



# WELCOME TO

## The Digital Primary Care Conference 2022



Check Out Our  
Agenda Here...



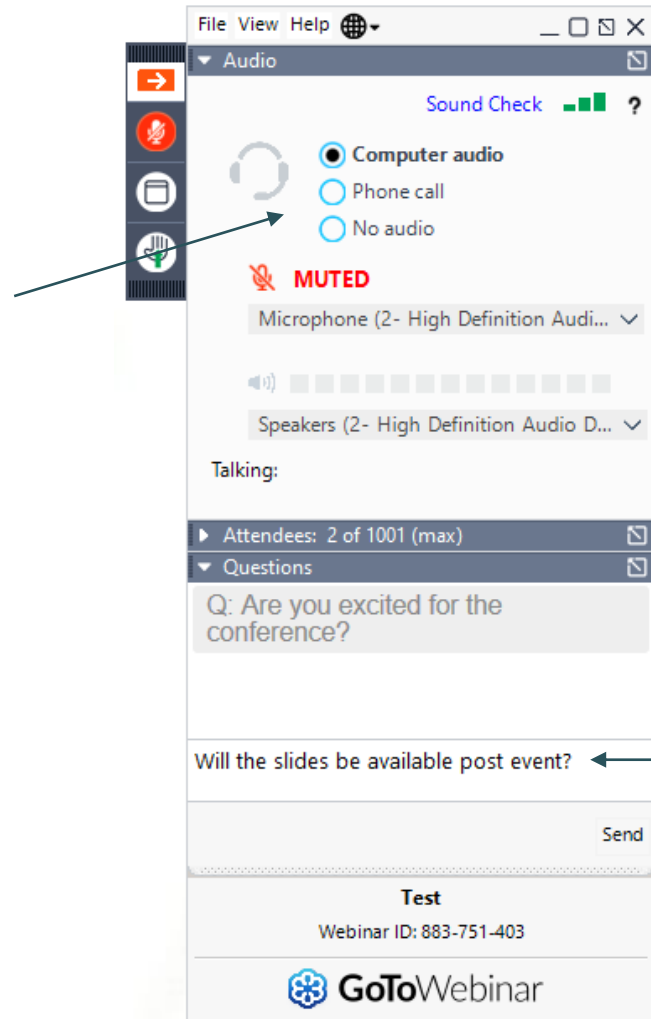
Tuesday 12<sup>th</sup> July 2022- 10:50am – 15:30pm – GoTo Webinar  
Conference hosted by Convenzis Group Limited



# The Digital Primary Care Conference 2022



Make sure you are connected via Computer Audio for the conference. You can test your audio via the 'Sound Check' tab.



If you have any questions or comments for Speakers across the day, please expand the Questions Section on the GoToWebinar panel. You will not be able to see each others questions.



# The Digital Primary Care Conference 2022: Polls...



Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

**Would you be interested in attending the next conference in this series?**

Please select one:

- Yes
- No

Submit

Click on **one** of the multiple choice options, then press 'Submit'

Now viewing Rhea Okine's screen

Talking:

QUICKPOLL

**Would you be interested in attending the next conference in this series?**

Please select one:

- Yes
- No

Your poll answers have been submitted.

Once **Submitted** your screen will look like this



## The Digital Primary Care Conference 2022



# SPEAKING NOW



James Kingsland

Independent Clinical and Professional Adviser  
Isle of Man Government and award-winning GP

I will be  
discussing...

“Transforming Primary  
Care: A National  
Perspective”

Transforming  
Primary Care –  
Choosing  
digital first  
health services

*12 July 2022*

**Professor James Kingsland OBE**

Primary Healthcare Physician  
School of Medicine UCLan  
Independent Healthcare Adviser

Chair Digital Clinical Excellence Forum  
(DiCE) UK



# Transformation

People are living longer with increasingly complex health and social care needs. The pandemic has further increased demand and expectation on an already stretched H&C system. On top of this we have a workforce shortage.

Technological advances could facilitate different means of delivering care

So, the traditional model – more of the same, or trying harder at what is already failing – isn't the solution.

