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NHS Transformation Symposium

Building strategic engagement with a changing NHS

26th September 2023

Welcome

Objectives and key themes

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Introducing the Mtech Access team

Jennie Smith
Director
NHS Insight & Interaction

Prof. Phil Richardson
Chair
Chief Innovation Officer

Karen Cooper
Senior Consultant
NHS Insight & Interaction

Robert Hull
Senior Consultant
NHS Insight & Interaction

David Thorne
Principal NHS Associate

Hannah Palin
Associate Director
Local Market Access

Iain Shield
Senior Consultant
Market Access

Emily Mair
Associate Consultant
Market Access

Lydia Crowe
Commercial Director

Juliet Wallace
Senior Partnerships
Coordinator

Lily Sanders
Senior Marketing
Manager

3

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Today's agenda

10.00–10.20	**Welcome, objectives and key themes for the rest of the day** Presented by Jennie Smith (Director – NHS Insight & Interaction, Mtech Access)
10.25–11.15	**Keynote session: Integration – What does it look like in practice?** Guest Speaker: Dr Penny Dash (Chair of North West London Integrated Care System) Host: Prof. Phil Richardson (Chair & Chief Innovation Officer, Mtech Access)
11.15–11.35	Coffee break
11.35–12.25	**Strategy session: Driving strategic change in a transforming NHS** Guest Speaker: Richard Smale (Executive Director of Strategy and Transformation for Bath and North East Somerset, Swindon and Wiltshire ICB) Host: David Thorne (Principal NHS Associate, Mtech Access and Transformation Director at Well Up North PCN and the Northumberland Medical Alliance)
12.30–13.00	**Panel discussion: Transformation in the NHS** Featuring our afternoon guest speakers Host: Karen Cooper (Senior Consultant – NHS Insight & Interaction, Mtech Access)
13.00–14.00	Networking lunch

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Today's agenda

14.00–14.45	**Breakout sessions:** **1) Challenges for oncology and other complex conditions** Guest Speaker: Sally Rickard (MD of Wessex Cancer Alliance) **2) Collaborating with the NHS – How to become the irresistible ingredient** Guest Speaker: George Coxon (Chair of the South West Care Collaborative) **3) Advances and trends in digital care at home** Guest Speaker: Crystal Dennis (Head of Digital Access to Services @Home, Dorset ICS)
14.45–15.00	Coffee break
15.00–15.45	**Reflections on the current demand, access and resource challenges facing the NHS, as it strives to transform** Guest Speaker: Paul Miller (NED, Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board) Host: Prof. Phil Richardson (Chair & Chief Innovation Officer, Mtech Access)
15.45–16.00	Closing remarks

Abbreviations: FT, Foundation Trust; ICS, Integrated Care Service; MD, Managing Director; NED, Non-Executive Director.

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Resources for today

Wi-Fi:

Network: HCC

Password: hallam44

Please scan the QR code to:

- See today's agenda
- Learn more about our guest speakers
- Download the slides
- Share your feedback
- Submit a question
- Access additional insights and resources

https://mtechaccess.co.uk/nhs-transformation-symposium-resource-library/

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Integration – What does it look like in practice?

Keynote session

Integration – What does it look like in practice?

Dr Penny Dash

Chair of North West London ICS

Guest Speaker

Prof. Phil Richardson

Chair & Chief Innovation Officer
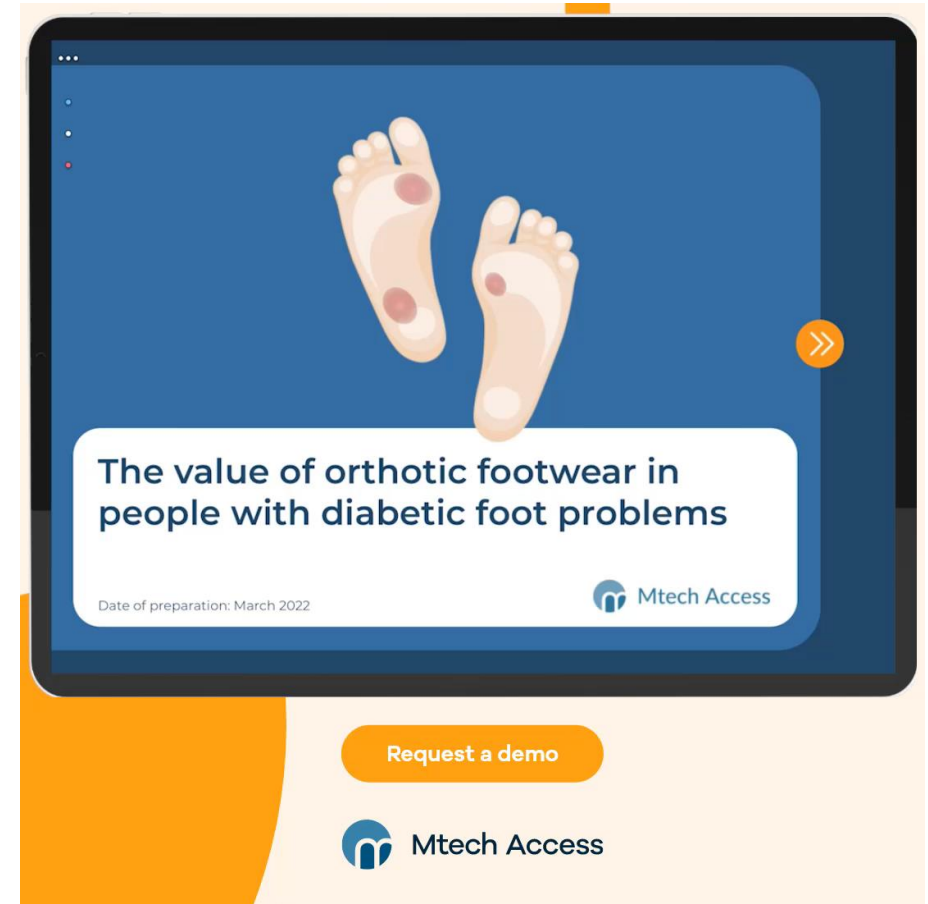
Host

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Discussion

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Please join us in the Regent Suite (ground floor) for a selection of refreshments

Points for consideration:

How will you change your approach to meet the needs of integrated care leaders?

How will you demonstrate improvements in patient outcomes and the overall quality of care in integration with the NHS?

What changes do you need to make to your market access strategy to align with ICB priorities?

The value of orthotic footwear in people with diabetic foot problems

Date of preparation: March 2022

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Request a demo

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Speak to Hannah, Iain or Emily to see more

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Driving strategic change in a transforming NHS

Strategy session

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Driving strategic change in a transforming NHS

Richard Smale

Executive Director of Strategy and Transformation for Bath and North East Somerset, Swindon and Wiltshire ICB
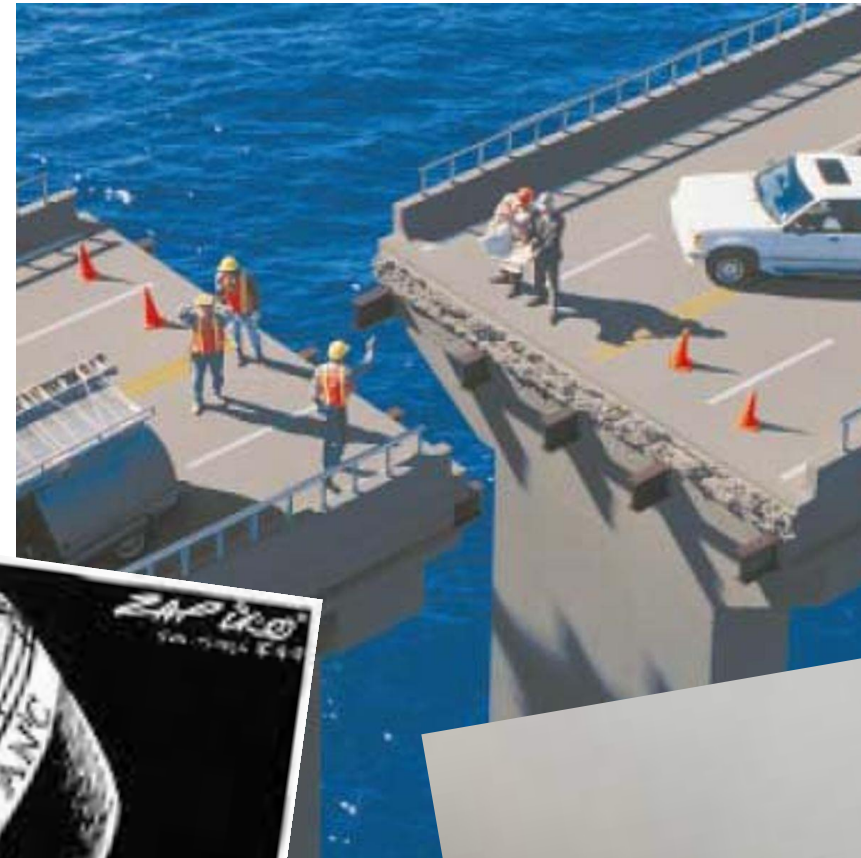
Guest Speaker

David Thorne

Principal NHS Associate, Mtech Access and Transformation Director at Well Up North PCN and the Northumberland Medical Alliance

Host

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32 years and still learning every day

Why Integrated Care Systems?

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Why Integrated Care Systems?
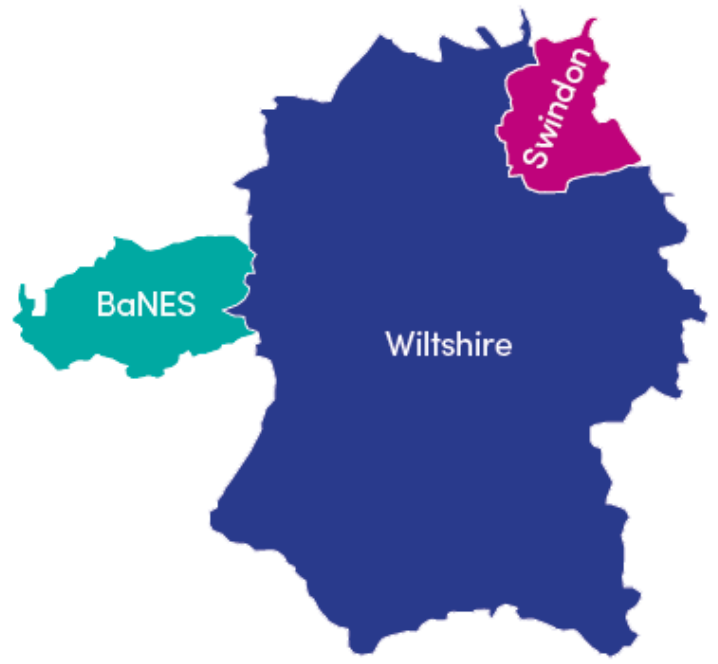
1 million adults and children
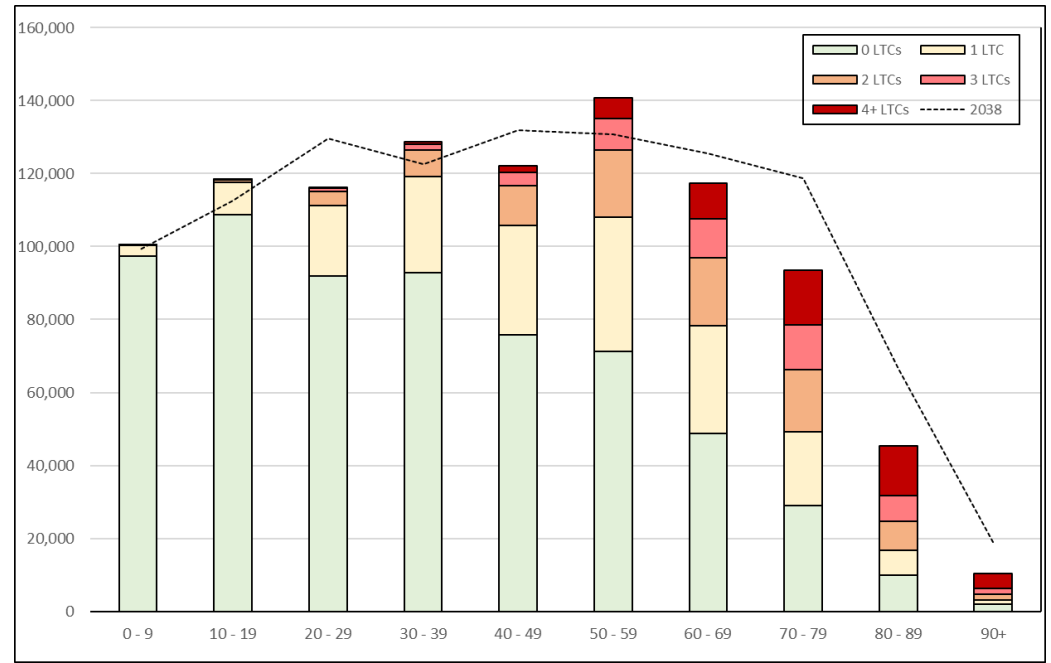
1,500 square miles

