paper-free patient data and management of information
Joined up working Shared agenda
Leadership digital knowledge
Longer term roadmap for shared clinical data. Organisation leaders supported by exec level attending routine action meetings.
Must have clinical ownership Operationalisation of the strategy
Persuasive clinical leaders for digital in each CCG Faster IT in clinical settings. The computers in York Hospital and in general practice are ancient
placed based digital outcomes across the region
Putti ng the right people in the right position Commitment
Real collaborative working - shared management Release of funding to support all organisations not just cherry picking
Releasing Time Clinician Led
Resource with the capabilities to be able to undertake the change needed backed by subject matter experts to ensure the needs of the user community are met. resources and communciations
Securing the ongoing commitment of the HCV Partnership Executive and Place Boards so all leaders are sited and are ambassadors for the delivery.
System wide information sharing agreement including primary care for more than just basic information
The resource to implement the strategy.
Time and space to develop it. Clinical need and buy in
To de-emphasise the technology elements of the digital strategy to properly engage LA decision makers at the right level
Trusts to release sovereignty over their individual platforms. Accept that investment now will reap benefits in future



Ubiquitous agreement on the Cloud Platform for sharing (eg Azure/Office 365) - presently in Hull a cross organisational tenure on HCC Azure Platform is in development. Commitment to the development of a Shared Data Warehouse
Understand our current position with regard to electronic systems versus paper Develop a sustainable plan
willingness to do it and availability of resources ( time expertices and funds )
work with existing groups and their vast experience extra capacity
WORK WITH NEW NETWORKS SIMPLE USER INTERFACE

What digital experience do you want to be created for staff?
Responses
- Simple, clear, easy to use, shareable
1.a smart card (or biometric data) that logs in securely to all interoperable systems in one quick step. 2. faster systems with large bandwidth (hardware) to allow for secure video/audio interactions between staff. 3. blockchain technology to allow for real-time patient record update with role specific access to relevant patient data.
A common simple and consistent IT provision
A streamlined unfettered view of patient history in real time.
Ability for all clinicians to access and update shared patient records from any location. Supporting delivery of different models of care and alternative workforce delivery models.
Access to technologies to support flexible working and meeting.
Accessibility to all required systems across the sector - shared care requires shared information
An invoked and engaged health and care workforce so everyone comes on the journey and it is not a done to.
An IT system that works reliably.
analysis and insight skills
consistent, fit for purpose, intuitive, reliable, transferable
Creation of a platform that supports real time access to records with minimal effort. IT systems that support single sign on, seamless vpn. Shared accommodation that can access a shared health and social care network, would help to significantly increase the digital experience for staff.
EASE OF USE

Ease of use, clinical data where is needed.
Easy common systems that allow access to the information needed to be efficient
Easy to use and access. With appropriate checks and balances in place with regard to governance and security
Ensuring all staff have the right digital skills, working within the right governance arrangements and digital policies that are at a system level and not local sector
EPaCCs
Fast easy access to the whole patient story
Fast, easily accessible, easy to use, supportive.
fit for purpose equipment with accessible systems
Front-line staff (not managers) involvement in developing digital solutions
staff engagement in app development
full awareness of what is available - local scanning strategy and DMS
High quality, intuitive UX, embedded in workflow, comprehensive access anywhere
Immediate access to patient records and information when mobile working. Same system across all organisations
Impact on whole pathway, interoperability, one shared record
improved access to understand gaps in service
Information flow to improve integrated health and social care provision and prevention
Information is available to ensure they know who is involved in the care of the patient, what their current treatment is, what risks need to be taken in to account (eg allergies) and that the information is quickly and easily available in both summary and detailed form to reduce time and waste
information when I need it with no clutter immediately
INtegrated solutions sharing data as appropriate
Interoperability, fast access, easy to use, fit for purpose, supports agile working
Keep it simple
Make sure it saves everyone time
More up to date support systems - health and patient systems tend to be the focus; supporting infrastructure to reduce administrative burden on NHS staff also needs to be a priority to allow for more efficient and easier management of information - a significant amount of time and money would be saved if the NHS
NHS staff should all be using the technology we want patients to use. If we had faster access to web resources and the ability to share with patients quickly eg via
One where digital solutions are available when needed, with in-built redundancy to ensure business continuity
one where staff believe and can see that digital is supportive not prohibitive
One where the digital option is the preferred option, so much so that digital solutions are adopted because they make service provision (and working life) easier in preference to all other ways of working.
One which doesn't create extra workload but helps

