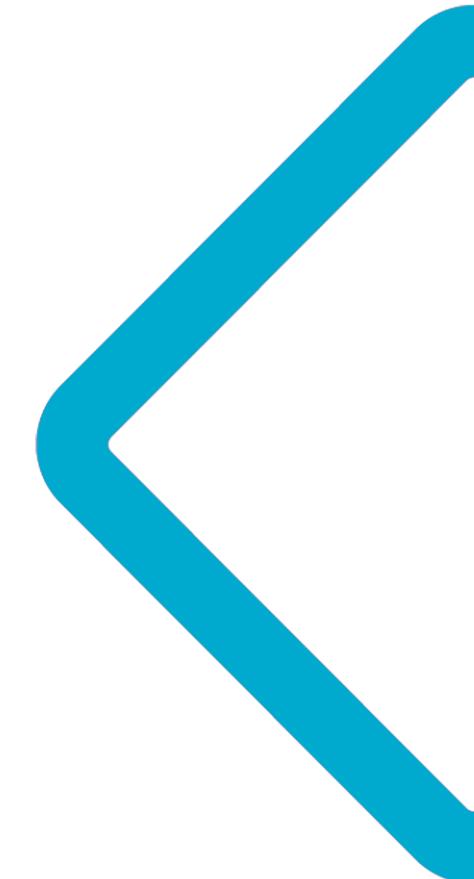


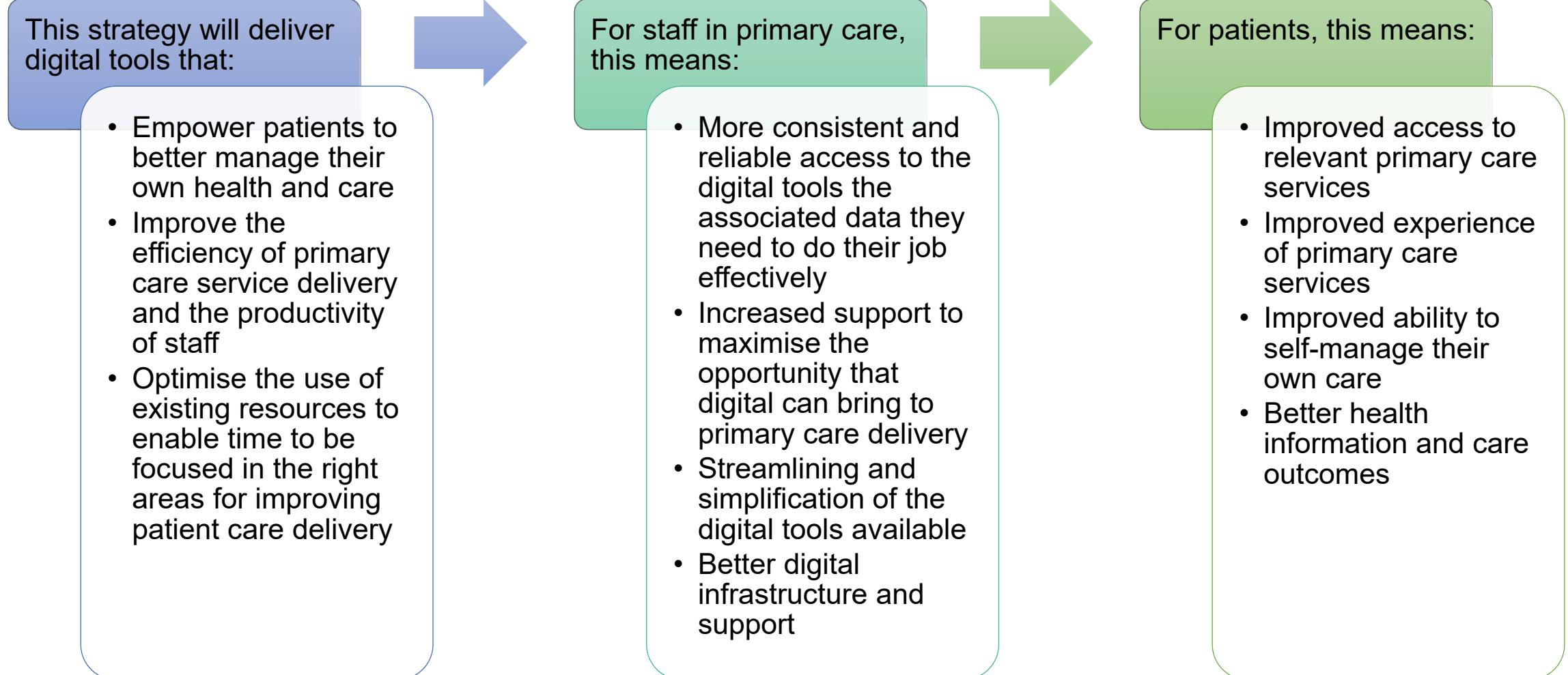
ICB Digital Primary Care Sub-Strategy: 2024 - 2027

OCTOBER 2024 – FINAL 1v0

APPROVED BY SYSTEM PRIMARY CARE COMMITTEE ON 17th
OCTOBER 2024



Summary



Illustrative Stories – What this means for staff & patients



Pharmacist

- Samira is a community pharmacist who is consulting with a woman who wants to start the contraceptive pill. Samira logs into her computer system and is able to view the **patient's full GP medical record through the Cheshire and Merseyside Shared Care Record**. Samira sees that the patient has previously had a deep vein thrombosis (DVT). Samira discusses the risks of various options before starting a progesterone only contraceptive pill and sending a **digital summary of the consultation back to the GP**.



Patient

- Chris is a 65-year-old man who has been discharged from hospital after an exacerbation of his COPD. Chris was shown how he could **view his hospital results, treatment plan and follow up appointments through the NHS app** without needing to liaise with the hospital or needing to see his GP. Three days after his discharge, Chris feels his breathing still isn't right. He **submits an online request to his GP surgery via the NHS App** and is booked into see his GP that same day. The GP assesses him and decides to recommend a **digital pulmonary rehabilitation app** and refer him to the **Respiratory Remote Monitoring** unit for closer monitoring whilst he recovers.



GP

- Alison is a GP Partner and Clinical Director of her PCN. She is meeting her PCN colleagues to plan their activity for the month, using **neighbourhood health data to risk stratify their patients and plan demand, capacity and ARRS deployment** for that quarter. When she returns to her practice, **AI RPA tools have pre-processed the letters and test results for her patients, actioning, coding and filing those that are low risk and flagging higher risk results** for her to review. As she then starts to consult, she **works through a mix of AI-triaged online, telephone and face to face appointments, seamlessly accessing patient data from primary, secondary and tertiary providers as needed with a digital co-pilot summarising her consultations and generating her referrals** for her.



Administrator

- Ali is a Care Navigator in a GP Surgery. She is answering a call from a patient seeking help with her mental health. Ali **advises the patient of a digital self-referral pathway for the primary care mental health team**. Ali also signposts the patient to the **Cheshire and Merseyside health app library**, where the patient can search for **approved digital self-help tools to support their mental health**. When the patient tells her "I don't know how to use that digital stuff", Ali empathetically offers her a **digital support appointment with the PCN Social Prescriber**, to help develop her **digital literacy** and offer her financial support if required.