Cities, towns and rural areas

Swindon

BaNES
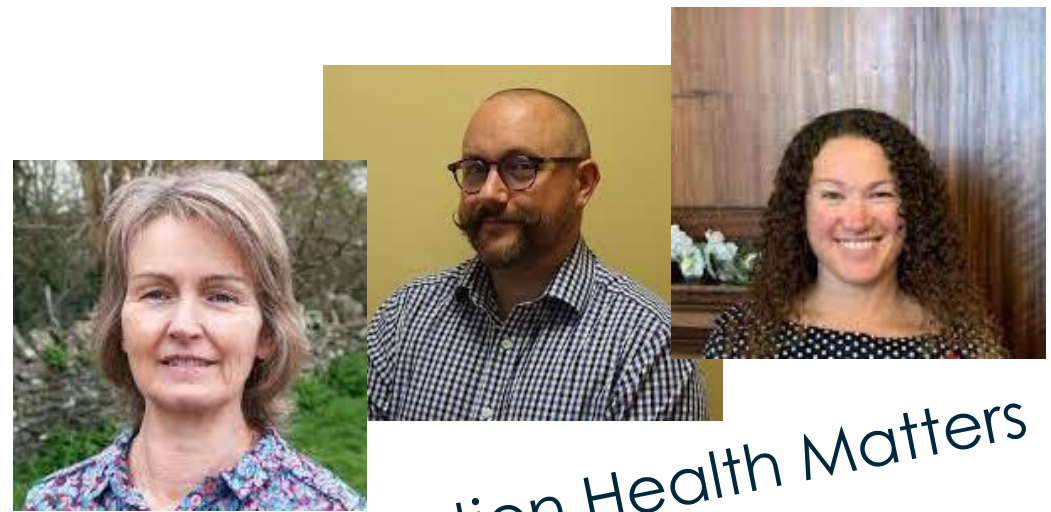
Wiltshire

Population Health Matters

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Setting strategic direction

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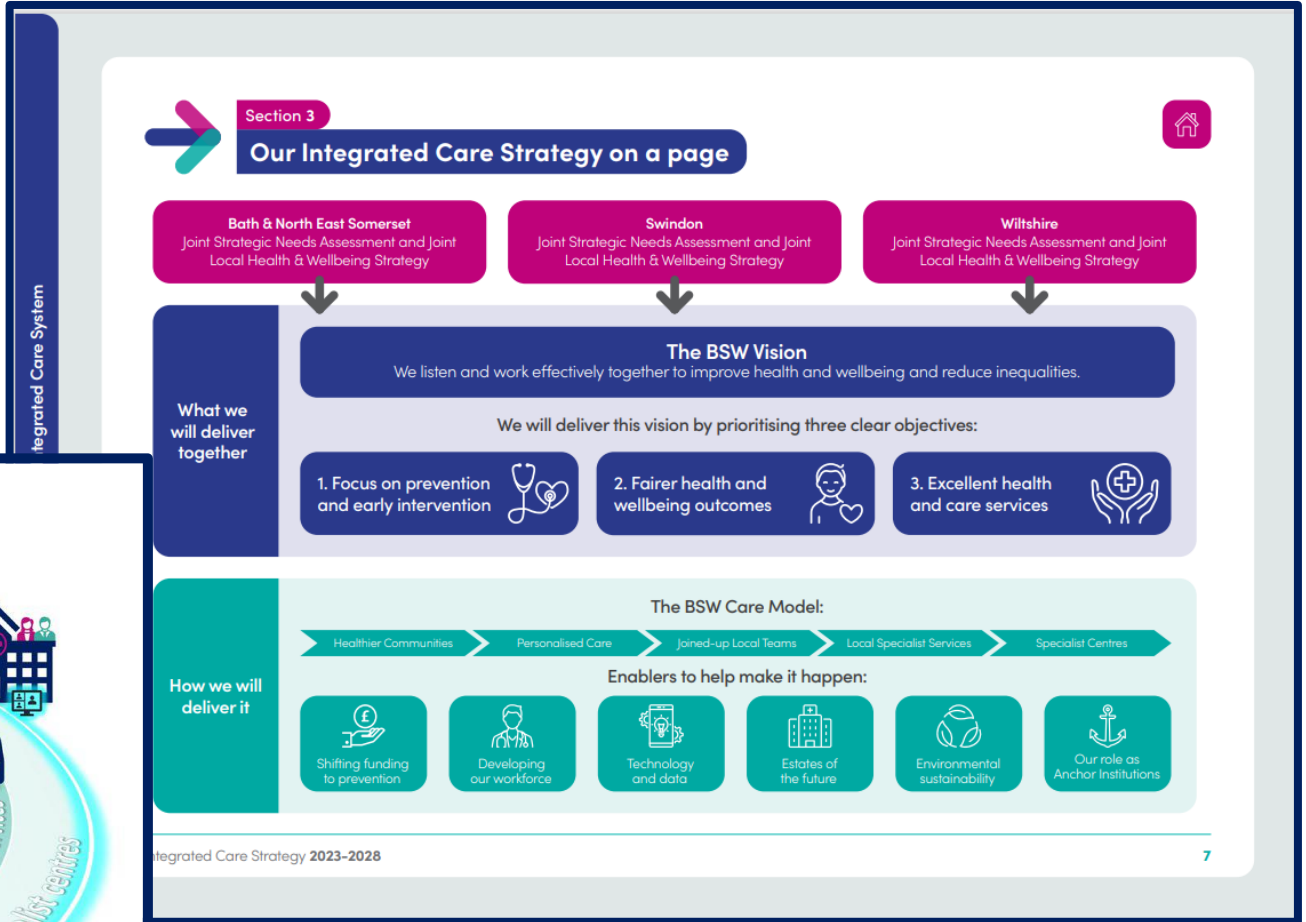
Setting strategic direction
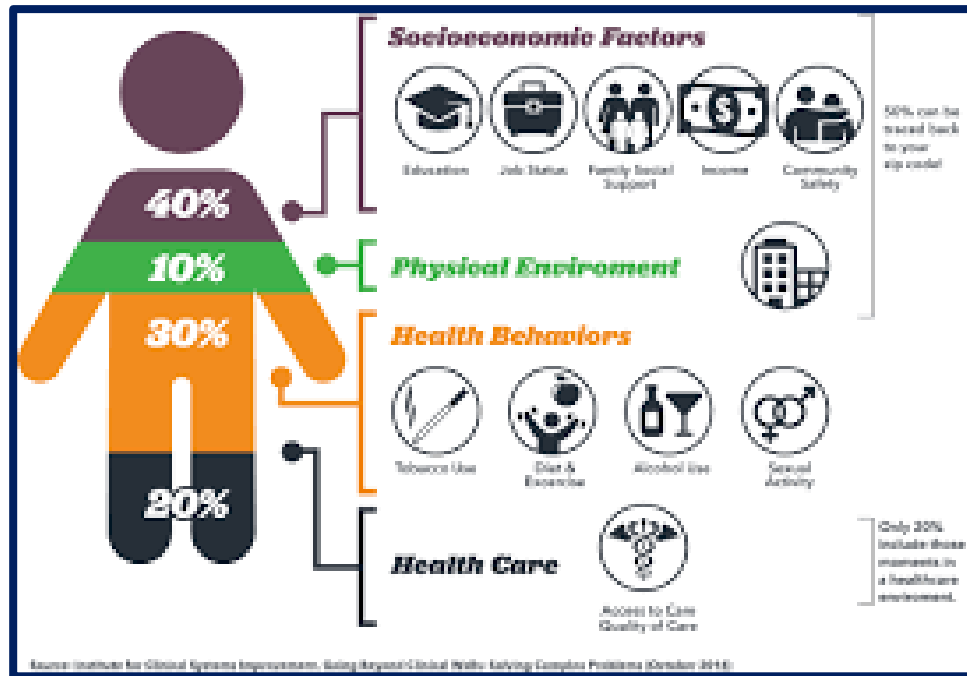
Thinking about the whole person

"Health is made at home and only repaired in hospitals when it breaks down."

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The road ahead will not be easy

IF YOU WANT TO GO FAST,
GO ALONE.
IF YOU WANT TO GO FAR,
GO TOGETHER.

- African Proverb

MOCHA.UK.COM
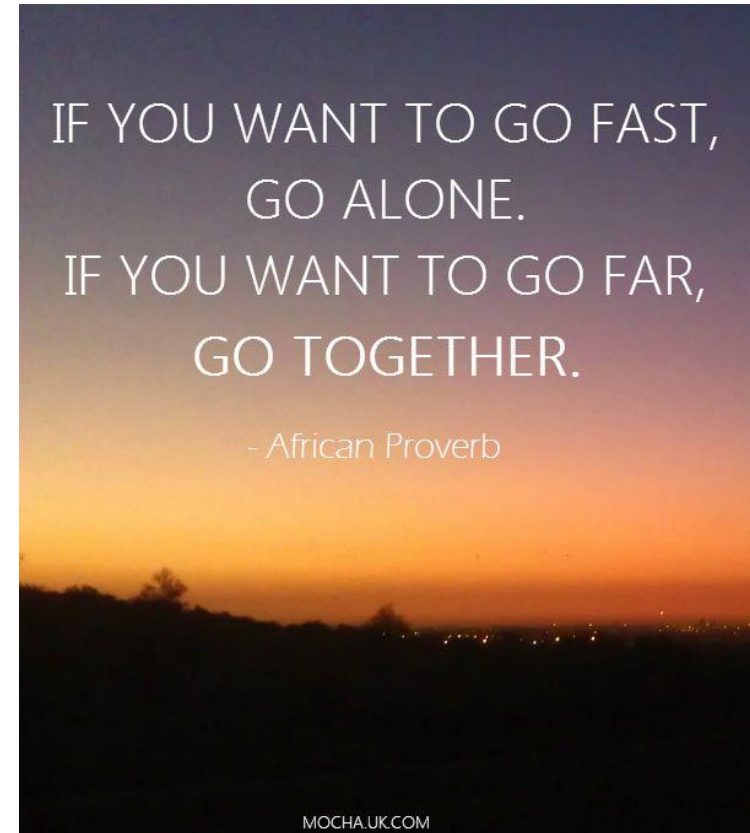
What role can you play in helping us meet the needs of the population?

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Discussion

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Transformation in the NHS

Panel discussion

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Transformation in the NHS

Karen Cooper

Senior Consultant – NHS Insight & Interaction, Mtech Access

Host

Sally Rickard

MD of Wessex Cancer Alliance

Guest Speaker

George Coxon

Chair of the South West Care Collaborative

Guest Speaker

Crystal Dennis

Head of Digital Access to Services @Home, Dorset ICS

Guest Speaker

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Any questions?