reduced hand offs & unnecessary bureaucracy
improved efficiency
reliable IT & software
simple one entry, intuitive, secure and well governed
Simple, accessible, effective, efficient
Simply to use software using the best IT equipment for the task accessing realtime information from a variety of sources.
single sign on
access to shared care records
Something that they have a say in - can test out and is designed to work for them
Staff have access to the information they need to help citizens make good decisions about managing their health and care needs.
Supported staff working with up to date tools and equipment, able to make good and timely decisions based on effective and timely data / information
Systems they support them to. Work smarter and. Sfer
That our workforce have the capability and capacity to utilise technology to significantly improve the holistic health and care support we give
the correct tools to do the job, ease of use, minimise use of multiple systems. Ability to share information easily with colleagues
The establishment of a cross organisational team to take forward workflow development using Office 365 eg <a href="https://www.convergepoint.com/">https://www.convergepoint.com/</a>
To be able to logon and work anywhere
to be able to work out of any building and access your clinical system or a holistic view of the patient record
Truly paperless with easy access to an digital platform that is durable and engenders trust in terms of delivery
up to date reliable hard ware and infrastructure including speed
Upgraded equipment and facilities to facilitate delivery of 21st century healthcare.
We make it easy to do the right thing for patients - e.g. make it simple to arrange diagnostics digitally and not default to just seeing patients in a clinic setting

What digital experience do you want to be created for citizens and patients?
Responses
- Simple, clear and easy to use
1. faster systems with large bandwidth (hardware) to allow for secure video/audio interactions between staff and patients.
2. secure access to their records summary.
3. remote consulting and sign-posting to services (via Patient.co.uk or through practice and clinical webpages).
A single platform that is easy to access, book appointments and have access to electronic consultations. Information that is readily available and has a interactive
Ability to access appropriate health information quickly. Ability to read own records
Ability to manage and contribute to their own health records.
Access to clinical records and communication

access to information to enable/ support self management and to enable responsibility and control over access to help
access to patient records
Video consultations
Supported follow up
emailed/electronic comms
access to see the most appropriate clinician much sooner
accessibility to their health records and more timely access to a GP
Agree a single interface for citizens and patients across the area linking to the Councils' Citizen's Accounts. Suggest commit funds to development of an App that can be regularly updated recognising the mobile is the preferred point of contact for most citizens.
An easy to access system providing an ability to be able to more in control of own health needs and only require contact with secondary care for highly specialist
An open one.
as above.
Changing patient behaviour to think digital first
Citizens have easy to use information and tools to help them make good decisions about their health and care needs.
Clear patient app that has all the relevant functionality. Wherever they go their record is available.
confidence that their information & data only has to be entered once digitally & can be readily retrieved in any number of settings
they see the benefits of technology with health in the same way they see it in other aspects of their lives
confidence that their data is protected & safe
consistent, fit for purpose, intuitive, reliable, impactful, integrated
control and independence
Digital access to their own data, without the barrier of phoning providers, receiving print outs, collecting bits of paper.
Use of apps, connected services, eg, NHS Direct into GPs, online consultations etc.
Digital simplifies not disadvantages/complicates
ease of use, ability to use technology and not have unnecessary appointments or travel. Support self management
easily accessible and intuitive access to their own care and health details so they can self manage or care for loved ones effectively.
easy to access online self service
Easy to access, allows patients to input their own data / experience.
Easy to use and secure.
Easy web places to go, local service recommended apps, ability for patients to take control of their health more easily
Ensure digital services enhance patient care and support delivery of excellent services closer to the patient
EPaCCs
Fast easy access to all care provided