Background

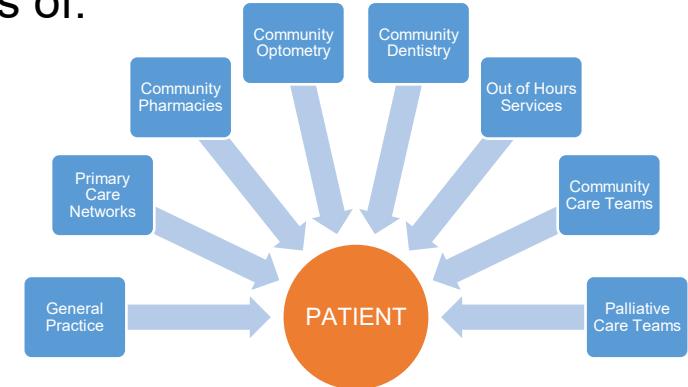
Primary care in Cheshire and Merseyside (C&M) Integrated Care Board (ICB) is formed of a wide range of primary care services (GP practices, community pharmacies, community optometrists and dentists) and has previously had a wide range of investment and variation in adoption of digital tools and services due to the formation of the ICB from the 9 previous Clinical Commissioning Group (CCGs)

The primary care landscape in Cheshire and Merseyside currently consists of:

- 349 GP practices spread across 47 Primary Care Networks (PCNs) in 9 Places
- 559 community pharmacies
- 286 community optometrists
- 313 NHS funded dentists.

In terms of core digital systems and services in primary care:

- 328 of our GP practices use EMIS Web, while 21 practices use TPP SystmOne (exclusively in Warrington). Primary care contracted services use a variety of locally and nationally funded digital systems with some integration to core NHS systems (such as the Spine and Summary Care Record) where relevant and funded
- Our primary care IT support services are provided by three IT service providers on a Place based footprint:
 - Informatics Merseyside (IM) - Liverpool & Sefton Places
 - Mid Mersey Digital Alliance (MMDA) - St Helens, Knowsley & Halton Places
 - Mids and Lancs CSU (MLCSU) - Warrington, Cheshire East, Cheshire West & Wirral Places.



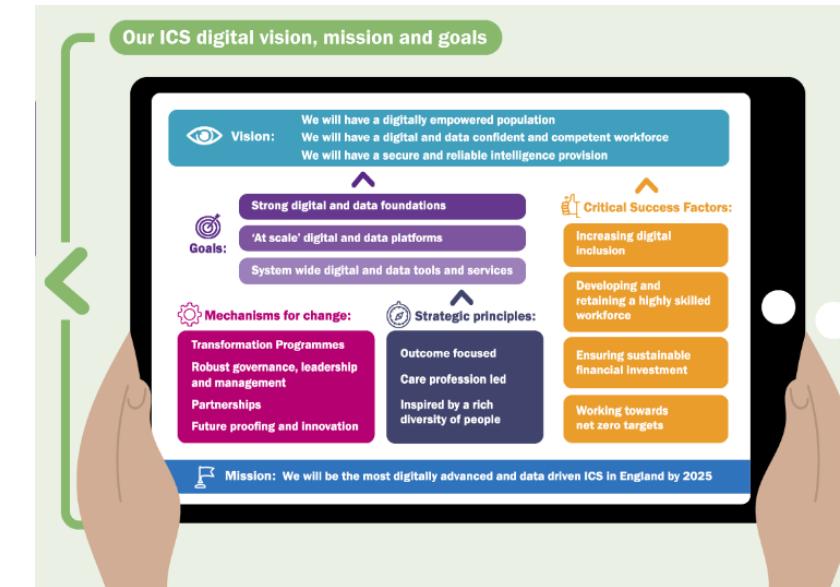
C&M wide developments in Digital

C&M ICS has an agreed digital and data strategy within which this Primary Care Digital sub-strategy sits and aligns to

The Cheshire and Merseyside Integrated Care System (ICS) Digital and Data Strategy contains 3 strategic goals and over 30 strategic commitments phased over 3 years. The strategic commitments are a mix of national requirements / targets and local ambition. They support three key themes:

- ‘Levelling up’ systems and infrastructure
- Putting intelligence into action
- Improving outcomes and reducing health inequalities for people and populations due to digital and data investment.

Primary care is referenced throughout the strategy, especially in relation to the three strategic goals of strong foundations, ‘at scale’ platforms and system wide tools and services, and this sub-strategy is designed to build on the ICS wide strategy and provide more ‘breadth and depth’ to the strategic commitments for primary care across the C&M system primarily from a digital perspective.



C&M wide digital developments in Primary Care

C&M has a long-standing history of digital developments at scale across primary care for the benefit of primary care staff and their patients

Previous Digital First Primary Care (DFPC) programme and developments 'at scale' through Service Development Funding (SDF) include:

- An offer to implement PATCHS online/video consultation (OC/VC) platform in general practice across C&M to widen access to general practice in many areas
- Adoption of the Ardens clinical decision support and workflow optimisation tool to highlight safer practice and improve patient searches
- Rollout of the ORCHA platform for Social Prescribers to share with patients to help with self-managing their care through the use of accredited apps
- A variety of digital inclusion schemes including providing support for patients to utilise the NHS app, providing equipment and enabling online access for the most digitally excluded groups (through centralised IT kit recycling schemes), and increasing digital skills for patient and their carers
- A variety of digital initiatives at Place / PCN level to support 'levelling up' on systems, infrastructure and skills development in line with requirements set out nationally by NHS England.

Progress against PCARP Ambitions

The Primary Care Access Recovery Plan (PCARP) has also brought additional funding and focus into areas such as digital telephony. We are now in the second year of the Plan which sees a different focus for digital enablers, a summary of which are detailed below (information correct at end of June 2024):

Empowering Patients by using the NHS App

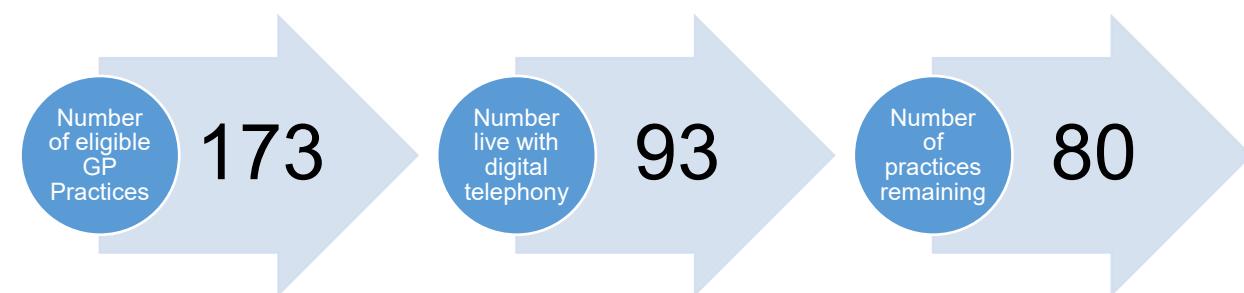
	Target set by NHS England			
	Number of times patients accessed the NHS App to view their records		Number of repeat prescription requests via the NHS App	
	As of June 2024	Target by March 2025	As of June 2024	Target by March 2025
Cheshire and Merseyside	1,062,777 Per month	626,000 per month	223,219 Per month	191,000 Per month
National	9.9m Per month	15m Per month	2.7m Per month	3.5m Per month

Source: NHS England June 2024 (last full reporting month)

Cutting Bureaucracy: Register with a GP Surgery Online

	Number of practices enrolled	% practices enrolled
November 23	119	33.6%
February 2024	148	42.8%
April 2024	156	45.1%
May 2024	174	50.4%
June 2024	217	62.9%
July 2024	222	64.3%

Implementing Modern General Practice: Digital Telephony



This investment has contributed towards improvements in access. For example, during March 2024, practices delivered over 1.2 million patient appointments – which is nearly 250,000 more than in the same period pre-pandemic. Nearly 830,000 of these appointments were held face to face, and almost 400,000 consultations were also remotely delivered by telephone, online or video, with many patients now choosing this option when it was clinically appropriate and more convenient for them to do so.