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Breakout sessions

Breakout 1: Challenges for oncology and other complex conditions

Guest Speaker: Sally Rickard (MD of Wessex Cancer Alliance)

Hosts: Hannah Palin (Associate Director – Local Market Access, Mtech Access) and Phil Richardson (Chair & Chief Innovation Officer, Mtech Access)

Room: Council Chamber (this room)

Breakout 2: Collaborating with the NHS – How to become the irresistible ingredient

Guest Speaker: George Coxon (Chair of the South West Care Collaborative)

Hosts: Karen Cooper (Senior Consultant – NHS Insight & Interaction, Mtech Access) and Jennie Smith (Director – NHS Insight & Interaction, Mtech Access)

Room: Oxford Suite (3rd Floor)

Breakout 3: Advances and trends in digital care at home

Guest Speaker: Crystal Dennis (Head of Digital Access to Services @Home, Dorset ICS)

Hosts: Robert Hull (Senior Consultant – NHS Insight & Interaction, Mtech Access) and Iain Shield (Senior Consultant – Market Access, Mtech Access)

Room: Warren Suite (3rd Floor)

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Breakout sessions

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Breakout session:

Challenges for oncology and other complex conditions

Guest Speaker: Sally Rickard (MD of Wessex Cancer Alliance)

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Cancer – The scale of the challenge

All cause premature mortality

<75 years

2018–2019

England

Abbreviations: CRUK, Cancer Research UK.
Data published by CRUK premature mortality all causes 2021.

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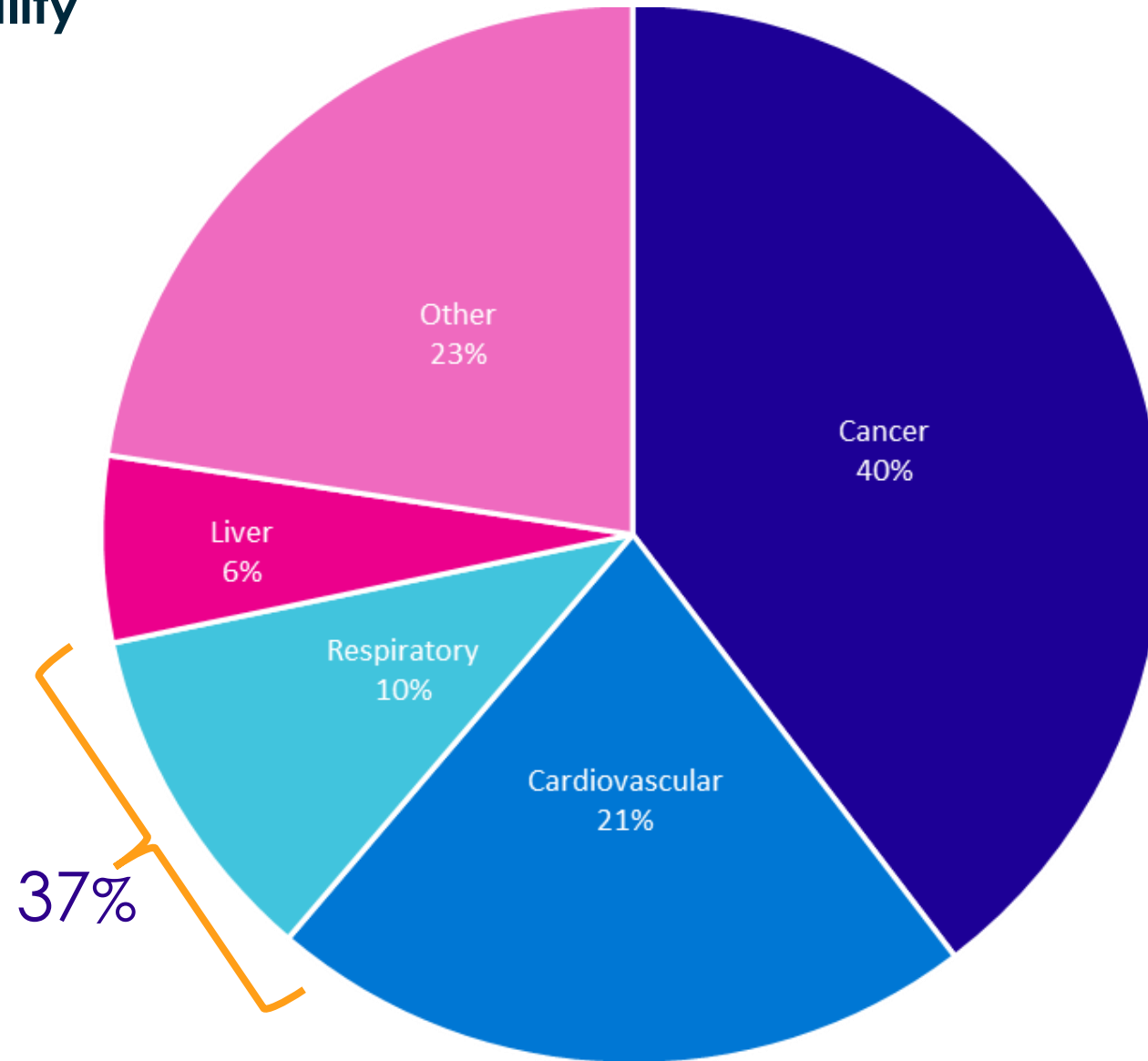
Volume 2ww colorectal referrals
Data in weeks from 01/04/2019 to 01/08/2022

Average 640

Average 254

2019

2022

Volume of Two Week Wait Colorectal referrals

Week beginning

Volume of Two Week Wait Referrals — Average — Upper Control Limit — Lower Control Limit

| Abbreviations: 2ww, 2 week wait.

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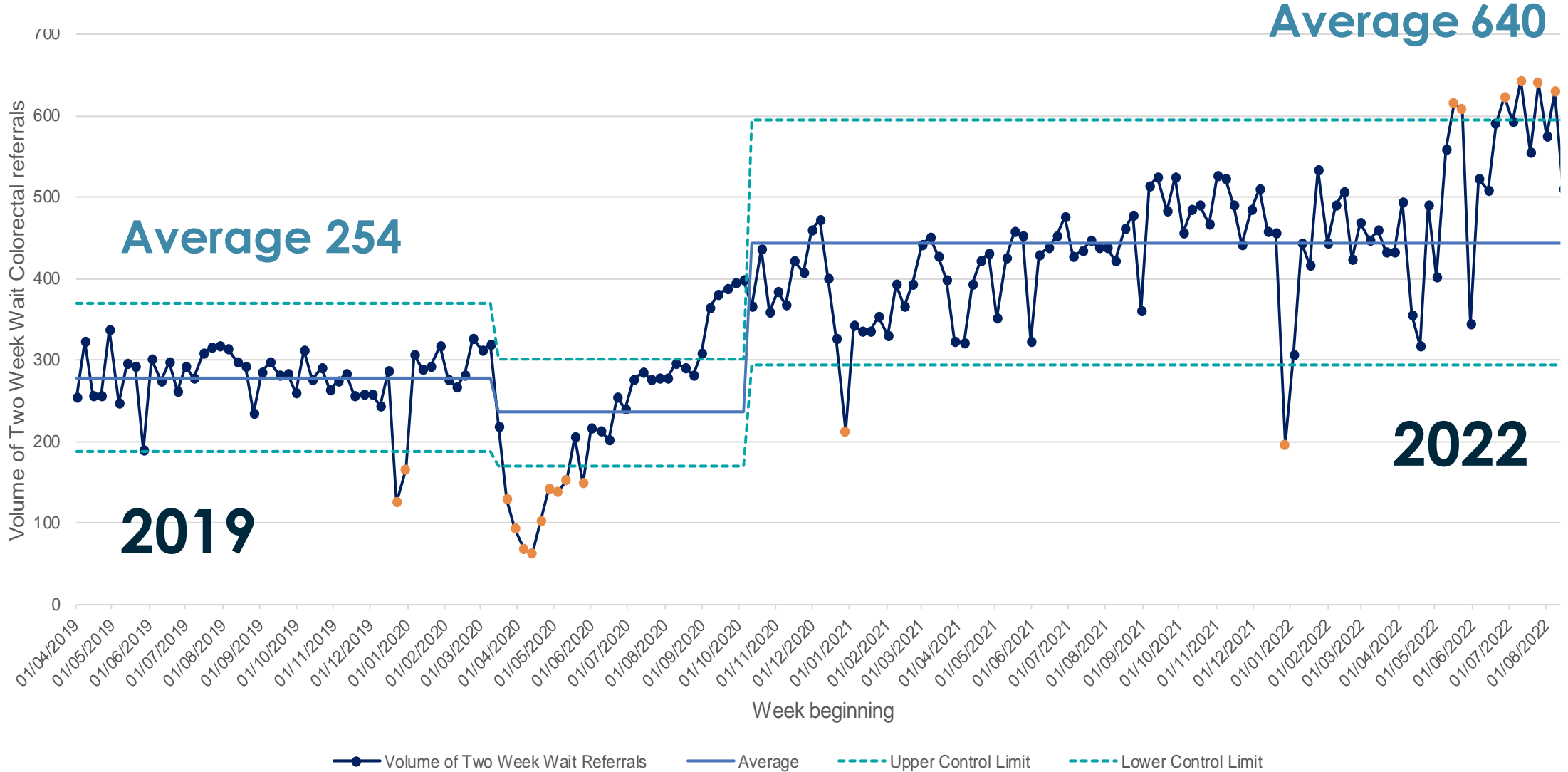
Estimated number of new cases from 2020 to 2040, Both sexes, age [0-85+]
All cancers
World

GLOBAL CANCER OBSERVATORY
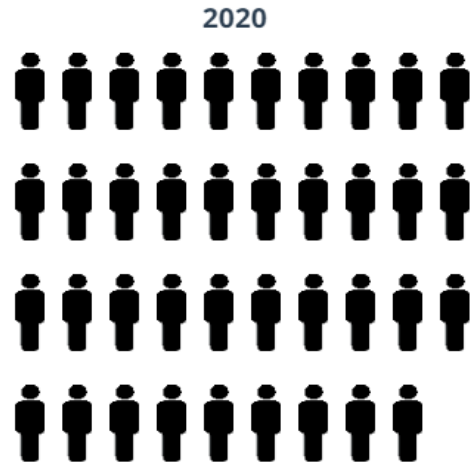
2020

2040

19.3M
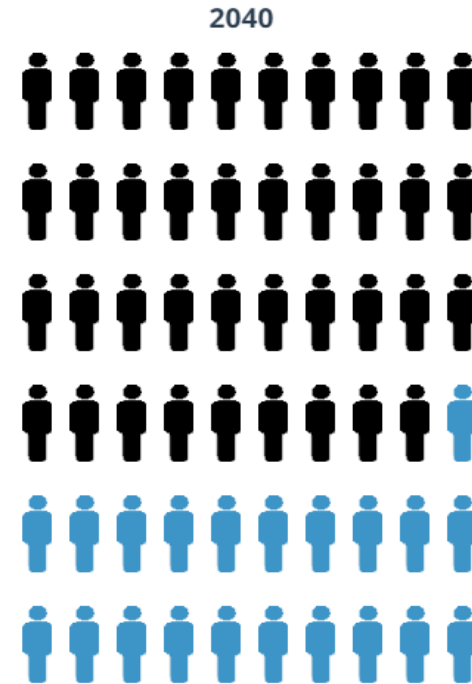
30.2M

= 500 000   Demographic changes

International Agency for Research on Cancer
World Health Organization

Cancer Tomorrow | IARC - All Rights Reserved 2023 - Data version: 2020

Abbreviations: CRUK, Cancer Research UK.
Data published by CRUK premature mortality all causes 2021.

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All cause premature mortality

	2020	**2040**	**% increase**
UK	413,856	538,481	30.1%
Global	17.9 million	27.5 million	53.6%

Abbreviations: CRUK, Cancer Research UK.
Data published by CRUK premature mortality all causes 2021.