health promotion primary prevention how to live well, limit and realistic expectation of what to expect from the NHS, ie online consultation still take up time and are no quicker than a usual consultation and does not necessarily provide all info, however better use of visual imagery from the patient (rash, spots etc) could help
Inclusive, enabling, slick, relevant
Information flow to improve integrated health and social care provision and prevention and improved signposting
Information is available to support their care, when and where it is needed so health care professionals are not relying on patients to remember to tell them everything and miss some crucial information which puts them at risk
Information, advice & guidance to better access healthcare
Informative, supportive, enabling, easy to use
Intraoperability of all records for all practitioners.
It has to be something that is developed with them not for them and doesn't forget those people who do not and will not use tech. A patient told me the other day he worries because his wife has dementia and is deaf and she cannot use a phone to call 999 if she needs to - in the future world these people should not be
Make healthcare easier to access online
make sure it is accurate
more engagement
Online consultations
realtime information on waiting times at each urgent treatment centres and A & E
More ownership of their care
One App does all
one approach and all systems to "look " the same
One that is easy to access and tailored to different abilities and needs
One that is seamless and accessible in different ways linked to the abilities and experience of the citizen, with user interfaces tested and piloted by real service users so that they meet their differing needs
Patient access through a standardised approach 'patient portal' to information and advice, booking appointments, update of personal information, potentially via digital health tools. Support for reduction in the need for people to travel to see clinicians in outpatients/GP surgeries etc through use of online tools, video
Personalisation - Choice and control. Confidence in the ability to use and apply the technology.
Quick and easy to use with secure standards
read and write access to their record
Seamless access to longitudinal record
SHARED DECISION MAKING AND SIMPLE SELF DIAGNOSTIC TOOLS
simple one entry, intuitive, secure and well governed
Simple, accessible, effective, efficient
Simple, easy and convenient to use. One that is trusted and has the confidence.
Simply to use software / apps accessing realtime information from a variety of sources.

To create a telemedicine system that will enable patients to be in control of their own healthcare. Opportunities to deliver therapy and care remotely.
usability

Is there anything else you would like to add to help inform the HCV digital strategy?
Responses
A clear narrative of how these changes make up part of the transformation in care and support. How digital plays its part in a wider role of improvement and a transition to self care high standards.
Aknowledgement of the necessary investment needed in the underlying IT infrastructure to support the Digital Strategy and the ongoing investment needed to Bring IT back in house
Can you do it quickly. Tomorrow would be ideal but the end of the week would be great.
Clinician buy in and a clear agenda for digital at the individual organisation clinical groups from each organisation
Communication is essential of what "tools" will be available but time must be given to operationalise. Must be clinically driven
do not forget the care homes in all this, if they had BP oxy sat monitors etc and a secure digital link could help
E REFERRAL ALGORYTHMS
Email storage in the NHS is dire. I have a 50GB personal exchange account at home. At work everyone struggles with the measly allocation and wastes time archiving, and compacting and deleting. It's ridiculous. Archives aren't visible remotely so that impedes work efficiency and technically outlook archiving is pretty rubbish. Just give everyone incremental storage. It will be cheaper than all the other faffing about people have to do.
Integration of health and social care record
It needs to be done sooner rather than later. We arena the 21st century and pretty much every other industry is online except the NHS
Keep up the great work and make sure system leaders remain sighted and that you continue to have a fully resourced plan that you are accountable to deliver to the agreed programme. Thank you for the fantastic work you are all doing. John Skidmore
Loads.
Creating capacity to innovate and take advantage of the huge potential in delivering 21st century health care through the use of digital technology.
local infrastructure map
and organisational information flows
make sure we can afford it
No
No
No thanks
None

Nothing
Please have regard to the Hull City Smart Digital City Strategy and ensure that this HCV digital strategy is consistent with that.
Strong governance and accountability. Ensure all organisations are engaged and involved.
the opportunity is there, start seizing it
There needs to be a certain, clear communication plan to inform staff in the NHS HCV working partnership right down to the 'shop floors' what is required of them and when. Digital transformation has to happen - be more firm about this, and start telling staff it will be happening, considering buy-in and managing how people feel about it can't be a priority here otherwise the NHS will never catch up. Mandate the change. But make it easier on staff - provide adequate support, training and guidance to ensure people are secure in what changes will be needed in their roles. Ensure appropriate investment, but take a step back - yes it will take cash, but what can be changed and reduced from existing budgets and utilised to support the funding strategy - costs for the paper quantities, forms, printing, postage, document management, portering, records transportation and storage costs etc. There has to be some direct correlation in savings to the costs of implementing more up to date technology. Also consider, how will this strategy inform a programme of work and who will be allocated projects and packages of work to support this transformation? What will the accountabilities be from all system partners to deliver the requirements? Formalise the programme and project protocols and provide suitable, digital, and
There needs to be a realistic assessment of the scale and scope of the Partnership and digital's role in delivering its ambitions, East/West and South. Reflecting clinical flows and cultural allegiances.
This is late with local provider strategies already in-place or priorities/budgets allocated on specific isolated agenda
this is really quite a remote area of interest for most jobbing GPs who are used to working independently and sorting out patients' issues despite the tangle of IT
This needs discussion and agreement at all levels to understand options, choices and methods of delivery. There's a danger in a top down decision making process, which alienates those expected to deliver and does not take into account the daily issues encountered.
Those managing the creation of the spec must show a full understanding of each 'place' within HCV, otherwise partners won't engage.
Would be very helpful to be part of the development of the strategy. Could the partnership set up a group of interested people?
Would like to see more communication to all staff - clear vision that is shared and understood