Digital Strategic Principles

In developing this strategy, a number of underlying strategic principles have been agreed to support system wide strategic development across primary care

Better meeting the needs of our patients and better supporting staff delivering primary care services in a consistent manner across C&M are the primary objectives of investing in digital

The strategy involves all aspects of primary care even though much of the focus is currently on general practice due to funding flows

There is as much a need to focus on 'getting the basics right' in terms of equipment, connectivity and skills, as there is on digital enabled transformation

Digital developments must not increase the 'digital divide' across our diverse communities

Digital needs to reduce health inequality in care and improve accessibility for staff and patients

The strategy promotes collaborative working within and across PCNs and the ICB (recognising general practice choice), and with other health and care providers in the system, primarily on a Place-based footprint

Collect high quality clinical data once and use it appropriately many times through approved data sharing agreements

The roles and responsibilities of the ICB, Place, PCNs, Practices and IT Service Providers in delivering the strategy will be worked through in detailed implementation planning on a priority-by-priority basis

Specific plans may change but the direction of travel set out in our vision and ambition will remain. Our implementation plans will be developed with patient and public input and reviewed annually to account for the need to remain adaptable

Digital systems will only be replaced and/or 'at scale' solutions implemented following consultation and agreement with the key stakeholders impacted by that solution, and the availability of appropriate evidence to support the proposed change

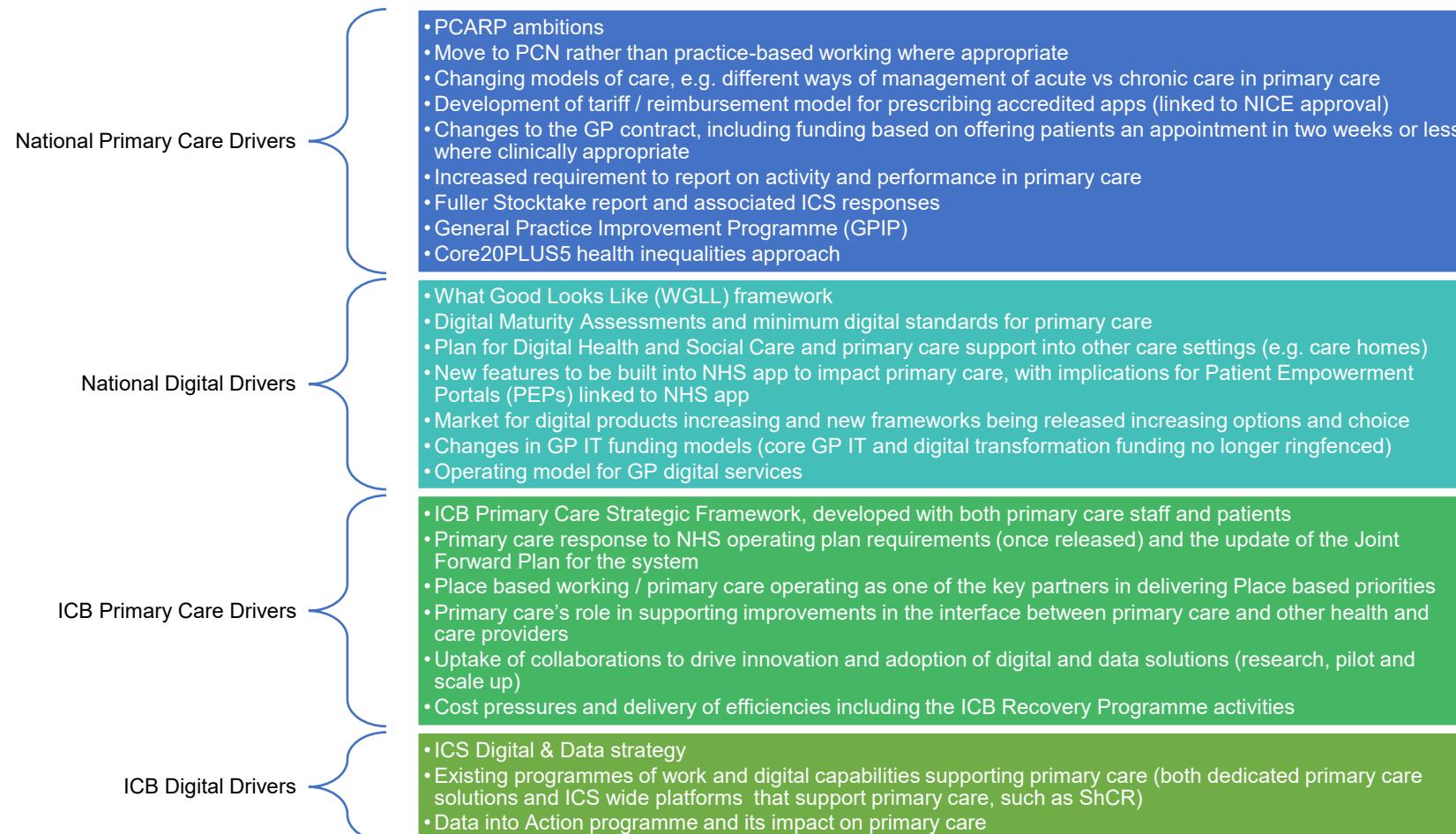
An increased transparency around funding sources and resource availability will underpin future collaborative working between the ICB, Places, PCNs and IT service providers

Some things will be outside of the control of stakeholders across the ICB to deliver, but the ICB will use its influence regionally and nationally to drive change in such areas where necessary

Digital developments support and align with delivery of the ICS Digital Green Plan objectives wherever possible

Drivers for Change - Future Direction of Travel for Primary Care

The digital strategy for primary care needs to not only align with our overall ICS Digital and Data Strategy but support the future needs of primary care as outlined in national and local strategy documentation



We are therefore developing this strategy now to primarily ensure:

- Improvements in support for primary care, which will lead to improve patient outcomes and clinical excellence
- Alignment with PCARP ambitions
- Appropriate reference to wider primary care developments outside of general practice
- Alignment into the refreshed ICS wide Digital and Data Strategy (in development in parallel)
- Support for the ICB Recovery Programme and associated transformation activities.

Key Primary Care ‘Use Cases’ for Digital Transformation

Although the primary care digital strategy supports the wide range of drivers outlined previously, the following key areas have been identified as the focus for digitally enabled primary care transformation (aligned to the key themes of [PCARP](#) and underpinned by solid foundations of core infrastructure, systems and skills).

Empowering Patients

Uptake, usage and availability of standardised information and services on the NHS app



Implementing Modern General Practice

Implement digital tools to support triage of requests and prioritisation of appointments within two weeks or less



Building Capacity

Utilise existing digital solutions to maximise existing capacity, and adoption of new solutions to build capacity