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Non-small cell lung cancer duration of therapy, by line

+82%

Duration of therapy (days)

600

500

400

300

200

100

0

2011   2016   2021

■ 1st line   ■ 2nd line   ■ 3rd line
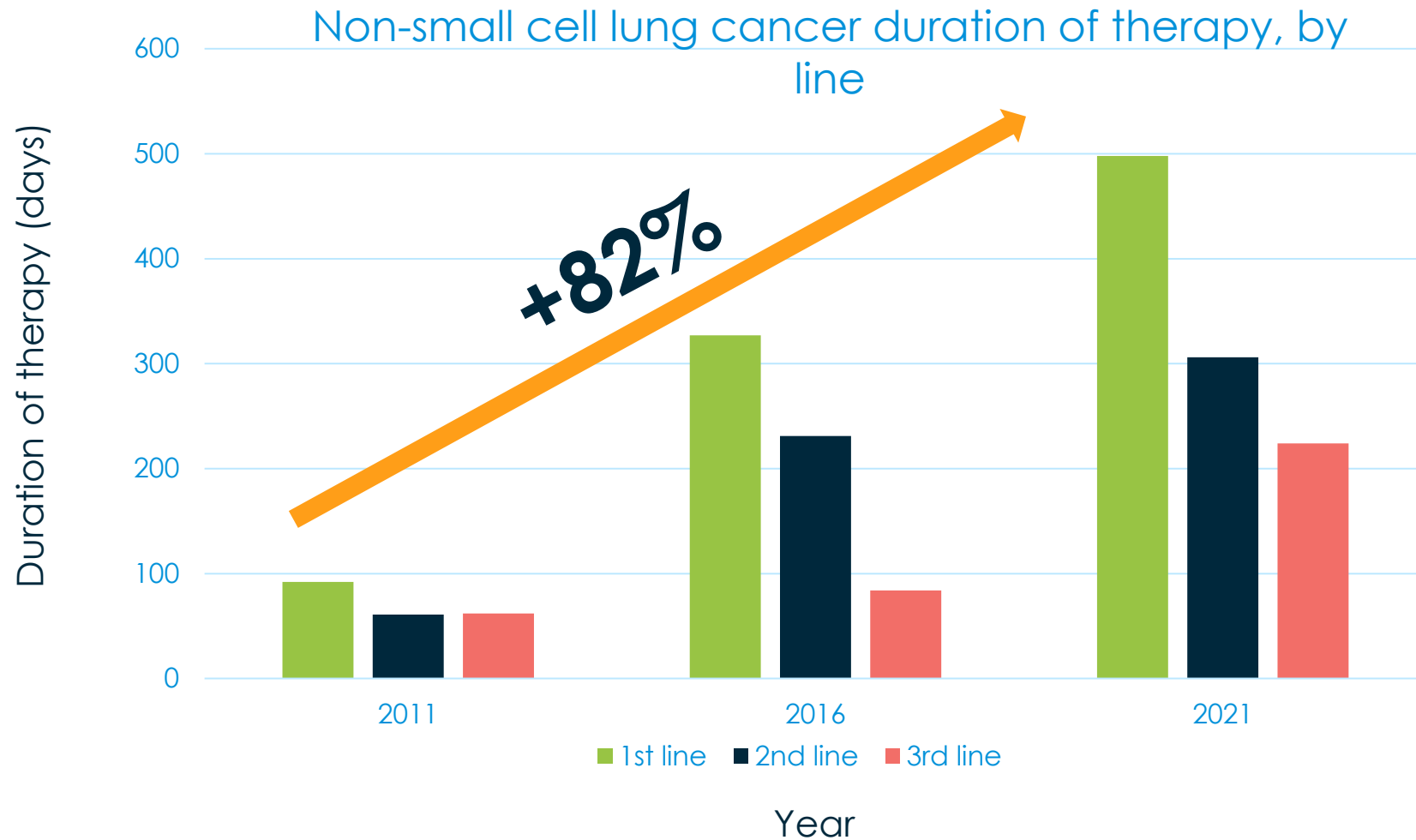
Year

Expected to deliver this on the same resource we had in 2011, with more patients, more complex treatment regimens.

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"In 2021, during a global pandemic, more novel cancer medicines became available for the first time than in any year in history."

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The perfect storm

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Loss of life years for each week of delay to diagnosis (England)

References: Sud A, Torr B, Jones ME, Broggio J, Scott S, Loveday C, Garrett A, Gronthoud F, Nicol DL, Jhanji S, Boyce SA, Williams M, Riboli E, Muller DC, Kipps E, Larkin J, Navani N, Swanton C, Lyratzopoulos G, McFerran E, Lawler M, Houlston R, Turnbull C. Effect of delays in the 2-week-wait cancer referral pathway during the COVID-19 pandemic on cancer survival in the UK: a modelling study. Lancet Oncol. 2020 Aug;21(8):1035-1044. doi: 10.1016/S1470-2045(20)30392-2. Epub 2020 Jul 20. PMID: 32702311; PMCID: PMC7116538.

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The continuum of care

Each stage increasing in number of people, complexity of condition and duration of treatment

First consultation (GP)

Triage

Diagnostic testing

Multi-professional treatment personalisation

- **Surgery**
- **Radiotherapy**
- **Medical**

Multi-professional follow up

Surveillance

The opportunity…

How do we enable collaboration on a big scale?

How can we improve the spread of information that is tried and tested (PIFU ++)

How do we engage people from the start and be open to what they may not want

What is the opportunity for robotic automation, e.g. radiotherapy planning, etc

How can we empower patients to self-administer, self-manage, and self-care?

Abbreviations: PIFU, patient-initiated follow-up.

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Please join us in the Regent Suite (ground floor) for a selection of refreshments

Speak to Hannah, Iain or Emily to see more

Breakout session:

Collaborating with the NHS – How to become the irresistible ingredient

Guest Speaker: George Coxon (Chair of the South West Care Collaborative)

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Position

What changed in 2022

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The purpose of an Integrated Care Board

Legislation

The introduction of the Health and Care Act 2022 led to the establishment of the ICB, a statutory organisation responsible for meeting the healthcare needs of people and communities in Dorset. The organisation moved from being a GP Led Membership Organisation to a Unitary Board

Commissioning

The organisation took on the functions of the Clinical Commissioning Group (CCG)

Delegation of primary care and specialist services

Oversight of providers

Additional responsibilities where also introduced, delegated from NHS England

The ICB is responsible for leading the system on behalf of the system

Delegation of primary care and specialist services and oversight of providers
In addition to the CCG functions, NHS England has delegated some of the oversight and regulation responsibilities of health providers to the ICB in line with the principles outlined in the NHS System Oversight Framework 2022/23. Preparation is underway for the commissioning of additional services to be delegated from April 2023. This includes primary care services: pharmacy, dentistry, and optometry and specialist commissioning. Consequently, services can be commissioned and planned locally. Allowing the ICB to take a wider role of being a health and wellbeing promoter.

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The purpose of an Integrated Care Board

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Strategy from the integrated care partnership

Guidance on the preparation of integrated care strategies – GOV.UK (www.gov.uk)

5-year forward view to deliver phases of the strategy

Delegation of primary care and specialist services and oversight of providers
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The national aims and objectives of an ICB

Ambitious

Community Driven

Partnership

Improve outcomes in population health and healthcare

- Put the health and wellbeing of citizens at the heart of everything we do
- Commission services based on outcomes which are codesigned with citizens
- Utilise data, research, and evidence to improve outcomes
- Develop a clear assurance process built on relationships of trust

Tackle inequalities in outcome and access

- Put PHM at the centre providing critical insights
- Target resources and funding towards communities focusing on PHM critical insights
- Focus on people and diverse needs ensuring we are outcome focused
- Support our people to act as inequality ambassadors

Enhance productivity and value for money

- Identify opportunities through benchmarking and best practice
- Monitoring through a range of techniques
- Develop ownership by all teams and capability to set, monitor, and analyse
- Innovative ways of delivery through collaboration with wider system partners
- Develop processes and underpinning systems

Help the NHS deliver broader social and economic development

- Data driven understanding of our places
- Co-design and co-creation with communities
- Keeping things local
- Health and care as the employer of choice
- Partnership working to maximise value

| Abbreviations: ICB, Integrated Care Board; PHM, population health management.

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The Macro View

The NHS Long Term Plan (LTP) released in 2018 as a 10-year plan on how the NHS is to develop its services. Chapter five looked at digitally enabled care to go mainstream across the NHS

In an updated report released as part of the NHS 75th birthday, digital is still a priority as a means of mitigating the workforce shortages: "We need to enable the health service to deliver and recover in two key ways: through supporting innovation and the adoption of the right digital health technologies, and through ensuring the workforce is well supported to continue to deliver the excellent care they provide." (UK Gov, 2023 Mandate to NHS England, DHSC; NHS England, 2023; NHS England Board Meeting February 2023)

Research continues by the National Institute of Health Research (NIHR) on what DHT's can do for the citizen and the workforce that adopt it (NIHR, https://doi.org/10.3310/nihrevidence_53447 2022) and to continue to review the unintended consequences of the expansion of DHT's including for those that are digitally excluded

There is a drive to expand the use of DHT's within the health and care systems to continue to sustain the core purpose of the NHS to provide a comprehensive service to all as a way of managing its increasing demand and success to date with people living longer but that more information and data is needed to look at the efficiencies and impact of such technologies at scale

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ICB digital framework – What Good Looks Like (WGLL)

Success measure 1 – Well led
What does good look like?
Your ICS has a clear strategy for digital transformation and collaboration. Leaders across the ICS collectively own and drive the digital transformation journey, placing citizens and frontline perspectives at the centre. All leaders promote digitally enabled transformation to efficiently deliver safe, high-quality care.
Integrated Care Boards (ICBs) build digital and data expertise and accountability into their leadership and governance arrangements, and ensure delivery of the system-wide digital and data strategy

Success measure 2 – Ensure smart foundations
What does good look like?
Digital, data and infrastructure operating environments are reliable, modern, secure, sustainable and resilient. Across your ICS, all organisations have well-resourced teams who are competent in delivering modern digital and data services.

Success measure 3 – Safe practice
What does good look like?
Organisations across the ICS maintain standards for safe care, as set out by the Digital Technology Assessment Criteria (DTAC) for health and social care. They routinely review system-wide security, sustainability, and resilience.

Success measure 4 – Support people
What does good look like?
Your workforce are digitally literate and are able to work optimally with data and technology. Digital and data tools and systems are fit for purpose and support staff to do their jobs well.

Success measure 5 – Empower citizens
What does good look like?
Citizens are at the centre of service design and have access to a standard set of digital services that suit all literacy and digital inclusion needs. Citizens can access and contribute to their healthcare information, taking an active role in their health and well-being.

Success measure 6 – Improve care
What does good look like?
Your ICS embeds digital and data within their improvement capability to transform care pathways, reduce unwarranted variation and improve health and wellbeing. Digital solutions enhance services for patients and ensure that they get the right care when they need it and in the right place across the whole ICS.

Success measure 7 – Healthy populations
What does good look like?
Your ICS uses data to design and deliver improvements to population health and wellbeing, making best use of collective resources. Insights from data are used to improve outcomes and address health inequalities.

Abbreviations: DTAC, Digital Technology Assessment Criteria; ICB, Integrated Care Board; ICS, Integrated Care System; WGLL, What Good Looks Like.

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WGLL success measure 5 – empower citizens

As per Health 'What Good Looks Like'

Social care Digital working in adult social care: What Good Looks Like – GOV.UK (www.gov.uk)

Citizens are at the centre of service design and have access to a standard set of digital services that suit all literacy and digital inclusion needs. Citizens can access and contribute to their healthcare information, taking an active role in their health and well-being

Your ICS would:

- Develop a single, coherent ICS-wide strategy for citizen engagement and citizen-facing digital services that is led by and has been co-designed with citizens
- Make consistent, ICS-wide use of national tools and services (NHS.uk, NHS login and the NHS App), supplemented by complementary local digital services that provide a consistent and coherent user experience
- Ensure and monitor a consistent (and equitable) citizen offer by ICS organisations
- Ensure a system-wide approach to the use of digital communication tools to enable self-service pathways such as self triage, referral, condition management, advice and guidance
- Ensure a system-wide approach for people to access and contribute to their health and care data
- Take an ICS-wide approach to access to care plans, test results, medications, history, correspondence, appointment management, screening alerts and tools
- Have a clear ICS digital inclusion strategy, incorporating initiatives to ensure digitally disempowered communities are better able to access and take advantage of digital opportunities
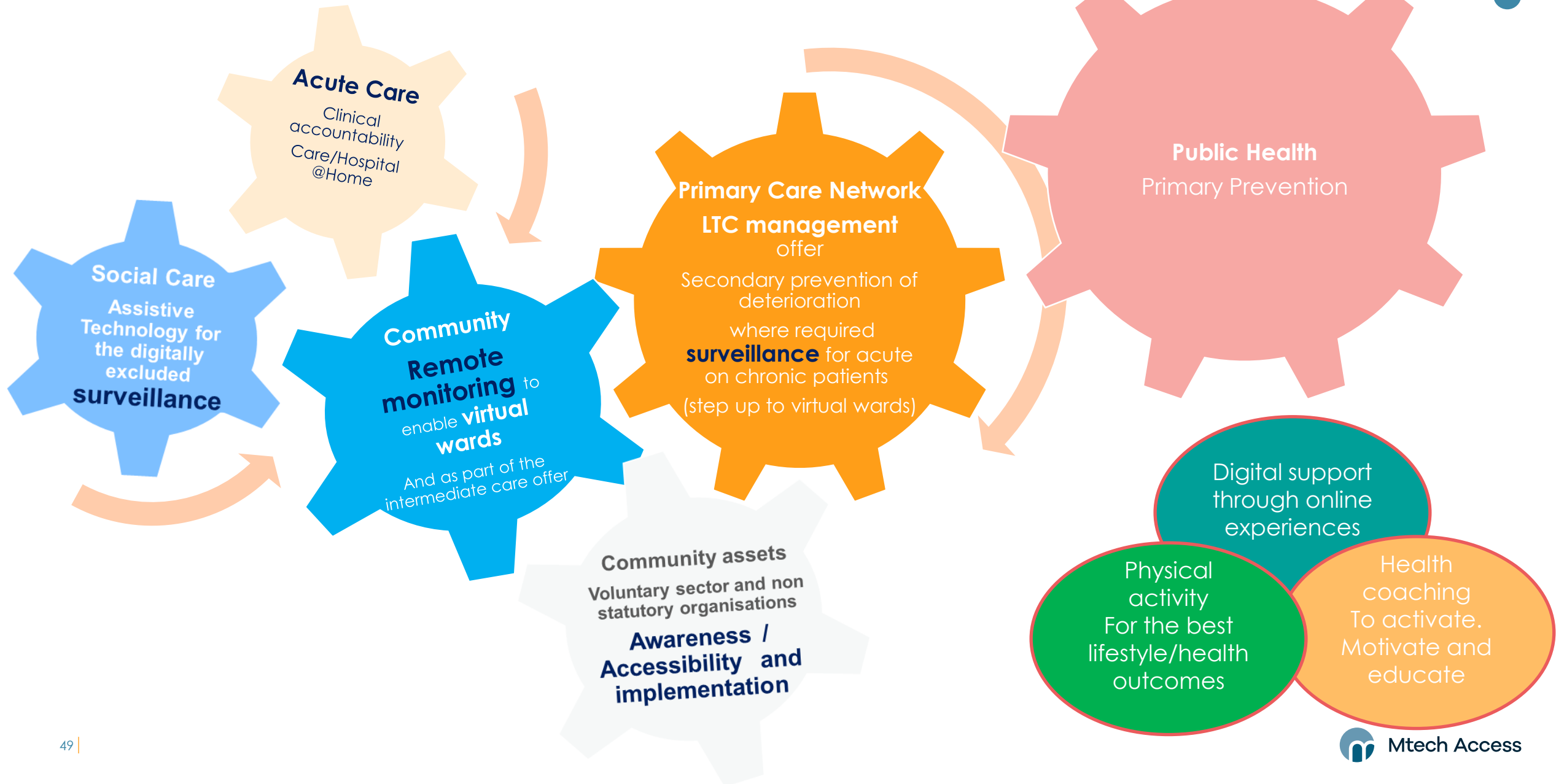
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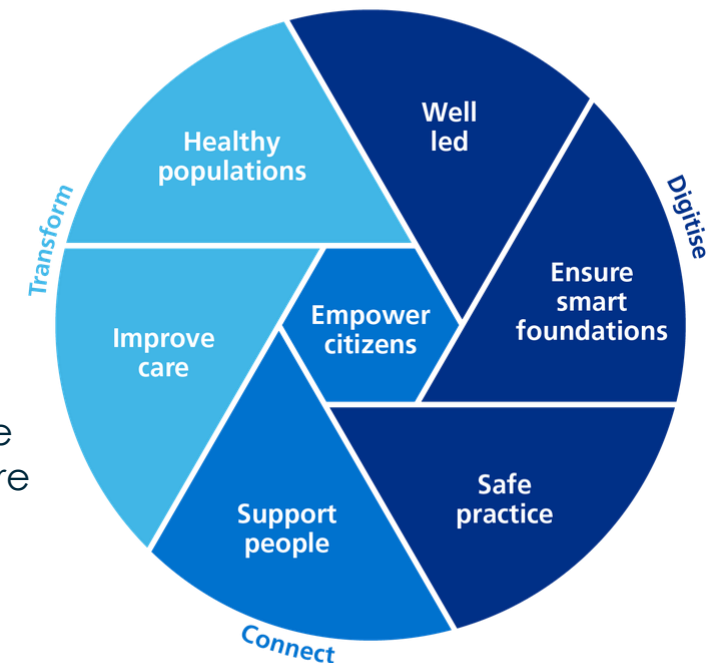
Choice

ICB Micro views

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Strategic plans for an ICB

Strategy from the integrated care partnership

[Guidance on the preparation of integrated care strategies – GOV.UK (www.gov.uk)](www.gov.uk)

5-year forward view to deliver phases of the strategy

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Biggest areas of change

Acute Care
Clinical accountability
Care/Hospital @Home

Social Care
Assistive Technology for the digitally excluded **surveillance**

Community
Remote monitoring to enable **virtual wards**
And as part of the intermediate care offer

Primary Care Network
LTC management offer
Secondary prevention of deterioration
where required **surveillance** for acute on chronic patients
(step up to virtual wards)

Public Health
Primary Prevention

Community assets
Voluntary sector and non statutory organisations
Awareness / Accessibility and implementation

Digital support through online experiences

Physical activity
For the best lifestyle/health outcomes

Health coaching
To activate. Motivate and educate

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Different trends in providing care @Home or in Someone's Hands

- **Personal Health Records:** NHS App, accessing medical records, test results, booking an appointment and ordering a repeat prescription (scope may expand)

- **Remote patient management:** Mobile health apps are becoming increasingly popular, providing patients with access to health information and tools to manage their health. These apps can track fitness, monitor chronic conditions, and provide reminders for medications and appointments. Used with or without wearable devices, remote patient management is become a reality. Patients can now be monitored from home, and the data collected can be used to provide personalised care

- **Remote patient monitoring:** Growing for patients to receive medical care from the comfort of their own home accompanied alongside a care package

- **Artificial intelligence:** AI surfaced to develop personalised care plans, risk stratify, and improve the accuracy of diagnosis. AI-powered virtual assistants can also help patients manage their medications and keep track of their health

- **Smart home technology:** Smart home technology is making it easier for seniors and individuals with disabilities to live independently at home. Devices like smart thermostats, voice assistants, and smart appliances can help with daily tasks and improve quality of life

- **Virtual reality:** Virtual reality is being used to provide pain management and relaxation therapy for patients with chronic conditions. It can also be used to provide virtual physical therapy sessions

Stand Alone Technology
Preventative

Generic Apps
Videos
Fitness apps

Personal Health Record

Admin / Transactional

Book and appointment
Access to medical record
Access to test results
Order a repeat prescription

Remote Management Digital Health Technology

Class 2 software as a medical device

Physical and mental health
e.g. symptom checking

Remote Monitoring

Class 2 software as a medical device

accelerates access to virtual care

Overall, digital care at home is helping to improve access to healthcare, reduce costs, and improve outcomes for patients. As technology continues to evolve, we can expect to see even more advances in digital care at home.

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Action

What industry partners should consider

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Example scenario – Citizen experience remote/self-management

Meet John, a 65-year-old man who has been living with COPD for the past 5 years. He has been struggling with managing his symptoms and keeping track of his medications. His doctor recommended that he start using a digital health tool to help him manage his COPD more effectively.

John decided to take his prescription for a digital health tool designed specifically for COPD patients. Here's how he uses the tool to manage his COPD:

Tracking symptoms: John used this to track and review the trend his daily symptoms such as coughing, shortness of breath, and wheezing. This helped him identify patterns in his symptoms and understand what triggers them.

Medication reminders: It reminded John to take his medications on time. He could set reminders for each medication and receive notifications when it was time to take them.

Pulmonary rehab online course: It provided in a gamified way to complete the pulmonary rehab course, including a combination of breathing exercises, strength training, and aerobic exercises. John can follow along with the exercises by watching videos.

Advice and education: John can review educational resources on COPD management, nutrition, and stress management. John finds these resources helpful in understanding his condition and managing his symptoms. Including mindfulness, smoking cessation, inhaler video/technique.

1. Exercise tracking: John used it to track his daily exercise routine and lung function via the platform. He could set goals for himself and monitor his progress over time.

2. Nutrition tracking: It helped John monitor his nutrition intake. He could log his meals and track his calorie intake, which helped him maintain a healthy diet.

Over time, John notices improvements in his lung function and his ability to perform daily activities. He feels more confident in managing his condition and is grateful for the convenience of the online rehab program.

John can record his user experience for feedback on the digital tool.

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Example scenario – Nurse experience

Meet Sarah, a General Practice nurse who conducts reviews on long term condition management for COPD patients. She has reviewed John COPD control. He has struggled to control his condition, so Sarah has recommended that he start using a digital health tool to help him manage his COPD more effectively. He is digitally fluent, health literate and has access to a smart phone / device.

Sarah uses the clinical dashboard to provide a care plan for John's condition and review how he uses the tool to manage his COPD:

 Customise the care plan

 Schedule notifications: For timely adherence to the care plan e.g., completion of CAT scores which indicated John's condition and indicates the effectiveness of his treatment to highlight any requires changes to help improvements.

CAT symptoms score: Sarah can see that John has completed a CAT score recently and if it is showing deterioration in a Red, Amber, Green visual. She is also able to review the trend of the previous scores.

Medication adherence: Sarah can see when John took his medication and his adherence to his medication plan by what he has tracked in the platform.

1. Pulmonary rehab online course: Sarah can see if John is working through his pulmonary rehab course, if it is started, in progress and the last time he accessed the content. This helps her see how activated he is.

2. Advice and education: Sarah can see the education content that John has access and when he last accessed it. This is noted on a D@SHBoard that shows non access in a different colour to help her field areas to address in the review and remind of the features in the digital health tool that provide benefit.

3. Dashboard: Sarah can see her patients individually but also as a cohort in a dashboard that can be filtered by Red/Amber/Green or by noncompliance or deterioration to help proactive care

4. Notifications: Sarah can send a push notification to John individually or to the cohort of patients under her care/PCN level.

5. Coding: Sarah doesn't need to code separately as the data the patient completes is pushed into her GP IT system and informing the workflow team in the practice that the patient has completed the data to inform a COPD review for a digital review rather than a face-to-face offer.

Over time, Sarah notices improvements to her workflow and the practice COPD annual checks making good use of a hybrid service. She also notices her patients online use improves lung function and ability to perform daily activities and confidence in managing their condition.

Sarah can record his user experience for feedback on the digital tool.

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Example scenario – Citizen experience for remote monitoring (acute)

John, the 65-year-old man who has been living with COPD for the past 5 years, has been successfully self-managing his symptoms for the last 6 months using a digital health tool. Unfortunately, he acquired a respiratory tract infection and was taken into hospital for treatment. He is now on a trajectory of improvement and the clinical team have identified him for early supported discharge with remote monitoring.

As John has experience with digital health tools, he thinks this is a good idea as he is keen to get back home. Here's how he uses the remote monitoring software:

Onboarding: He found it a little tricky to take his vital sign readings initially but received a phone call from the clinical team after he missed the first submission. This was really helpful and reassuring. They directed him to the guides and videos which he found useful so he knew he was taking his vital sign readings and inputting them in the system correctly.

Submitting readings: John used the digital health software to input his vital sign readings and answer the questions 3 times a day. On a few occasions he received a follow up call from the clinical team to see if he was ok and asking him to retake his readings. They also provided him with advice on how to manage his symptoms.

Reminders: The system sends text message reminders so he knows when to complete his vital sign readings.

1. Symptom management: after 4 days John felt unwell. After completing his vital sign readings that morning, he received a call from the clinical team asking him to come to the hospital. They ran some tests and prescribed some additional antibiotics. He was able to return home but they asked him to continue submitting his readings as scheduled.

After another week of submitting readings, John felt better and was discharged from the remote monitoring service. He completed a survey that was sent to him and continues using the COPD digital health remote management tool originally prescribed by his doctor to manage his symptoms.