## Humber, Coast and Vale Health and Care Partnership - Online Survey - Public Free Text Responses

As a citizen, what use of technology (apps, more user friendly websites etc.) would have the greatest impact on your ability to manage your health and wellness?
Responses
Access to my full care records. Ability to push info into my care record
Apps for booking appointments with GP and receiving notifications on test results etc
Being able book appointments on line. It is hard to get GP appointments when needed same day as unable to get through in the phone and not always able to wait outside surgery waiting for them to open due to working shifts.
Being able to self refer to a list of specialists.
Better access to appointments at GP surgery for all staff and more detail included in online visible records
Booking appiintmets. Prescription reordering Appiintment reminders
everything in one place, preferably in my pocket, one front end, so I can check my records book and appointment with a GP, check when my hospital appointment will be, re-order a repeat prescription, give up smoking, run a marathon etc etc all these apps and sites already exist within the NHS domain and just need a modular front end that can be personalised
Face to face contact with my GP or Nurse via the internet.
I personally can use tech to access a range of websites to acess information for my own personal use. However, I have a lot of neighbours who have no access to tech and due to disability ie hearing, sight loss etc., I help wherever possible, but more needs to be done in informing them that help might be available, In a format they understand, we make assumptions that all of us are tech literate to be honest a lot of older folk are terrified of it.
Improved access to appointment booking, more availability, electronic newsletters from GP, ability to link home info to primary care record e.g. weight, blood sugar, etc as appropriate
It really isn't about technology. It's about funding being directed to private companies who don't have our communities interests at heart, about closures, about staff shortages and lack of infrastructure
Make an appointment with the Practice Nurse via Patient Access without having to have an appointment with a GP first.
My Rheumatology consultant at the York/Scarborough Hospital cannot currently access my medical notes

Online booking for appointments, medication repeats. Being able to email/ text a GP for follow up, eg getting a brief explanation with test results.
user friendly websites

<b>What do you feel are the barriers which currently prevent you from being able to easily access health and social care services in your local area?</b>
<b>Responses</b>
<ul style="list-style-type: none"> <li>- What does exist is fragmented, archaic, poorly promoted and supported (by frontline staff).</li> <li>- The myth that "systems don't talk to each other"</li> <li>- People who don't really know what they are talking about leading IT projects</li> </ul>
Apart from Patient Access which is limited due to only order repeat prescriptions or book an appointment for three weeks hence, there are no apps to use for accessing any other health and social care services.
Communication. Access to primary care is dire.
Disjointed systems between care providers, gp practice aimed at older community
I am fine, but it is the other folk in my community who lack internet access and perhaps do not even have a computer, tablet or mobile phone but rely on a land line and cannot get through to hospitals or doctors as they are busy.
Inadequate government funding, CCG's that are too close to private funders, and who will not listen to the local communities that they serve and who produce glossy documents to convince us that we are heard.
Incompatibility of GP and Hospital software forcing outdated technology to be used such as physical letters
Lack if doctors and nurses.
Lack of appointments out of work hours.
Lack of info in one place.
My Rheumatology consultant at the York / Scarborough Teaching Hospital is unable to acces my medical history held at Hull Royal
Not aware of what is there already. What can I access? Confidentiality and risk of hacking
Not being able to get appointments with doctors.

not much
Poor appointment system - ie. mass of people ringing GP at 08.00 for an appointment. Not enough appointments, not enough GP's, care being cascaded down to lesser qualified non-GP professionals
Technology not available. Have to be referred by a GP.
time of surgeries
times of appointments. If the appointment is for me I don't want to have to take my children too.