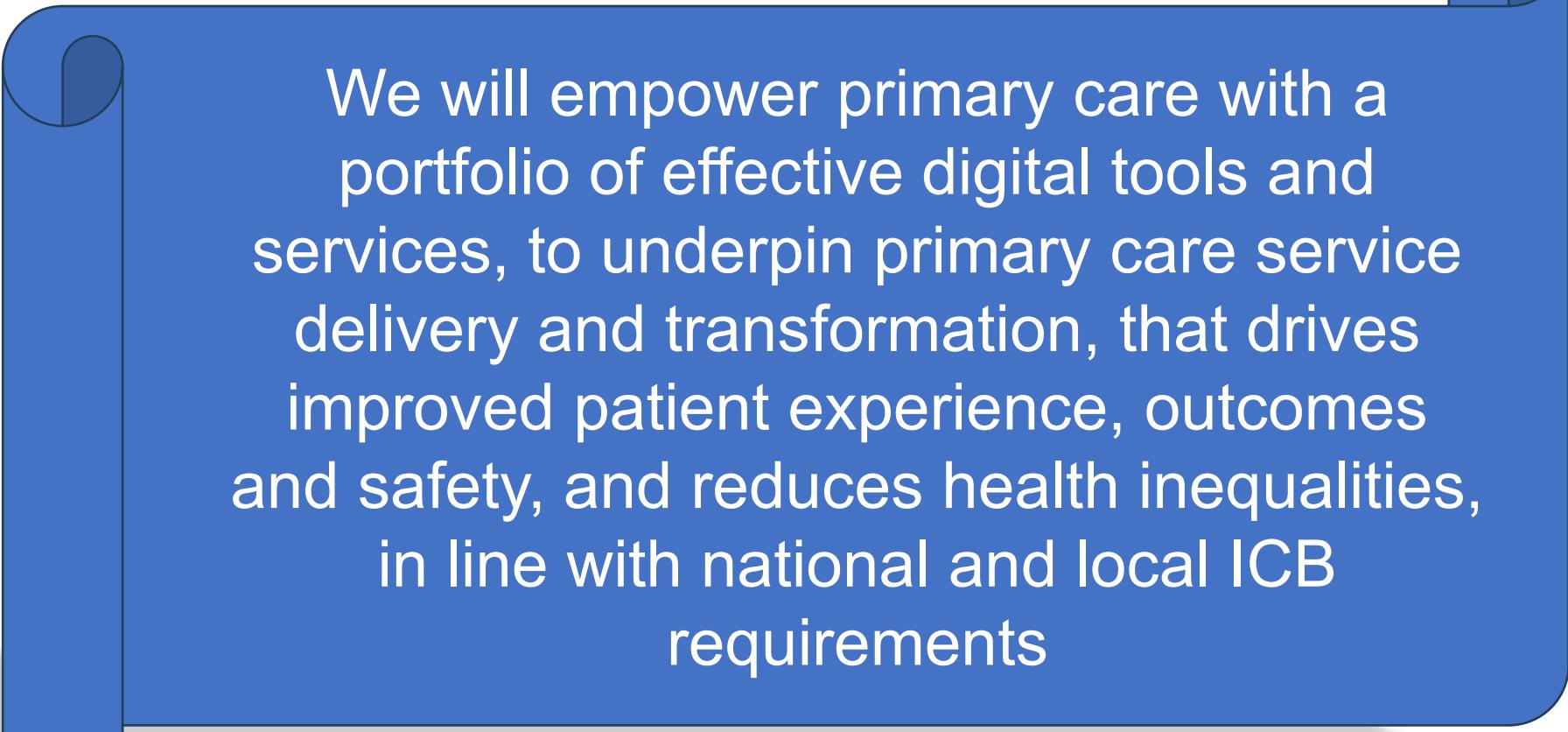
Cutting Bureaucracy and Improving Efficiency

Improving the efficiency of primary care processes through digital solutions



GETTING THE BASICS RIGHT – RIGHT SYSTEMS, INFRASTRUCTURE, RIGHT SKILLS ETC.

Our Vision for Digital in Primary Care



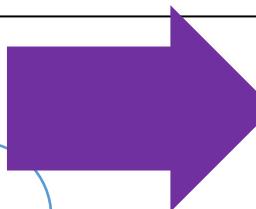
We will empower primary care with a portfolio of effective digital tools and services, to underpin primary care service delivery and transformation, that drives improved patient experience, outcomes and safety, and reduces health inequalities, in line with national and local ICB requirements

Digital Objectives – ‘Getting the Basics Right’

Being able to transform primary care through digital fundamentally relies on their being a solid foundation of reliable, fit for purpose core systems and infrastructure, and staff having the skills to maximise the opportunities that digital provides them to transform the way they work and stepwise improve patient experience and outcomes

Our Ambition

- Staff have access to reliable, fit for purpose, secure and safe software solutions to support patient care
- Staff have access to ‘fit for purpose’ digital devices to support their working practices (including flexible working)
- Reliable, robust and fast network connectivity through a modern, secure ‘cloud first’ infrastructure
- Staff have access to timely and responsive digital support services when required
- All PCNs are signposted to existing standardised, high quality digital and data related training and specialist support including Information Governance (IG), clinical coding, clinical safety and data quality
- PCN Digital Transformation Leads, Shared IT providers and Place Digital Leads are all networked to share learning in digital transformation and to support the delivery of the ICB sub-strategy



Our Priorities

- Undertake clinical safety and cyber security audits, (and where needed up-to-date assessments), of all core digital solutions in use across primary care
- Undertake data quality audit to ensure data consistency
- Undertake a staff survey across primary care IT to understand where the biggest issues with core systems and infrastructure lie, and develop an action plan to address the issues raised
- Undertake a ‘technical debt’ infrastructure assessment and develop a prioritised infrastructure capital investment plan to address areas of most significant clinical risk across primary care services
- In line with work taking place across the ICB for Corporate IT services, develop and implement a plan to ensure primary care staff working across Cheshire and Merseyside have a consistent, high-quality experience when needing support
- Develop an accessible directory of digital and data related training and promote across primary care
- Develop a culture and appropriate forums for sharing learning across Places and IT service providers

Digital Objectives - Empowering Patients

The NHS app, supported by Patient Empowerment Portals (PEPs) deployed by NHS providers and shared care records (ShCRs) in place across health and care services, will drive patients' ability to make their own decisions about their care

Our Ambition

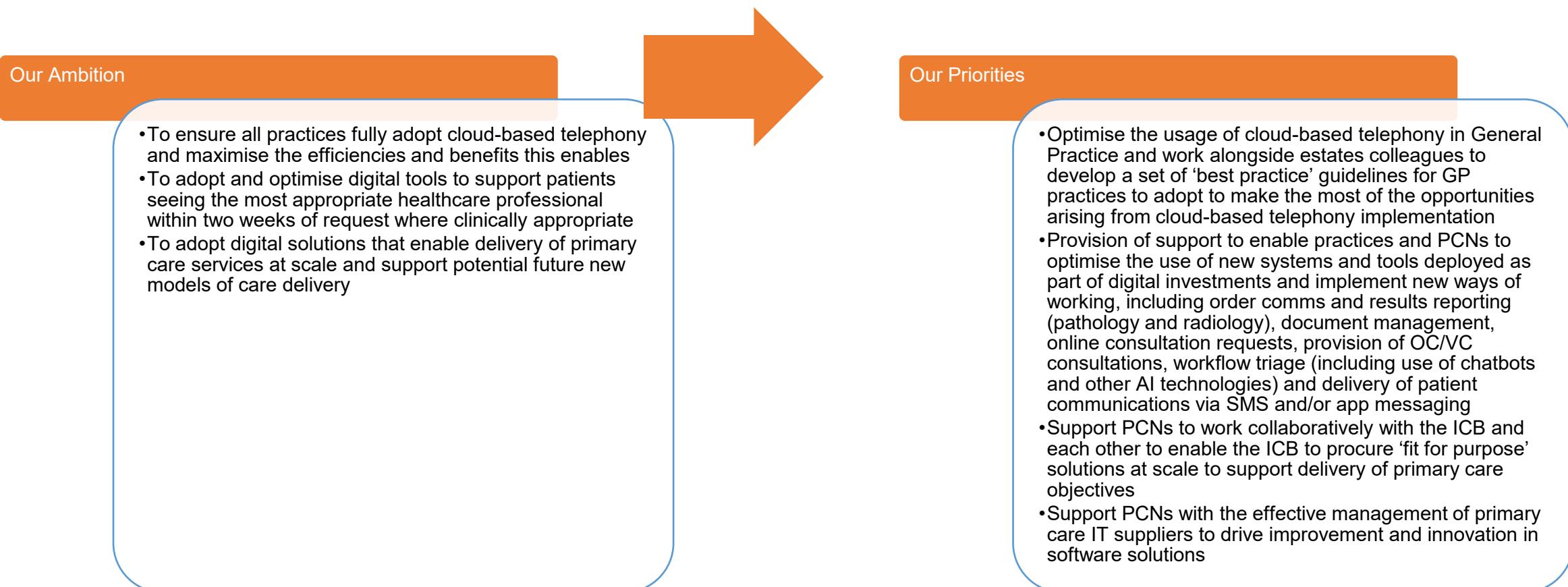
- To fully adopt NHS App as the single digital 'front door' to digital services across the C&M system
- To maximise the uptake and usage of NHS App across the C&M population
- To standardise the information and services available to patients through NHS App across C&M to address the current variation and disparity of access
- To enable access to a broader range of digitally based standardised information (including accredited physical and mental health apps) to support self-care of chronic conditions
- To support the expansion of relevant, prioritised self-referral pathways using a standard platform for self-referrals that integrates with other digital tools and processes for managing primary care demand at scale
- To provide other digital tools and services to support access to standardised services and information where appropriate, ensuring these are user friendly and co-designed with patients where possible
- To equitably empower patients and take positive steps to ensure health inequalities are not worsened