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Example scenario – Nurse experience for remote monitoring (acute)

Meet Claire, a specialist nurse specialist respiratory care.

Claire has been looking after John who has COPD and was admitted to hospital following an acute respiratory infection. John is digitally literate and as he is now on a trajectory of improvement, the clinical team have identified him for early supported discharge with remote monitoring.

Claire uses the remote monitoring platform in the following ways:

1. Dashboard: Claire can see her patients individually but also as a cohort in a dashboard that can be filtered by Red/Amber/Green, by non-responder or deterioration to help proactive care.

2. Patient reported data: Claire can review patient reported data (vital signs/NEWS2 scores) and alerts generated by the system in response to criteria set according to the patient's treatment plan/deterioration.

3. Escalation: Claire is able to regularly review the data that John has submitted so she knows if and when to contact the patient. She uses NEWS2 scores, charts and clinical judgement to identify if there is any cause for concern/escalation in treatment required.

4. Clinical care: Claire can review actions and notes that have been taken by other clinicians such as the remote monitoring team and make changes/recommendations to the patient's treatment plan.

5. Discharge: Claire is able to decide when a patient is suitable for discharge by viewing the patient reported data and liaising with the remote monitoring team. She is able to see when a patient has been discharged and has completed their satisfaction survey.

6. Coding: Claire doesn't need to code separately as the data the patient completes are pushed into the patient record and informs the workflow team in the patient's practice that the patient is being remotely monitored.

7. Reporting: Claire is able to view reports and analytics of patient reported data and satisfaction survey data to inform care practice and quality improvement.

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What to consider

Know your customer strategic approach and plans

Come with a team that help with the thinking, design of intended use as part of your services, e.g. clinical safety, business analyst, e-learning, researcher, UX

Climb together, celebrate the wins together, problem solve together, and write your evaluations and tractor of improvement together

Know your digital health ecosystem well. Be prepared to link with other digital health technology services and platforms do the work around digital health architecture for your client

Have a clear growth plan for the product, and company in areas of commercial growth, partnership working, interoperability, research

Have excellent understanding if your analytics and data and be clear on assumptions and data quality

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Assurance

1. General requirements — What is your Supplier relationship going to look like and how will you anticipate future needs? What is your profile, business continuity, compliance, privacy?

2. Functional requirements — What does the solution do and why? Don't forget off boarding either, as transition from one platform to another or as decommissioning

**3. Non-functional requirements** — Show the quality attributes that will determine how the system operates

4. Technical requirements — Assurance on how you meet the technical/infrastructure polices and standards the solution must adhere to

5. Implementation requirements — Show how you support design of intended use and implementation

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Please join us in the Regent Suite (ground floor) for a selection of refreshments
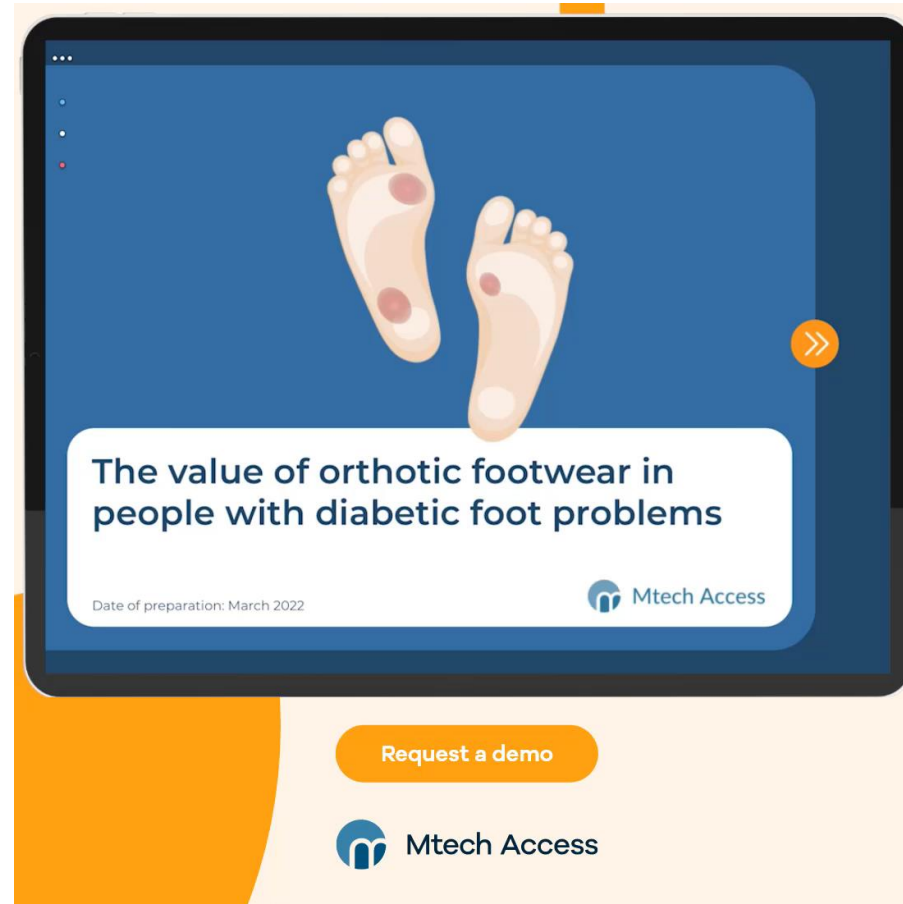
Speak to Hannah, Iain or Emily to see more

Reflections on the current demand, access, and resource challenges facing the NHS, as it strives to transform

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Reflections on the current demand, access, and resource challenges facing the NHS, as it strives to transform

Paul Miller

NED, Bath and North East Somerset, Swindon and Wiltshire ICB

Guest Speaker

Prof. Phil Richardson

Chair & Chief Innovation Officer, Mtech Access

Host

Mtech Access

Contents

1   The 1948 FA Cup semi-final Blackpool versus Tottenham Hotspur

2   Herbie the Volkswagen

3   Sunderland and Surrey

4   Pink Floyd and a coin jar

5   Shop windows

6   Dad's Army
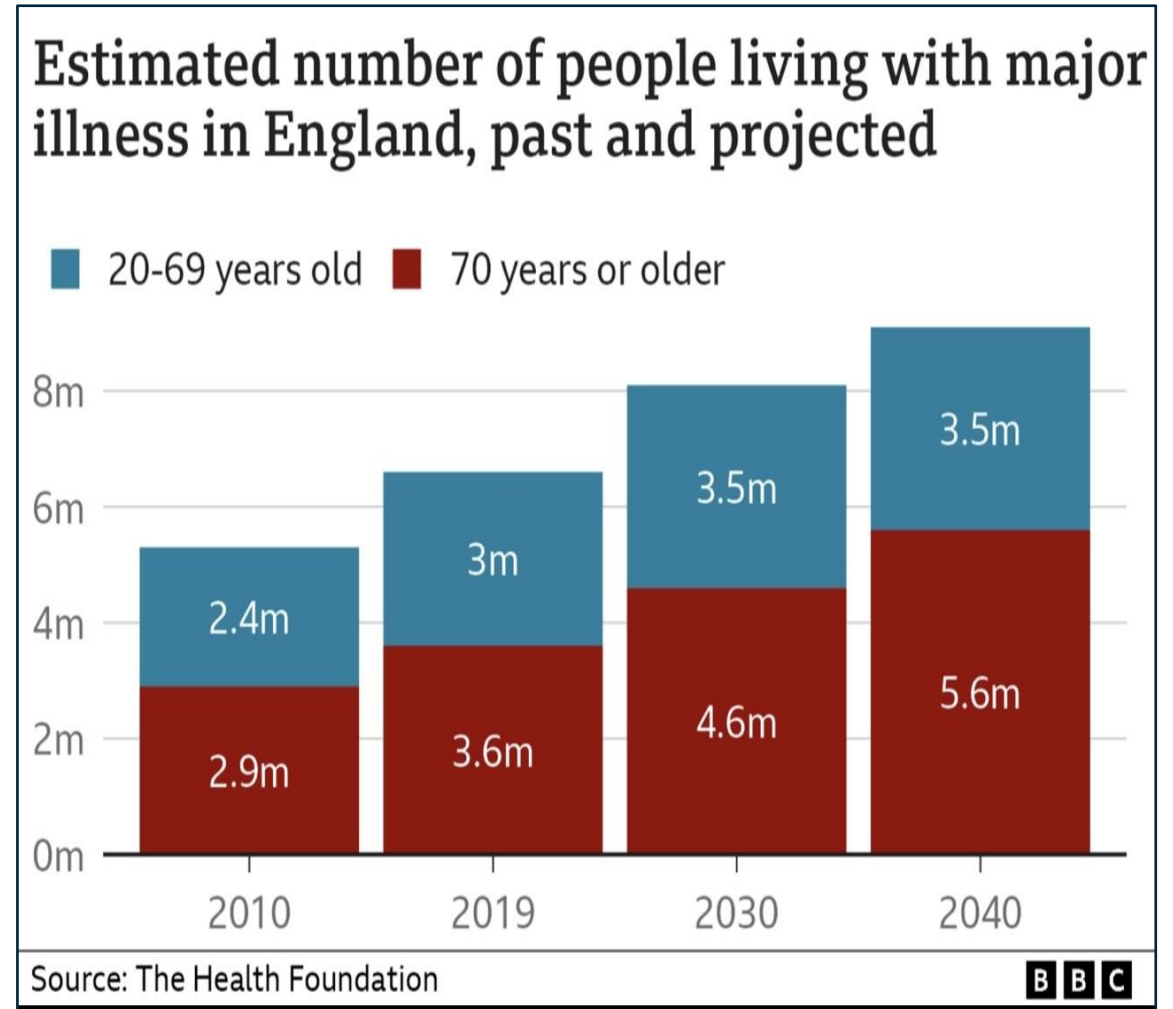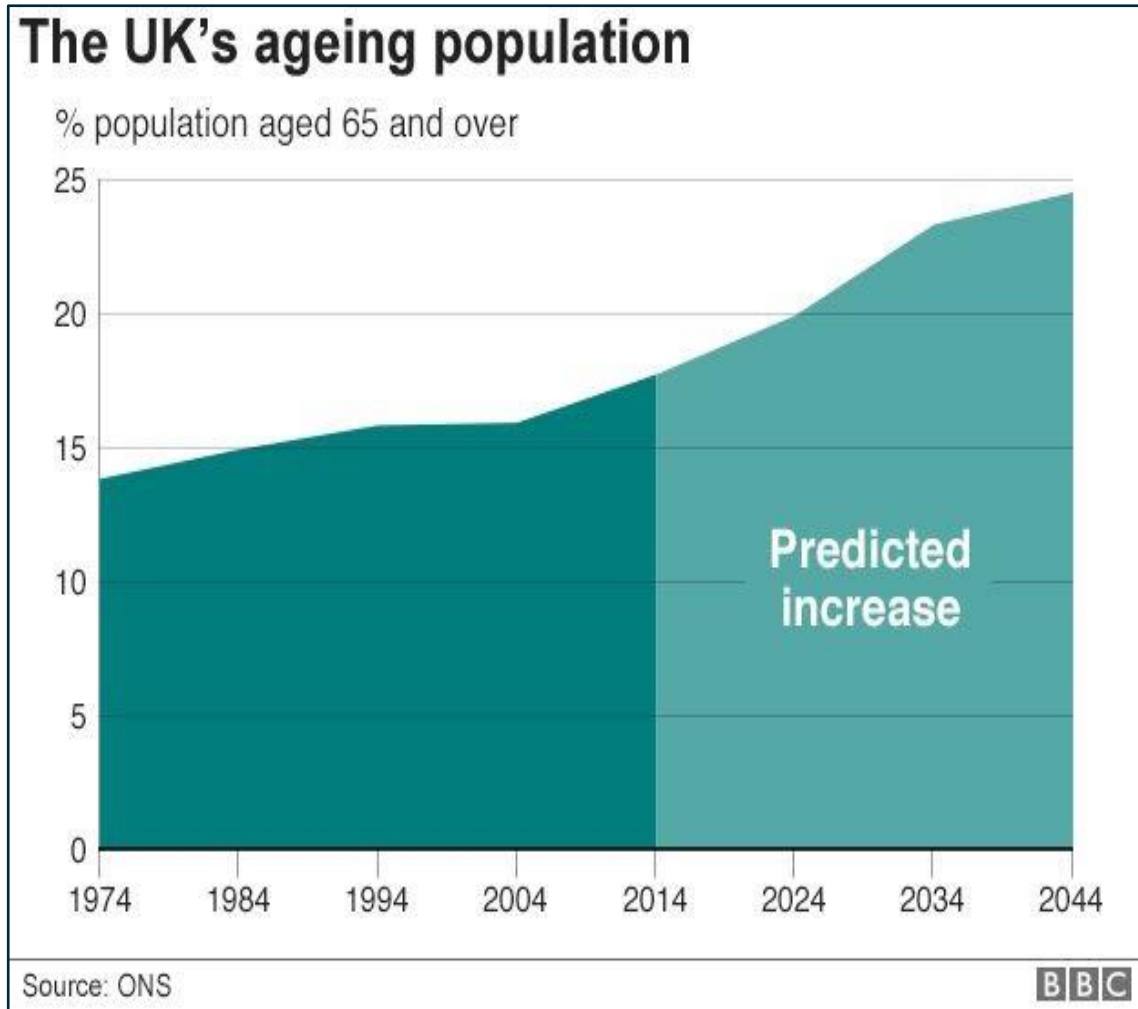
7   Oscar Wilde

8   Strictly Come Dancing

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1. The NHS is 75 years old in 2023, and, just as society, has changed a lot over that time; as has the worldwide healthcare industry