This requires a mindset change...thinking quite differently

..and transformation is rarely achieved by contractual routes or transactional discussions

*NHS response to Avian influenza pandemic 1956 -1958*

# High performing systems of health and care

## The Quadruple Aim

- Enhancing person-centred care. Focusing care on the needs of the person rather than the needs of the service and ensuring shared decision-making and self-care is inherent in the delivery of care to an individual. Enriching the experience of an individual in a care system with heightened satisfaction particularly in relation to good access and short waiting times.
- Improving population health through registered lists of people, thereby gaining a better understanding of the local need of that population. Screening, early detection and prevention of disease becomes a defining principle of care provision.
- Reducing costs and strengthening the deployment of care resources by an alignment between care decision-making and the financial consequences. This means that the care teams that do the work take responsibility for a whole population budget for that registered community.
- Improving the working life of the health, social and managerial professionals delivering the care, with better workforce planning and sensitive team development.

[Ann Fam Med](#). 2014 Nov; 12(6): 573–576.

# DiCE

- Digital Clinical Excellence Forum was established in March 2019 to provide a collective voice and support to the growing community of digital healthcare providers and with a specific purpose to create a network for digital healthcare providers which supports clinical care improvement and safety in digital healthcare.
- DiCE endeavours to develop excellence and consistency in the standards of digital care.
- Primary Aims
  - help create standards for quality, safety and good practice and disseminate information to improve provision of care in this sector.
  - Create a collaborative voice for the sector to interact with policy makers and regulators.
  - Establish evidence of improved care and comparisons with current standards.
  - Actively support the technical development and practical implementation of digital healthcare nationally.
- Overall to drive innovation in digital care to support patients' future needs and wants.



# Reflections and Evidence from DiCE

- Skills and competencies aren't quite as good as we thought
- Rethinking/revisiting personalization and consultation style
- New governance arrangements
- Technical proficiency
- Improving triage and self care with form-based assessments
- From decision support systems to AI, satellite technology and connectivity for remote monitoring
- Rethinking demand management
- New ability to scale primary care provision
- Data driven population health improvement

# Quality Improvement in Digital Consultations

- Introductory course in 3 modules
- Aim to enhance skills and competencies in digital literacy relating to on-line consultations
- Legal and governance
- Technical Competencies
- Consultation and communication skills - improvement in an online environment
- [www.digitalclinicaexcellence.com](http://www.digitalclinicaexcellence.com)

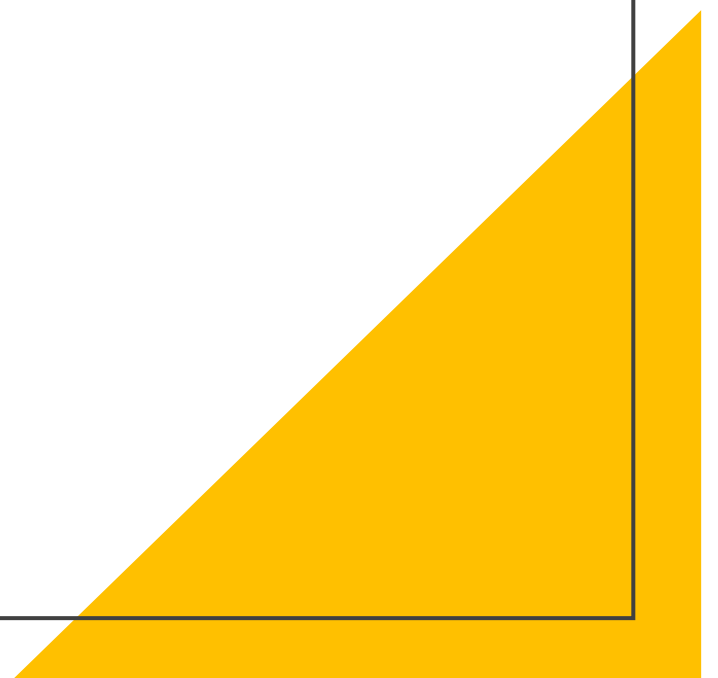


# Service quality – what patients value

- Availability and Accessibility
- Local and Responsive
- Communication Skills
- Interpersonal Attributes of Care
- Continuity of Care
- Range of On-Site Services
- Technical Competence