Our Priorities

- Proactively support local and national campaigns to drive uptake and usage of NHS App by the public, using digital inclusion initiatives to support uptake by harder to reach groups
- Standardise the information available to patients through NHS app across PCNs (in the first instance) and ultimately across the ICB
- Standardise the primary care based services available to patients via NHS app by PCN and then across the ICB, with an initial focus on selective appointment booking and cancellation, and two-way communication with patients (e.g. patient / clinician messaging)
- Provide access to a library of digital based standardised information and accredited physical and mental health apps which have a good evidence base, have been approved by the relevant C&M clinical network and are integrated into standardised patient pathways
- Create digital self-referral pathways for patients using a standard platform (where agreed and prioritised)
- Work with local authorities and VCFSE organisations to develop digital literacy and reduce digital exclusion amongst C&M citizens
- Ensure a non-digital alternative to access services to avoid exclusion and exacerbation of health inequalities

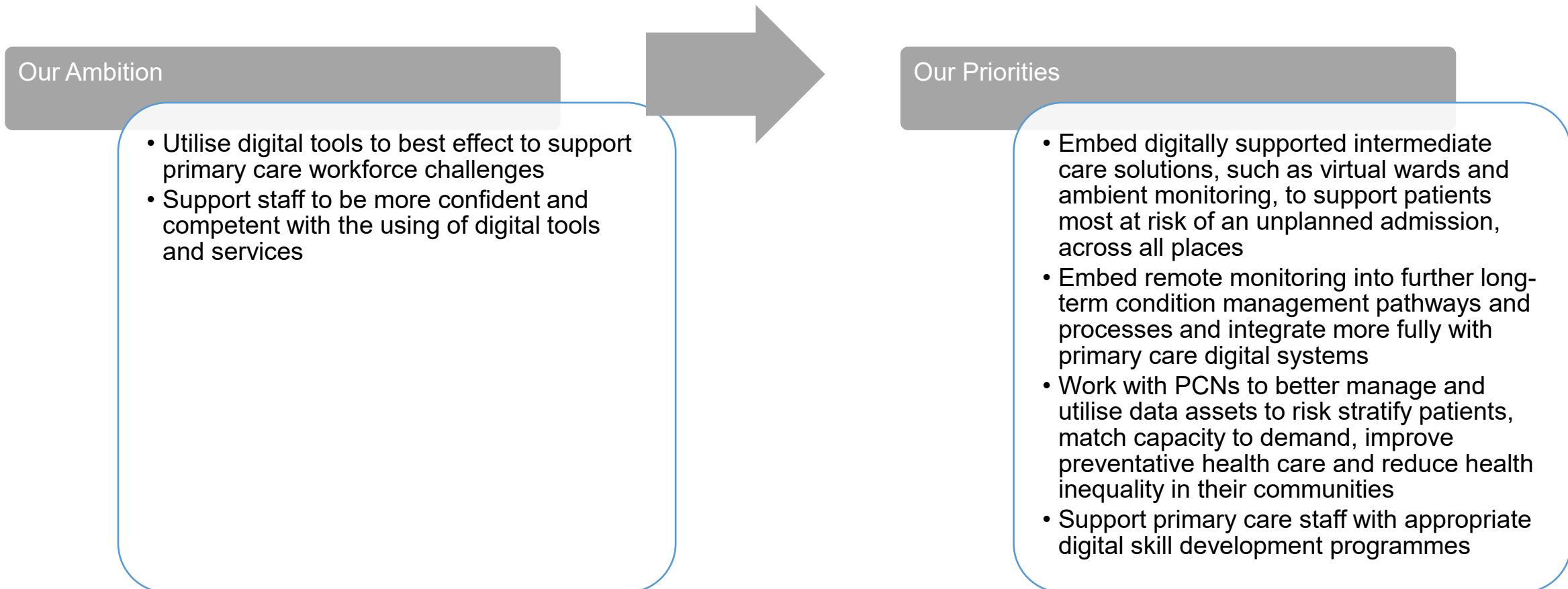
Digital Objectives - Implementing Modern General Practice

As well as supporting the rollout and adoption of cloud-based telephony, there is a need to focus on ensuring appropriate triage of appointment requests and patients seeing the right person in primary care within two weeks of the appointment request (should the patient want this)



Digital Objectives - Building Capacity

Supporting staff in primary care to work in more flexible and agile ways to meet both the personal and professional demands of an increasingly diverse health and care professional workforce can be facilitated with digital tools



Digital Objectives - Cutting Bureaucracy & Improving Efficiency

There are significant opportunities to improve the efficiency of primary care processes using digital tools and services to provide more time for 'value adding' patient contact

Our Ambition

- To transform the interface process and simplify handover between primary care and other health and care providers (e.g. secondary, community, mental health, social care and other providers including care homes), and between the different providers of primary care (e.g. general practice, community pharmacy, community ophthalmology and dentistry) using digital tools and services
- To standardise, simplify and digitise all written communications between primary care and other health and care providers
- To make administrative processes more efficient using appropriate digital technologies to automate workflow

Our Priorities

- Improve the interoperability of systems across the interface between primary care and other health and care providers to support the greater visibility of appropriate information in interface meetings and processes, and the development of integrated neighbourhood teams, utilising core Electronic Patient Record (EPR) systems and shared care records where appropriate
- Enable greater visibility of health and care records to primary care beyond the host Place of the health and care provider
- Develop and regularly update a digital Directory of Services to help navigate the range of wide range of services available for information, advice and guidance, or referral
- Replace paper letters with standardised electronic communication between other health and care providers and primary care, and ensure all referral and discharge information is recorded and transmitted electronically between care settings in a standardised and simplified way using 'fit for purpose' templates agreed by clinical teams
- Define how Robotic Process Automation (RPA) and generative Artificial Intelligence (AI) can deliver process efficiencies across high volume administrative and clinical processes in primary care, and implement where appropriate
- Rollout interface between e-prescribing systems in hospitals and the Electronic Prescription Service (EPS) so prescription information from multiple care settings is available in primary care
- Integrate e-fit note information in other health and care systems into the primary care record

Other Digital Objectives

Although the four themes of PCARP and ‘getting the basics right’ provide the primary basis for the core objectives of the Digital Primary Care sub-strategy, there are a number of other themes that digital will enable and support.