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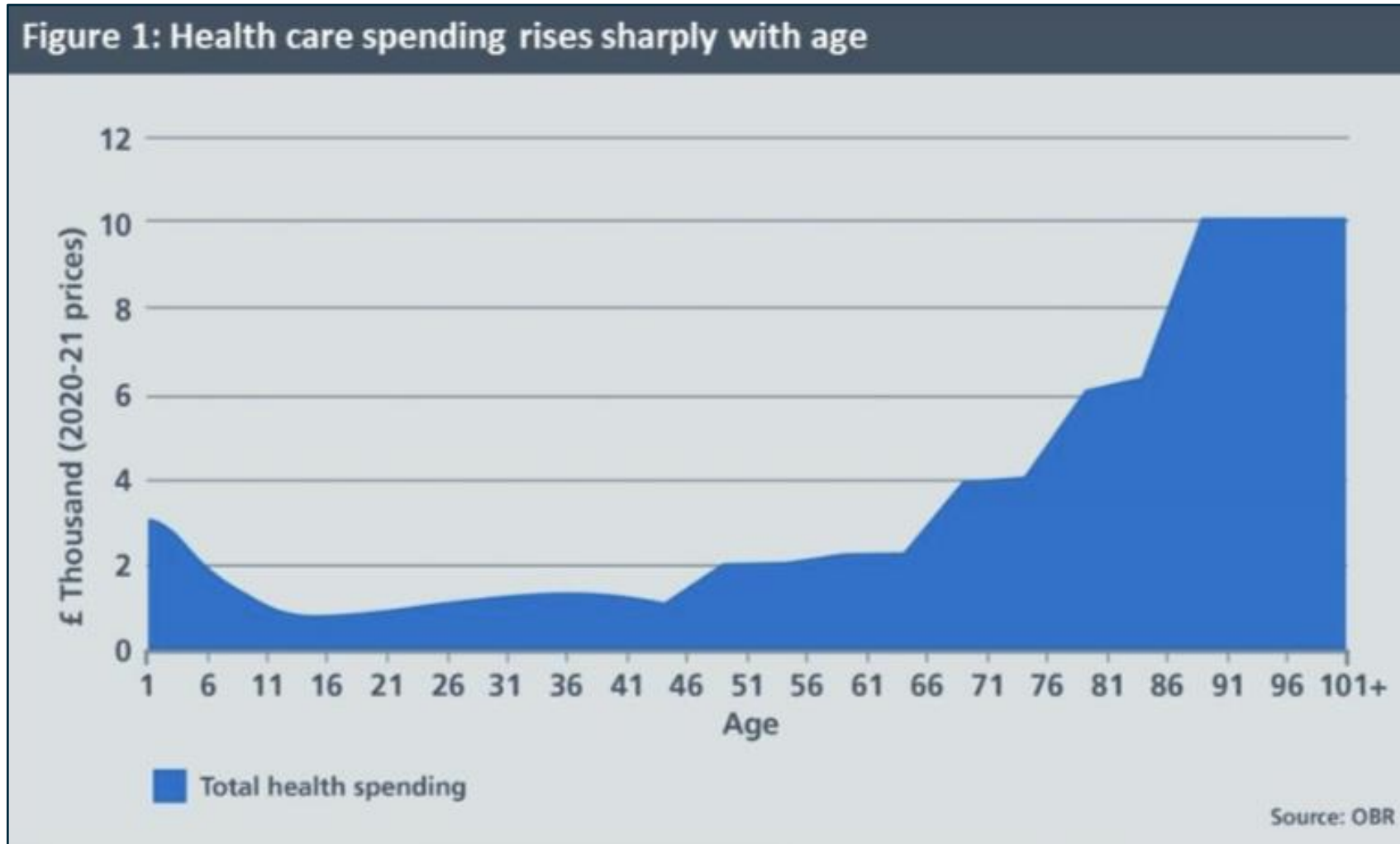
2. How old is the car you drive?

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Since 1948, UK life expectancy has increased by around 13 years and the older you live the more health problems you are likely to have


The UK's ageing population
% population aged 65 and over
Predicted increase
Source: ONS
BBC

Estimated number of people living with major illness in England, past and projected

- 20-69 years old
- 70 years or older

2010: 2.4m, 2.9m
2019: 3m, 3.6m
2030: 3.5m, 4.6m
2040: 3.5m, 5.6m

Source: The Health Foundation
BBC

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People living longer is really good news and a great success story, but it comes at a cost

Figure 1: Health care spending rises sharply with age

Total health spending

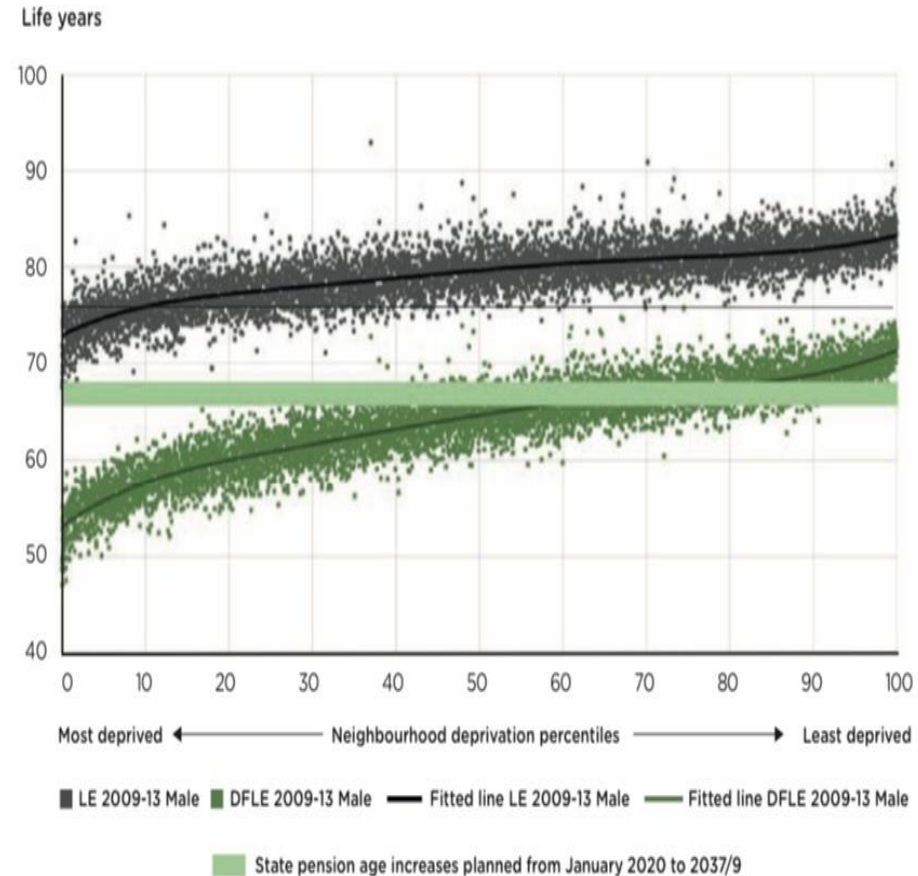Source: OBR

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3. Across the UK there are very wide health inequalities, for both life expectancy and disability-free life expectancy (DFLE)