What matters to patients? A timely question for value-based care. July 9 2020

<https://doi.org/10.1371/journal.pone.0227845>






















# Do we know who our customers are?



# What comes after Generation Z?

Chart 1: An overview of the working generations

Characteristics	Maturists (pre-1945)	Baby Boomers (1945-1960)	Generation X (1961-1980)	Generation Y (1981-1995)	Generation Z (Born after 1995)
Formative experiences	Second World War Rationing Fixed-gender roles Rock 'n' Roll Nuclear families Defined gender roles — particularly for women	Cold War Post-War boom "Swinging Sixties" Apollo Moon landings Youth culture Woodstock Family-orientated Rise of the teenager	End of Cold War Fall of Berlin Wall Reagan / Gorbachev Thatcherism Live Aid Introduction of first PC Early mobile technology Latch-key kids; rising levels of divorce	9/11 terrorist attacks PlayStation Social media Invasion of Iraq Reality TV Google Earth Glastonbury	Economic downturn Global warming Global focus Mobile devices Energy crisis Arab Spring Produce own media Cloud computing Wiki-leaks
Percentage in U.K. workforce*	3%	33%	35%	29%	Currently employed in either part-time jobs or new apprenticeships
Aspiration	Home ownership	Job security	Work-life balance	Freedom and flexibility	Security and stability
Attitude toward technology	Largely disengaged	Early information technology (IT) adaptors	Digital Immigrants	Digital Natives	"Technoholics" — entirely dependent on IT; limited grasp of alternatives
Attitude toward career	Jobs are for life	Organisational — careers are defined by employers	Early "portfolio" careers — loyal to profession, not necessarily to employer	Digital entrepreneurs — work "with" organisations not "for"	Career multitaskers — will move seamlessly between organisations and "pop-up" businesses
Signature product	 Automobile	 Television	 Personal Computer	 Tablet/Smart Phone	Google glass, graphene, nano-computing, 3-D printing, driverless cars
Communication media	 Formal letter	 Telephone	 E-mail and text message	 Text or social media	 Hand-held (or integrated into clothing) communication devices
Communication preference	 Face-to-face	 Face-to-face ideally, but telephone or e-mail if required	 Text messaging or e-mail	 Online and mobile (text messaging)	 Facetime
Preference when making financial decisions	 Face-to-face meetings	 Face-to-face ideally, but increasingly will go online	 Online — would prefer face-to-face if time permitting	 Face-to-face	 Solutions will be digitally crowd-sourced

\*Percentages are approximate at the time of publication.



‘There is nothing new  
except what has been  
forgotten’



## The Digital Primary Care Conference 2022



# UP NEXT...

# Big Health

## Makers of Sleepio & Daylight





## The Digital Primary Care Conference 2022



# SPEAKING NOW



Ushma Baros

Head of Commercial  
Big Health

I will be  
discussing...

“Case Study: The Impact of  
the worlds first NICE  
approved digital alternative  
to mental health drugs in  
Primary Care”



## The Digital Primary Care Conference 2022



# SPEAKING NOW



Christine O'Connor

Director of Transformation and Digital  
Pioneer Wound Telehealth

I will be  
discussing...  
“The redesigning of  
Primary Care at scale  
& collaborative  
working”

# The redesigning of Primary care at scale.... collaborative working

Christine O'Connor

Director of Transformation and  
Digital

Pioneer Wound Telehealth



*Overstretched, understaffed  
Services and recruitment challenging*

*Demand for hospital services  
Still increasing annually*

*£1 in every £5 of government  
Spending on health simply maintains  
The status quo*