Research and Innovation

- Evaluate the patient and system benefit to the use of physical and mental health apps and digital based information at scale
- Support the development of a digital innovation ecosystem in primary care to develop, adopt, evaluate and scale ‘bottom up’ digital innovations and other innovations that would benefit primary care across C&M
- Undertake regular horizon scanning of the digital health and care market, identifying potential products to evaluate ‘at scale’ using a standard approach to ‘at scale’ pilots

Data into Action

- Processes and tools are put in place to ensure data sharing, management and assurance are appropriately governed
- Staff have access to high quality, consistent data and intelligence to plan services, better manage capacity and enhance patient care delivery (including population health management)
- Develop primary care ‘use cases’ to maximise the opportunity to transform primary care through population health based insight from the C&M integrated longitudinal data assets

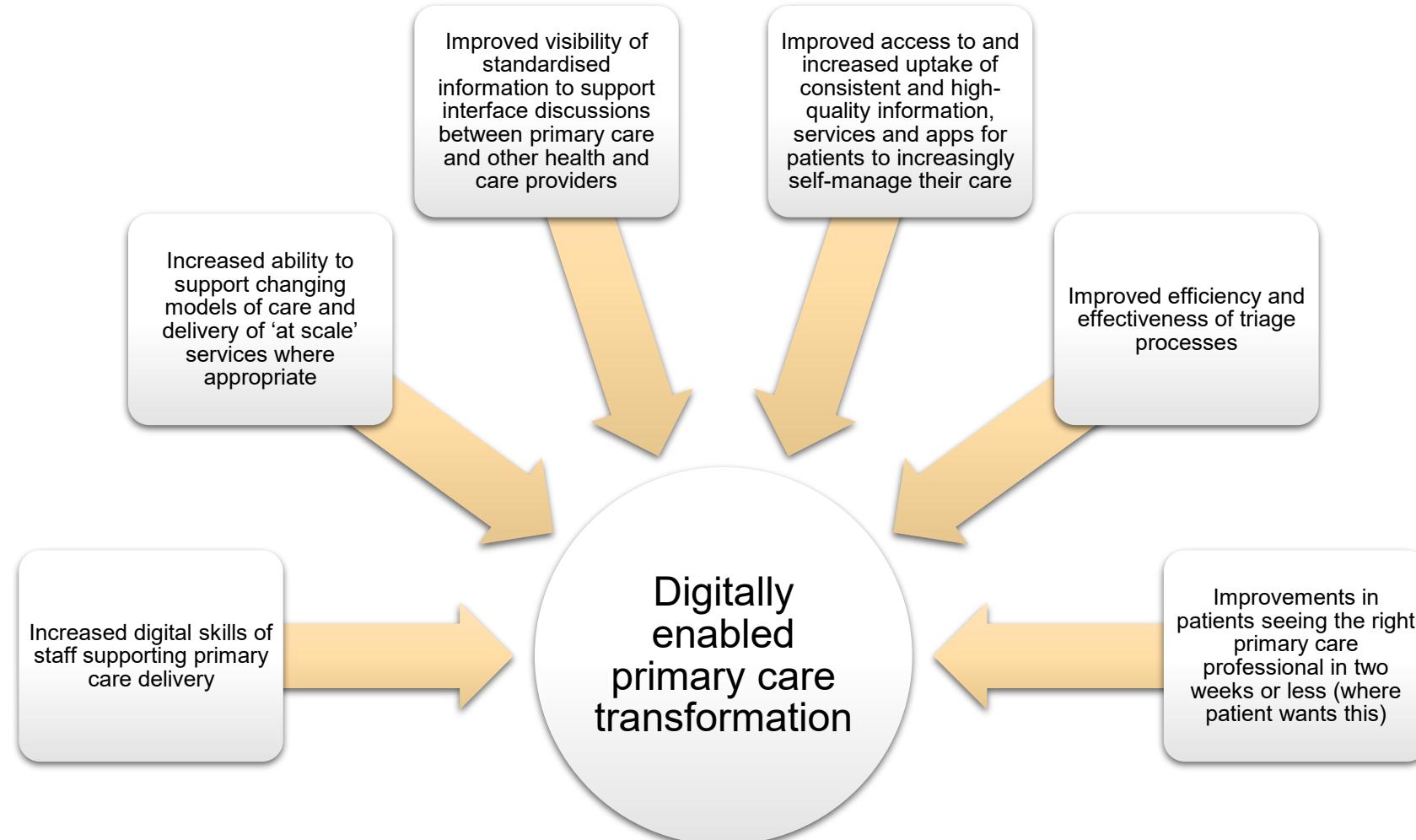
Digital for Primary Care Contractors

This strategy covers the broad range of Primary Care services (and not just general practice), including contractors in pharmacy, optometry and dentistry. However, the level of involvement of digital in supporting these contractors is heavily dependent on both funding sources and digital service need. We commit to building out and providing access to our 'at scale' digital solutions (such as Shared Care Records) to these contractors as funding and resourcing comes available, as well as supporting and engaging these contractors with core digital services such as cyber incident management

	Current Position & Key Requirements	Funding Sources
Community Pharmacy	<ul style="list-style-type: none">Community Pharmacists are responsible for providing and managing their own stock management systems.In order to support the roll out of Pharmacy First, Community Pharmacists have access to a solution called 'PharmOutcomes' to record details of patient consultations.Community pharmacy system suppliers are working on solutions to send a consultation summaries back to Primary Care EPRs (EMIS, TPP etc.). Community Pharmacists will have access to GP patient records via GP Connect integrationThere is a requirement to implement a referral mechanism solution between GP Practices and Pharmacies to support patients to access to community pharmacy services.	Funding opportunities for Pharmacy are currently being considered through PCARP and other routes
Community Optometry	<ul style="list-style-type: none">There are multiple practice management systems in use within Optometry services. The electronic eyecare referral system (Opera) allows referrals from Optometrists to other settings of care. Around 88% of ophthalmic providers use the system and most optometry practice management systems (PMS) are able to link to Opera, making it quick and efficient to use. In terms of connectivity with wider clinical systems, the Opera system also has access to the NHS spine and optometrists can see the Summary Care record.Having <u>appropriate access to the C&M ShCR solution</u> would potentially improve clinical safety and reduce clinical risk if used in routine practice.	There is no national funding available for practice based digital solutions or services
Dentistry	<ul style="list-style-type: none">Dentists are able to choose and purchase their own clinical systems and will prescribe on their own patient record in real time.Dentists do have access to NHS systems e.g. the Spine, Summary Care Record (SCR) however this is not universal across the ICB. Dentists will refer to Oral Medicine or Surgery services if required using an on-line platform.Due to limited interaction between dental services and general practice, there is no pressing need for digital solutions, however having <u>appropriate access to the C&M ShCR solution</u> would improve clinical safety and reduce clinical risk if used in routine dental practice.	No funding for national solutions or services

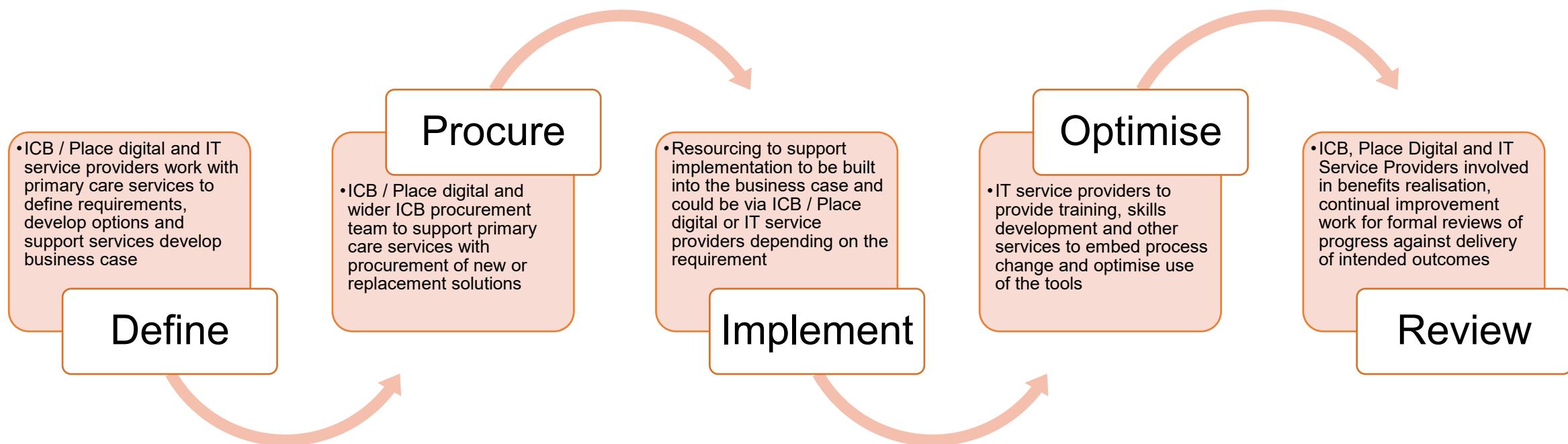
Digital Primary Care Strategy Outcomes

The objectives outlined previously are focused on achieving key outcomes that underpin the transformation of primary care service delivery across Cheshire and Merseyside