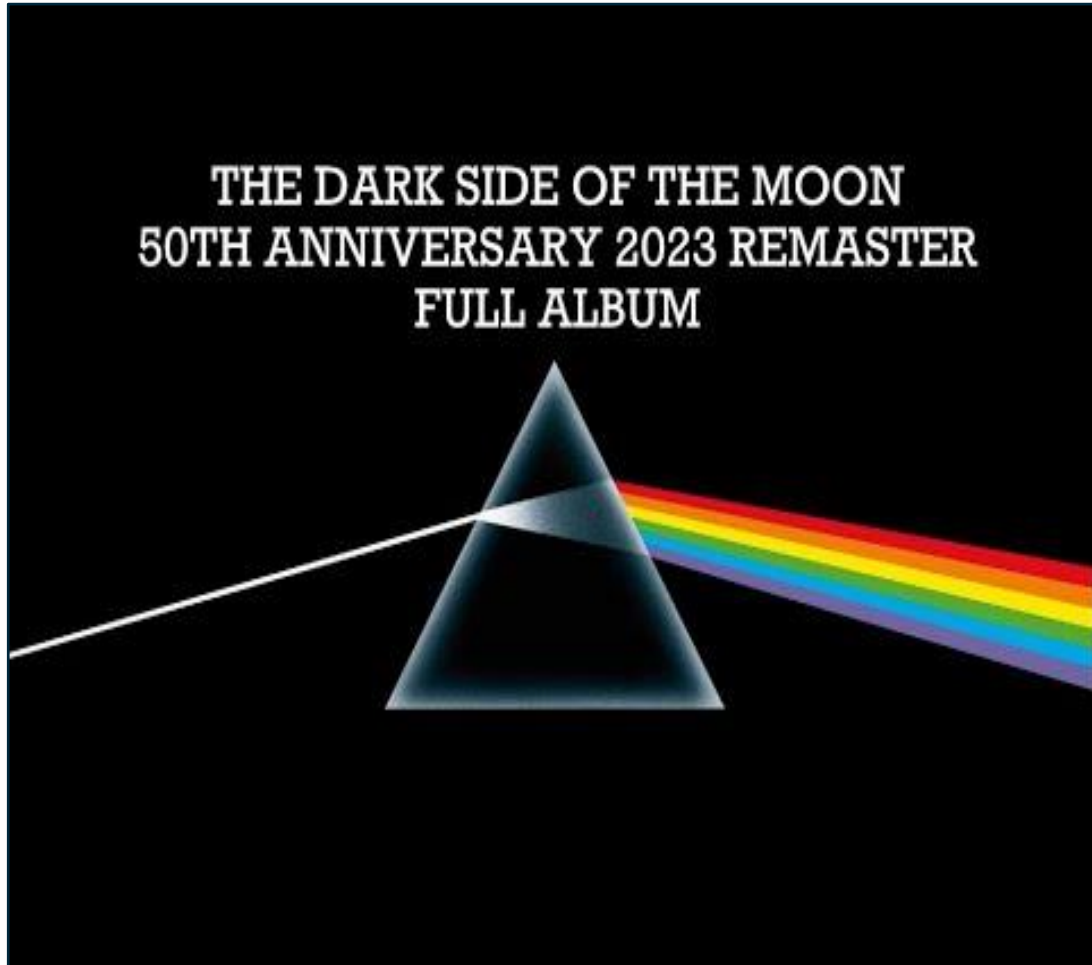Figure 2.3. Life expectancy at birth by area deprivation deciles and sex, England, 2016-18
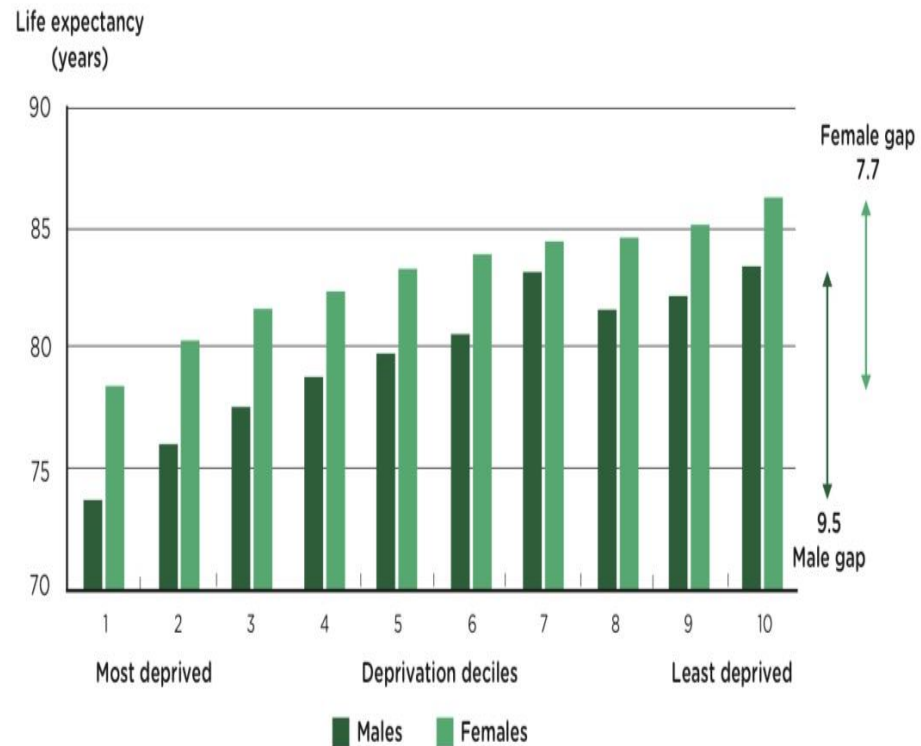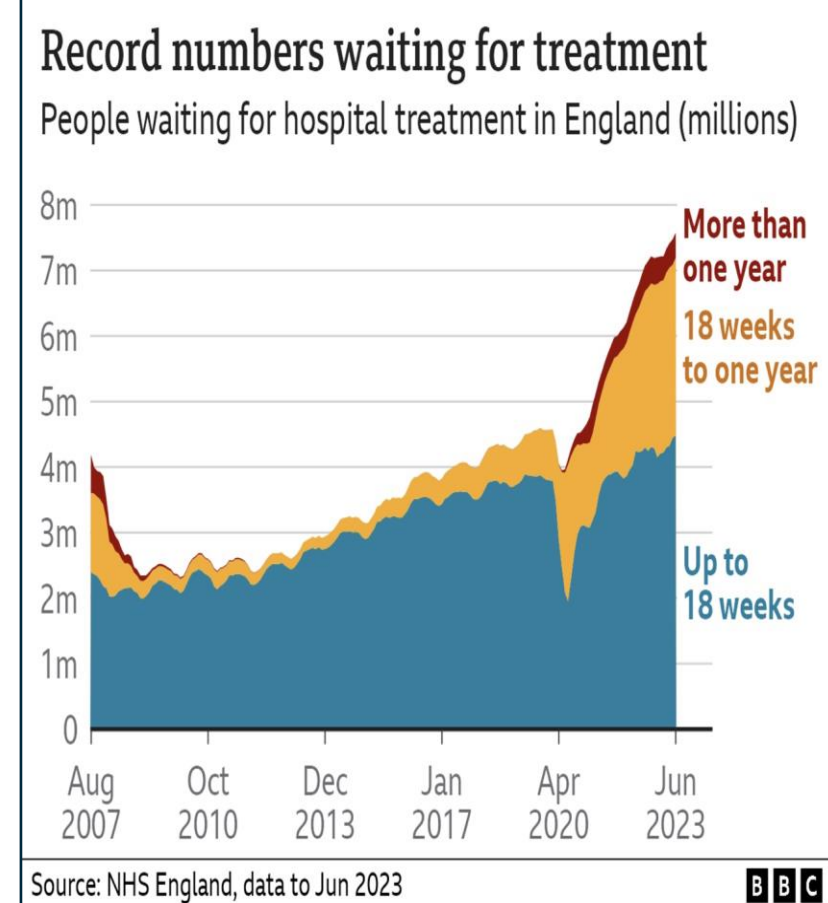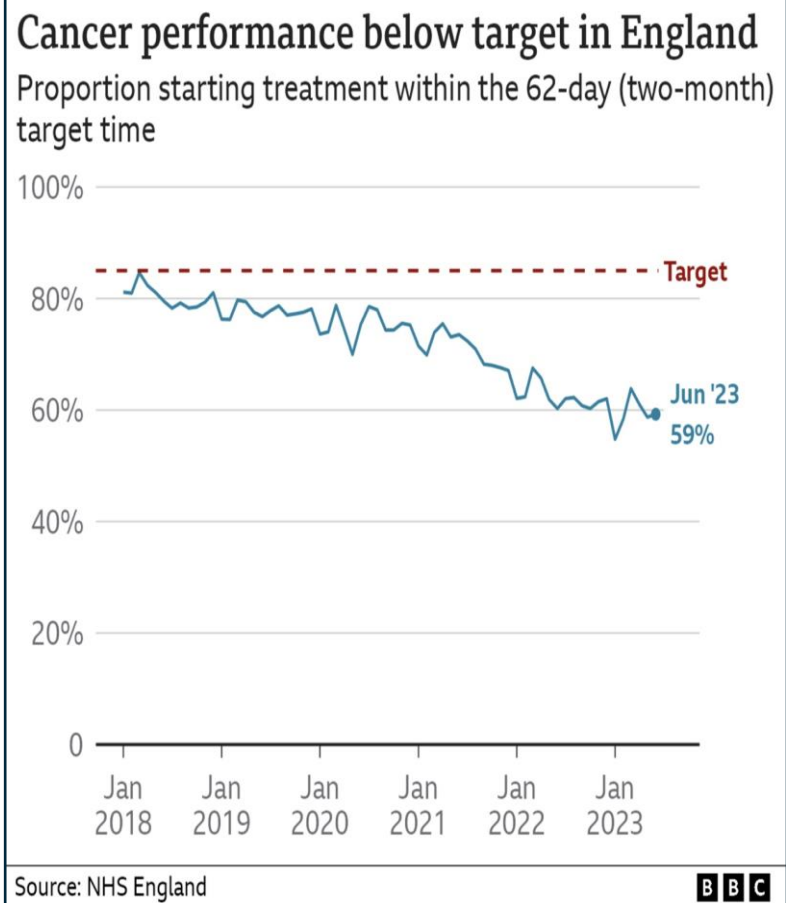
Source: ONS, 2020 (23)

a) Males

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4. Money, or more importantly, the lack of it, and how the NHS receives it, are major challenges to how the NHS operates and transforms itself

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5. If money is in short supply, the worldwide healthcare workforce is in even shorter supply

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6. When faced with finite resources (money and workforce) and rising demand, the NHS rations

Cancer performance below target in England
Proportion starting treatment within the 62-day (two-month) target time

Target

Jun '23
59%

Source: NHS England · BBC

Record numbers waiting for treatment
People waiting for hospital treatment in England (millions)

More than one year

18 weeks to one year

Up to 18 weeks

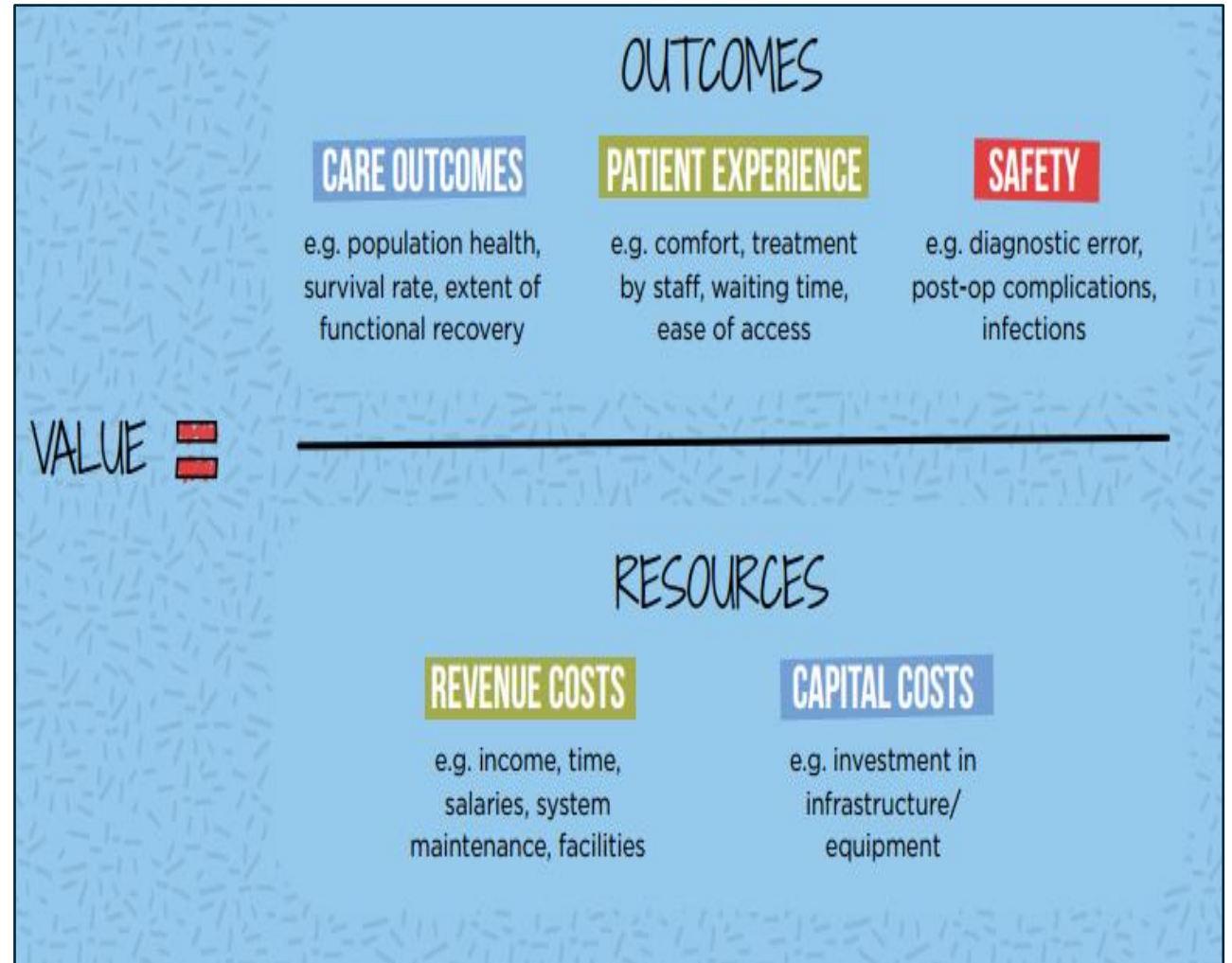Source: NHS England, data to Jun 2023 · BBC

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7. Going forward, yes, the NHS needs to be even more <u>efficient</u> with its use of resources… But it also needs to be more <u>effective</u> and improve outcomes and value

"Nowadays, people know the price of everything and the value of nothing."

– Oscar Wilde

VALUE =

OUTCOMES

CARE OUTCOMES
e.g. population health, survival rate, extent of functional recovery

PATIENT EXPERIENCE
e.g. comfort, treatment by staff, waiting time, ease of access

SAFETY
e.g. diagnostic error, post-op complications, infections

RESOURCES

REVENUE COSTS
e.g. income, time, salaries, system maintenance, facilities

CAPITAL COSTS
e.g. investment in infrastructure/ equipment

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8. The future of the NHS depends on understanding, trust, teamwork, communication, courage, and most of all, establishing strong partnerships that play to everybody's strengths

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Discussion

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Closing remarks

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Thank you

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https://www.smartsurvey.co.uk/s/Symposium23Feedback/

And select: **Share your feedback**

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