*Areas of greatest deprivation have  
Fewer GPs and 7% less funding*

*94% GPs think their current contract  
Is outdated and inadequate*



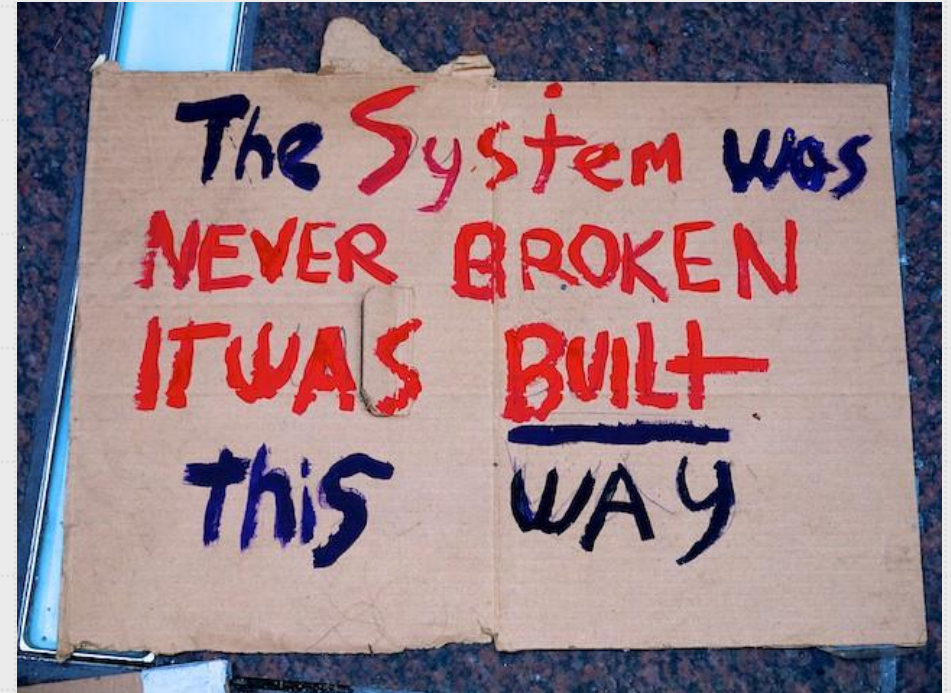
*The number of GP partners fell by over  
1000 in 2020 and only 37% of GP  
Trainees plan on becoming partners*

*100 GP practices closed in 2020  
and there have been 800  
closures in the last 8 years*

*The differential in the way GPs and  
Hospitals are remunerated stands in the  
Way of integration*

*The health system is predicated on  
treatment and reactionary care and runs  
to stand still*

- **Hypothesis:** The traditional model of healthcare involves working with sick people, using medication, telling patients instructions, having, in the main, only a snapshot of the patient's health status. It requires revision or replacement
- **Proposal: Shift** the focus from activity/how many, to the quality of care being delivered: from volume to value and embrace lifestyle health as a key component of the approach in helping us embrace a modern understanding of health





# Primary Care

## *What is it?*

- General Practice at the centre along with community pharmacy, dental, optometry....
- Primary means first so entry point: first point of interaction, engagement
- Allows for diverse routes of interaction and engagement

## *Long Term Plan*

- 'Primary Care will boost 'out of hospital care' and finally dissolve the historic divide between primary and community services'
- Primary Care will lead on improving the 'whole person' health of a local population with a greater understanding of mental health, benefits of social prescribing, personalised care, medicines management and how to age well

# What Kind of Mindset Do You Have?



I can learn anything I want to.  
When I'm frustrated, I persevere.  
I want to challenge myself.  
When I fail, I learn.  
Tell me I try hard.  
If you succeed, I'm inspired.  
My effort and attitude determine everything.



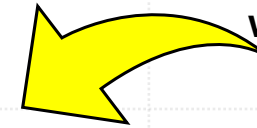
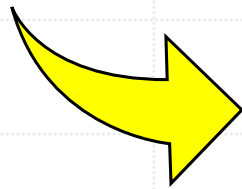
I'm either good at it, or I'm not.  
When I'm frustrated, I give up.  
I don't like to be challenged.  
When I fail, I'm no good.  
Tell me I'm smart.  
If you succeed, I feel threatened.  
My abilities determine everything.

# Triple/quadruple aim....

**Address health care inequalities**

**Improve population health and wellbeing**

**Increase well being and engagement of the workforce**



**Enhance an individuals experience of care once it is needed**

**Reduce per capita cost of health care and improve productivity**



**Sustainability agenda**



**Let's be clear:**

**The reinvention of the NHS infrastructure will not deliver the required change unless accompanied by a paradigm shift in thinking across the health and care system!**



*In order to change an existing paradigm  
you do not struggle to try and change the problematic model.  
You create a new model and make the old one obsolete.  
That in essence, is the higher service to which we are all being called.*