Delivering the required strategy outcomes

There are a number of key stakeholders involved in delivering this strategy. Although the ICB and Place digital teams have a strong role to play in either leading delivery of the individual digital priorities or supporting another part of the primary care system with their delivery programme, the primary care IT service providers also have responsibility to enable delivery of the required outcomes, including enabling change, in a consistent manner. Roles and responsibilities in delivering the strategy will be worked through in detailed implementation planning on a priority-by-priority basis



Strategic Delivery Roadmap

The journey to achieve the primary care digital vision and objectives will take some time but will be prioritised to ensure maximum positive impact on primary care at pace, taking into account the short-term needs of the ICB Recovery Programme and the long-term requirements of the PCARP programme. Further details of the Roadmap by objective area can be found in [Appendix 2](#). Detailed delivery plans will be developed with patient and public input and an annual review of priorities will take place to ensure any changes in priorities in year are reflected in the following years delivery plan

March 2025

- Benchmarking and audits to understand risks and opportunities across infrastructure and workforce
- Establish fora to share best practice and support the adoption of new solutions, including RPA, Generative AI, apps and digital self-referral
- Optimise use of the NHS App across primary and secondary care
- Optimise the use of currently procured solutions, including OC/VC and cloud-based telephony
- Support procurement and supplier management in the absence of relevant frameworks
- Pilot at-scale solutions in agreement with Places
Support the expansion of digital intermediate care
- Define the digital requirements for high priority digital interface solutions

March 2026

- Deliver a digital infrastructure plan following data collection
- Integrate digital tools into new models of care through the Clinical Networks
- Implement high impact digital self-referral
models
- Embed population health management into PCN operational practice
- Digital workforce development
- Coordinated approach to Directory of Service development across the ICS

March 2027

- Implement additional 'at scale' digital platforms and optimise usage to get greatest benefit from adoption
- Extend and expand existing digital platforms to meet emerging requirements
- Horizon scan for potential new digital solutions to support primary care in other ICBs and across the primary care supplier market

Key Risks and Mitigations

Achieving the vision and objectives of this strategy has significant risks in delivery and will require ICB leadership and management support at senior levels to maximise the opportunities for success

RISK

Not enough focus on the whole breadth of the primary care agenda	<ul style="list-style-type: none">• Ensure involvement of a wide range of stakeholders from across primary care in delivery planning and governance
Local choice vs. standardisation of tools and services across PCNs / Places / ICB	<ul style="list-style-type: none">• ICB to work in partnership with PCNs and Places to understand opportunities for 'at scale' working, procurement etc. where appropriate and agreed
Lack of resources to support change, optimisation and business as usual operations	<ul style="list-style-type: none">• Understand requirement to support overall transformation agenda. Include change resources in programme business cases and ensure underlying digital support services are available on an on-going basis to respond in a timely manner
Lack of appropriate, ringfenced sustainable investment for digital primary care transformation	<ul style="list-style-type: none">• Develop business cases for investment. Work with Places and PCNs to ensure investment is prioritised into highest impact areas. Identify sustainable sources of funding to ensure innovation can be adopted and sustained
Lack of digital funding for primary care contracted services	<ul style="list-style-type: none">• Work with contracted service leads and NHSE North West to identify possible funding sources to improve digital maturity and connectivity
Lack of buy-in from primary care stakeholders	<ul style="list-style-type: none">• Proactive engagement programme via Places and IT Service Providers to support delivery of strategic roadmap priorities. Review of stakeholders engaged to ensure that all relevant parties have been appropriately engaged
Lack of support for proposed digital solutions by patients	<ul style="list-style-type: none">• Detailed annual implementation and delivery plans developed with patient and public input
Too many digital solutions being adopted / too much change for primary care to deal with	<ul style="list-style-type: none">• Formal review and approval of proposed delivery plans through ICB governance

Summary

This primary care digital sub-strategy outlines a bold vision and a set of ambitious strategic objectives to support primary care transformation over the next three years

- The strategic objectives are underpinned by a series of ambitions and priorities which have been developed in consultation with stakeholders from across the system
- The strategic roadmaps associated with each of the overarching objectives outline how implementation of those priorities will be phased over the duration of this strategy. More detailed delivery plans will be developed annually with patient input and approved and monitored through appropriate ICB programme governance. These will include further clarify on the role of the ICB digital team, Place and Primary Care IT service providers in the achievement of those annual delivery plans
- The key risks associated with delivery of the strategy have been outlined, as well as the associated mitigating actions, and there is recognition that availability of funding and appropriate resources to deliver the priorities, and the need for stakeholder buy-in to intended outcomes, will be particularly critical to ensuring successful achievement of this strategy
- Delivery of the strategy will significantly transform patient experience and outcomes for patients in Cheshire and Merseyside, as well as reduce health inequalities for the wider population. It will not only underpin delivery of the national and ICS primary care objectives, but also support the wider digitally enabled transformation of our health and care system for the benefit of the whole population.

Appendix 1 – Overview of the Primary Care Access Recovery Plan (PCARP)

PCARP Overview

The **Primary Care Access Recovery Plan (PCARP)**, published by NHS England, is all about making life easier for patients when it comes to accessing primary care. It consists of the following four themes / pillars:

1 Empowering Patients:

- **Improving Information and NHS App Functionality** to provide better information and functionality.
- **Increasing Self-Directed Care:** Encouraging patients to take charge of their health by providing tools and resources for self-care.

2 Implementing Modern General Practice Access:

- **Better Digital Telephony:** Practices are moving toward digital telephony systems, which means more efficient phone lines for patients.
- **Simpler Online Requests:** Streamlining online appointment requests and other interactions.
- **Faster Navigation, Assessment, and Response:** Speeding up the process from the moment a patient steps into the virtual or physical waiting room to when you get the care you need.

3 Building Capacity:

- **Larger Multidisciplinary Teams:** More healthcare professionals working together including doctors, nurses, pharmacists, and others - to meet patient needs.
- **More New Doctors,** welcoming fresh faces into the primary care world
- **Retention and Return of Experienced GPs:** Keeping experienced GPs in work and enticing those who took a break to come back.
- **Higher Priority for Primary Care in Housing Developments:** as good health starts where we live.

3 Cutting Bureaucracy:

- **Improving the Primary-Secondary Care Interface:** Making sure communication between primary and secondary care is smooth.
- **Building on the Bureaucracy Busting Concordat** to reduce unnecessary red tape.