What guidelines or principles do you think would help us to ensure that our strategy is 'Fit For Purpose?'
Responses
Remember the data should belong to the person and also allow people to give you their information on a range of things easily - how they feel what they eat how they exercise etc. Once you have the data you have power e.g Google.
1. do not suppose that all patients are computer literate. 2. doooooo not construct a system, without offering alternative person to person contact for those less able. 3. Initial consultations should ideally be face to face, clinical examination, if required, should be carried out there and then. Follow up consultations can be carried digitally, but the need for continuity of care is important to avoid confusion..
Aim high, no compromises, real innovation and invention that starts with describing the problem or goal and not from the idea "lets make an app"
Consider the elderly, ie. broadband not easily accessible; Patients not technically savvy; some patients do not have phone line/not have PC/not have broadband and may be isolated/cut out from roll-out.
Don't understand this question.
Easy accessibility but totally confidential. One to one online conversations with professionals for advice etc.
Ensure all age groups are able to understand ie not using jargon.
High level of security. Not a chance of seeing the wrong information or someone else's. Ease of use.

I dont really understand what this means! There needs to be an acknowledgement that not everyone will be happy to use digital services, and some people might be but will need a lot of support to do so. You will need to involve carers in discussions to make sure the technology is best suited for the person, eg if the person can't tolerate anything on their wrist no point asking them to wear a fit bit or similar.
Interoperability, clear plan to maintain systems functionality and being 'up to date. Patient centred and focused,
Mobile notifications are very helpful. Internet health care is not.
Not sure this would work, but to offer talks on using tech for the folk who do not have access to computers, I cannot see how you can implement this if the person will not agree to moving forward due to fear, perhaps user friendly sessions with coffee and biscuits and showing how tech need not be a enemy but a friend in times of need. Just an idea!
Patient access to information to : Enable appointments to be managed Test results available via GP or consultant Medical records available to other hospitals on request
Remember tech is not used by many especially elderly and patients want privacy in consultations as well as availability.
Security. Testing the system with a small group of patients first before going live to everyone
the patient should be able to make decisions

<b>Is there anything else you would like to add to help inform a Humber, Coast and Vale Digital strategy?</b>
<b>Responses</b>
Questions above could do with a bit more thought, may not be accessible to all
A fully joined up approach needed including patient-centric approach with multidisciplinary approach where multiple conditions exist.
A number of welcome activities are becoming available. Well done so far.
Access for patient's who live in the East Riding but GP services come under York CCG.

Consider

1. Not every patient has broadband due to cost
2. Not everyone has PC/Access.
3. Still reliance on telephoning for appointment at 08:00am.
4. Not enough GP's (ie not enough in training/GP's retirement and not being replaced)
5. CCG concentrating on digital improvements rather than concentrating on making more direct healthcare available, ie. not paying for more expensive medications/treatments that may prolong quality of life of patients.
6. Systems do not talk to each other - LORENZO, SystmOne, EMIS, not all compatible and not talk to each other.
7. Patients cannot access all patient record to see if GP has entered information/Notes properly/accurately in order to correct any errors

Eliminate private contracts, and do away with CCG's that do not seem to me to work in the best interests of their communities.

Make all Apps user friendly and easy to follow. Not everyone is computer/internet literate!

services are available online more


This is only good if you have the internet and can use it. The elderly and young are a high risk group. There needs to be a strategy running parallel which caters for non internet patients or those unwilling/unable to use it.

Would be nice to see all services using same IT ! ie some use Lorenzo some use System one and these systems don't speak to each other!

# APPENDIX 5

## HIMMS CONTINUITY OF CARE MATURITY MODEL

## APPENDIX 5

STAGE	 Continuity of Care Maturity Model Cumulative Capabilities
7	Knowledge driven engagement for a dynamic, multi-vendor, multi-organizational interconnected healthcare delivery model
6	Closed loop care coordination across care team members
5	Community wide patient records using applied information with patient engagement focus
4	Care coordination based on actionable data using a semantic interoperable patient record
3	Normalized patient record using structural interoperability
2	Patient centered clinical data using basic system-to-system exchange
1	Basic peer-to-peer data exchange
0	Limited or no e-communication