Appendix 2 – Strategic Delivery Roadmap by Digital Objective

Strategic Delivery Roadmap

	By March 25	By March 26	By March 27
Getting the Basics Right	<ul style="list-style-type: none"> Undertake cyber security audits across all core digital solutions in primary care Based on audit outcomes, identify systems where up to date cyber security assessments are required and commission assessments based on highest levels of identified risk. Confirm assessment plan for future financial years Develop an action plan to address highest levels or identified cyber risk and manage through established governance arrangements Undertake data quality audit and develop action plan to improve data consistency Complete primary care IT staff survey and develop a summary report of recommendations for action, including in year 'quick wins' Complete 'technical debt' assessment across primary care infrastructure Develop prioritised infrastructure investment plan and identify sources of funding. Deliver against 'in year' commitments Implement recommendations around IT service support arising from the ICB Corporate and Primary Care IT services review Develop an online directory of digital and data related training resources with easy access to approved training where available Establish relevant forums across Primary Care to share learning on specific areas of agreed focus 	<ul style="list-style-type: none"> Undertake clinical safety audit, outstanding assessments where required and develop associated action plans Refresh cyber security audit to identify any new core digital solutions implemented in primary care in year Commission cyber security assessments in line with agreed plan Monitor and update cyber action plans as assessments are completed Refresh data quality audit and action plan Continue to address actions arising from the primary care IT staff survey in line with agreed action plan Continue to invest in digital infrastructure in line with agreed infrastructure investment plan Continue to implement recommendations around IT service support arising from the ICB Corporate and Primary Care IT services review Refresh online directory of digital and data related training Identify gaps in required digital and data training Maintain existing and expand with agreed new shared learning forums across primary care 	<ul style="list-style-type: none"> Refresh clinical safety and cyber security audit to identify any new core digital solutions implemented in primary care in year Commission clinical safety and/or cyber security assessments in line with agreed plan Monitor and update clinical safety and cyber action plans as assessments are completed Refresh data quality audit and action plan Refresh primary care IT staff survey and develop new action plan based on results Continue to invest in digital infrastructure in line with agreed infrastructure investment plan and refresh investment plan based on refreshed 'technical debt' assessment Refresh online directory of digital and data related training Put in place digital and data training to fill gaps where funding available Maintain existing and expand with agreed new shared learning forums across primary care

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Empowering Patients	<ul style="list-style-type: none"> • Increase number of record views and repeat prescriptions ordered through NHS app • Increase uptake of NHS app through partnership working with local colleges, councils and VCFSE organisations, using QR codes and social media where appropriate • Promote uptake of NHS app in community pharmacy • Work with PEPs adopted across C&M to surface as much information as possible in a consistent manner through NHS App • Promote uptake of other digital tools and services to patients(e.g. OC/VC) • Share good practice models and templates for selective appointment booking and cancellation and two-way patient communications (e.g. patient / clinician messaging) through NHS app, and encourage use of this functionality in practices • Develop a consistent offer of digital based information and apps for patients, promoting approved sources and apps into general practice and sharing good practice across the system • Share good practice in digital self-referral pathways across C&M and encourage adoption where agreed and appropriate • Undertake an Equality Impact Assessment for digital solutions 	<ul style="list-style-type: none"> • Development of a consistent model of patient record access and repeat prescription ordering across PCNs and then C&M more broadly, encouraging the 'phasing out' of local practice portals in favour of NHS app • Enhance the digital inclusion heatmap to support on-going targeted NHS app uptake campaigns into the 'hard to reach' groups • Develop standard model for C&M practices for selective appointment booking and cancellation and two-way communications through NHS app (to be customised by practice to meet local population need where appropriate) • Support integration of approved sources of digital based standardised information and apps into models of care through Clinical Networks and support increased uptake in social prescribing pathways • Develop a small number of high impact 'at scale' digital self-referral management models for potential widespread adoption and investigate implementation of a standard platform for referral management 	<ul style="list-style-type: none"> • Support implementation of a standard model for selective appointment booking and cancellation and two-way communication with patients through NHS app across C&M, with an initial focus on increasing the uptake of online appt booking for high volume and routine services • Promote and support enhancements in NHS app functionality for increased patient benefit • Review and update approved sources of digital based standardised information and apps, and commission new approved sources and apps where gaps exist • Support implementation of standardised digital self-referral pathways where agreed and appropriate, and identify other potential pathways that would benefit from a standardised, 'at scale' approach

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Implementing Modern General Practice	<ul style="list-style-type: none">• Complete rollout of Cloud Based Telephony and optimise usage. Share best practice as it arises• Support practices to get the best out of solutions that have already been funded / provided and help them to integrate into local processes (e.g. OC/VC, document management)• Support practices and PCNs with the identification of appropriate chatbots to support patient access to primary care services• Support practices with supplier management and procurement until new framework is available• Investigate potential new 'at scale' primary care solutions to be offered across C&M, using real-world examples from elsewhere and implementing 'at scale' pilots where appropriate	<ul style="list-style-type: none">• Build shared models for Cloud Based Telephony usage at PCN level and support service redesign to get the best out of 'at scale' deployment• Through IT service providers, continue to optimise Cloud Based Telephony and other ICB provided solutions, and build into BAU processes• Support sharing of good practice of implementation of digital tools across PCNs and C&M more broadly (e.g. order comms and results reporting)• Expand new 'at scale' solutions where appropriate and funding / resourcing is available• Horizon scan for potential new digital solutions for primary care in other ICBs and across the primary care supplier market, and support business case, procurement, implementation and optimisation where agreed	<ul style="list-style-type: none">• Continue to horizon scan for potential new digital solutions for primary care in other ICBs and across the primary care supplier market, and support business case, procurement, implementation and optimisation where agreed

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Building Capacity	<ul style="list-style-type: none">Work with partners to introduce digitally supported intermediate care solutions in line with prioritised requirements and available funding, building on existing work in virtual wardsReview remote monitoring / telehealth / ambient monitoring provision and identify where it can be expanded in future (either within existing LTCs that have remote monitoring support already, or into new LTC areas)Share best practice between PCNs on utilisation and management of data assetsBaseline digital skill development programmes across primary care and set out the required minimum standards of digital skills required for different job roles in primary care	<ul style="list-style-type: none">Work with partners to further embed digitally supported intermediate care solutionsWork with the remote monitoring team to develop and receive approval for a business case to expand LTC management through telehealth interventionSupport PCNs with better utilisation and management of data assets and help embed into operational practicePut in place required digital skill development programmes to meet minimum requirements by job role	<ul style="list-style-type: none">Work with partners to optimise use of digitally supported intermediate care solutionsWork with remote monitoring team to rollout and optimise remote monitoring support as per agreed business case'Scale up' tools and services for utilisation and management of data assets across the ICB where appropriate

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Cutting Bureaucracy and Improving Efficiency	<ul style="list-style-type: none"> Define highest priority requirements for any future primary / other settings of care interface solution(s) through engagement Support development and implementation of tactical primary / other settings of care interface solutions and alignment of existing ICB 'at scale' solutions into this work (e.g. Shared Care Records, increase system interoperability) Further develop alignment of acute trust PEPs and C&M ShCR with primary care providers to make hospitals records more accessible in primary care services Baseline existing Directory of Service developments (including Joint Health and Wellbeing Live Well sites) and define future requirements and approach. Share good practice and optimise existing developments Understand the 'hotspots' for paper referrals and discharges between acute and primary care, and put in place targeted support to address these areas where resource is available Share good practice developments through a Community of Practice for RPA and Generative AI and align with ICB wide governance and support around AI ethics, clinical safety and data security. Identify opportunities for 'at scale' offerings and develop a blueprint for such solutions 	<ul style="list-style-type: none"> Develop business case, procure and implement strategic primary / other settings of care interface solution(s) Implement agreed approach to coordinated Directory of Service development across health and care settings Develop ShCR and other 'at scale' solutions to standardise processes and reduce the levels of paper referral and discharges to a minimum between acute and primary care. Identify key 'use cases' for other care settings Develop and implement 'at scale' RPA and Generative AI programmes to address common application areas such as filing of normal results, coding, document processing, routine prescription signing etc. 	<ul style="list-style-type: none"> Optimise and drive benefit from strategic primary / other settings of care interface solution(s) Expand Directory of Service development to include other care sectors including MH and VCFSE Extend 'at scale' solution support to standardise processes completely remove paper referrals and discharges between primary care and other care settings outside of acute Optimise existing 'at scale' RPA and Generative AI development and identify new opportunities for use of 'at scale' tools