# APPENDIX 6

CURRENT HCV DIGITAL PROJECTS

## APPENDIX 6

	Q4 18/19			Q1 19/20			Q2 19/20			Q3 19/20			Q4 19/20		
	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March
<b>Local Strategy</b>															
SRCCG IM&T strategy & Local Digital Road Map															
<b>Regional/National Strategy/STP</b>															
Regional/National Strategy/STP															
Y&H LHCRE programme															
LHCRE Phase 1 - shared care record															
YHCR Phase 2 - record sharing															
YHCR - EPaCCS Deployment - Record Sharing															
Record Sharing - eSCR (Humber)															
Record Sharing - SLIP Phase 2 (Humber)															
HSLI fund support															
IMT delivery partner contract review															
<b>Commissioning</b>															
NHS 111 direct bookings - support to national/STP wide programme															
Care homes electronic record (connecting care homes)															
GPSoC															
EPaCCs system															

	Q4 18/19			Q1 19/20			Q2 19/20			Q3 19/20			Q4 19/20		
	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March
<b>Operational</b>															
TPP/EMIS - GPSoC/GP Futures Commissioning Dec 19															
Paperless by 2020															
6+5 trust/provider actions															
Safe transfer of care															
SNOMED															
EDSM/TPP safeguarding access to records															
Infrastructure OS update - Windows 10 & ATP roll out															
Infrastructure office package - Office 2010															
EMIS/TPP record viewer															
<b>Primary Care</b>															
On line services - encourage more practice sign up for on line services															
EP52 - Optimisation programme															
RSS/RFED - interoperability between providers															
NHS111 direct bookings - Supporting the functionality of direct booking															

	Q4 18/19			Q1 19/20			Q2 19/20			Q3 19/20			Q4 19/20		
	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March
e-Consultations															
Improving Access - Delivery															
<b>IT Service Delivery</b>															
GP Soc - support to delivery of new contract GP Futures															
GPIT refresh 2018/19 - influence over bid															
Public WiFi - deploy in practices															
Practice server cabinet review															
Deployment of a Y&H (HCV) shared care record															
Server replacement CHC															
N3 to HSCN migration															
HSCN - Gov roam enabled															
EPaCCs System - support to investigating best product															
Deployment of Windows 10 & ATP - central license supply															
Replace Office 2010															
Contract management of IT provider															
<b>Budget/Finance</b>															
GP IT core funding															

	Q4 18/19			Q1 19/20			Q2 19/20			Q3 19/20			Q4 19/20		
	Jan	Feb	March	April	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	March
IG service/GDPR (EMBED contract re procurement)															
Additional kit to support changes in business															
ETTF funding bids															

# APPENDIX 7

## HCV DIGITAL STRATEGY PROGRESS SCORECARD

# APPENDIX 7

Digital Objective	Indicator	2018 Status	Performance Target	SRO	Monthly Status
GOVERNANCE AND LEADERSHIP					
Create digital boards with nine to twelve participants					
Appoint a CDTO role					
CITIZEN					
Citizens to participate in decision making regarding digital initiatives					
Patients have the ability to access their health information easily through portable devices					
CLINICAL					
Clinical pathways to be reviewed to ensure patient pathways are streamlined					
Majority (75%) of clinical activities supported by digital platform					
Single sign-on ability for clinicians					
TECHNOLOGY					
Device refreshment plan in place					
Road map to show how paper/fax machines will be eliminated					
FINANCE					
Develop a high level plan with cost analysis of upgrading HCV digital infrastructure					

# APPENDIX 8

EMERGING LANDSCAPES —  
THE CREATION OF NHSX

## APPENDIX 8

The creation of NHSX to steer a more focused approach to the digitisation across the system provides further support that digital plans and adoption must be a core objective of any NHS organisations business plan. In recent blogs and presentations, Mathew Gould, CEO of NHSX has determined that there are ten major transformation pieces of work that NHSX will be driving forward.



1. NHS app and citizen ID



2. Digital child health and maternity



3. Integrating community providers (including pharmacists, optometrists, dentists and ambulances)



4. Screening



5. Booking, referrals and appointments management



6. Standards (including medication standards)



7. Primary care



8. Urgent and emergency care



9. Social care



10. Local capability (including LHCR, HSLI, GDEs and Carter money)



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Mr. Gould has also stated the top delivery missions that have been agreed by NHSX. These include:

- Reducing the burden on clinicians and staff, so they can focus on patients
- Giving people the tools to access information and services directly
- Ensuring clinical information can be safely accessed, wherever it is needed
- Aiding the improvement of patient safety across the NHS
- Improving NHS productivity with digital technology.



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