*~ Buckminster Fuller ~*



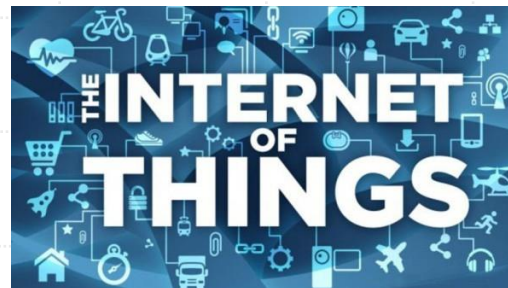
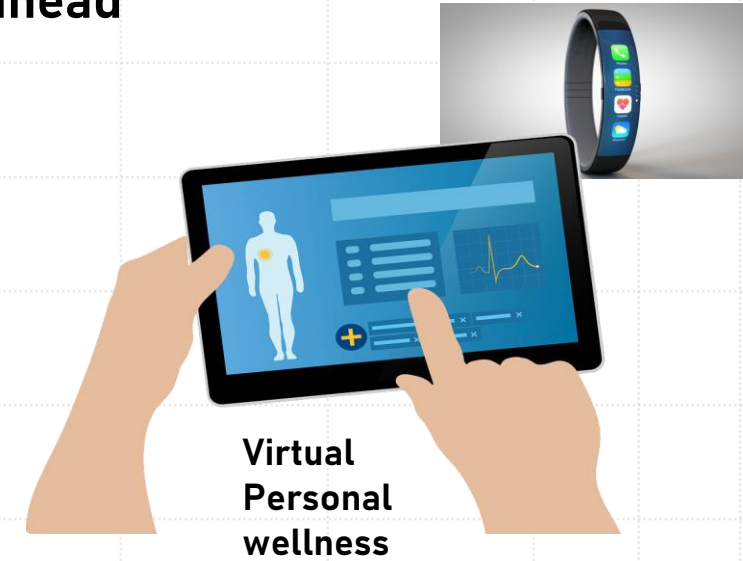
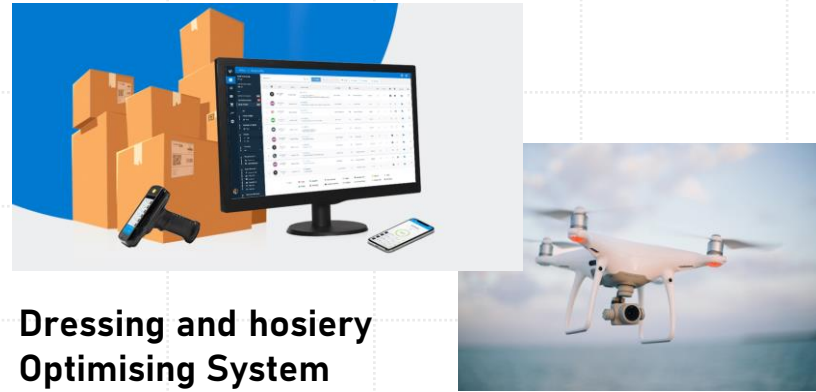
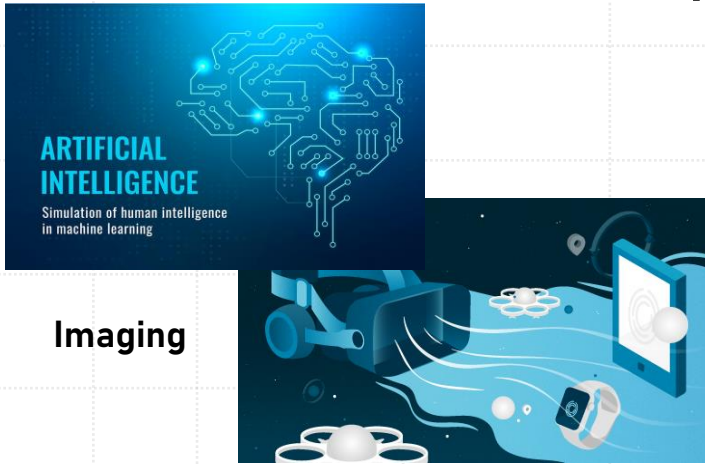
**CULTURE  
MINDSET  
COLLABORATION  
MATCH SERVICE OFFERINGS  
TO COMMUNITY NEEDS  
MOVE FROM REACTIVE TO PROACTIVE  
PREVENTIVE CARE  
Blah! Blah! Blah.....**

**Technology will change the face of global healthcare delivery driven by greater data connectivity, interoperable and open Secure platforms, increasing consumer engagement**



**The future of  
health  
and care**

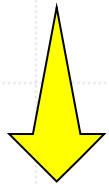
# Health and care 2025 and beyond: looking ahead



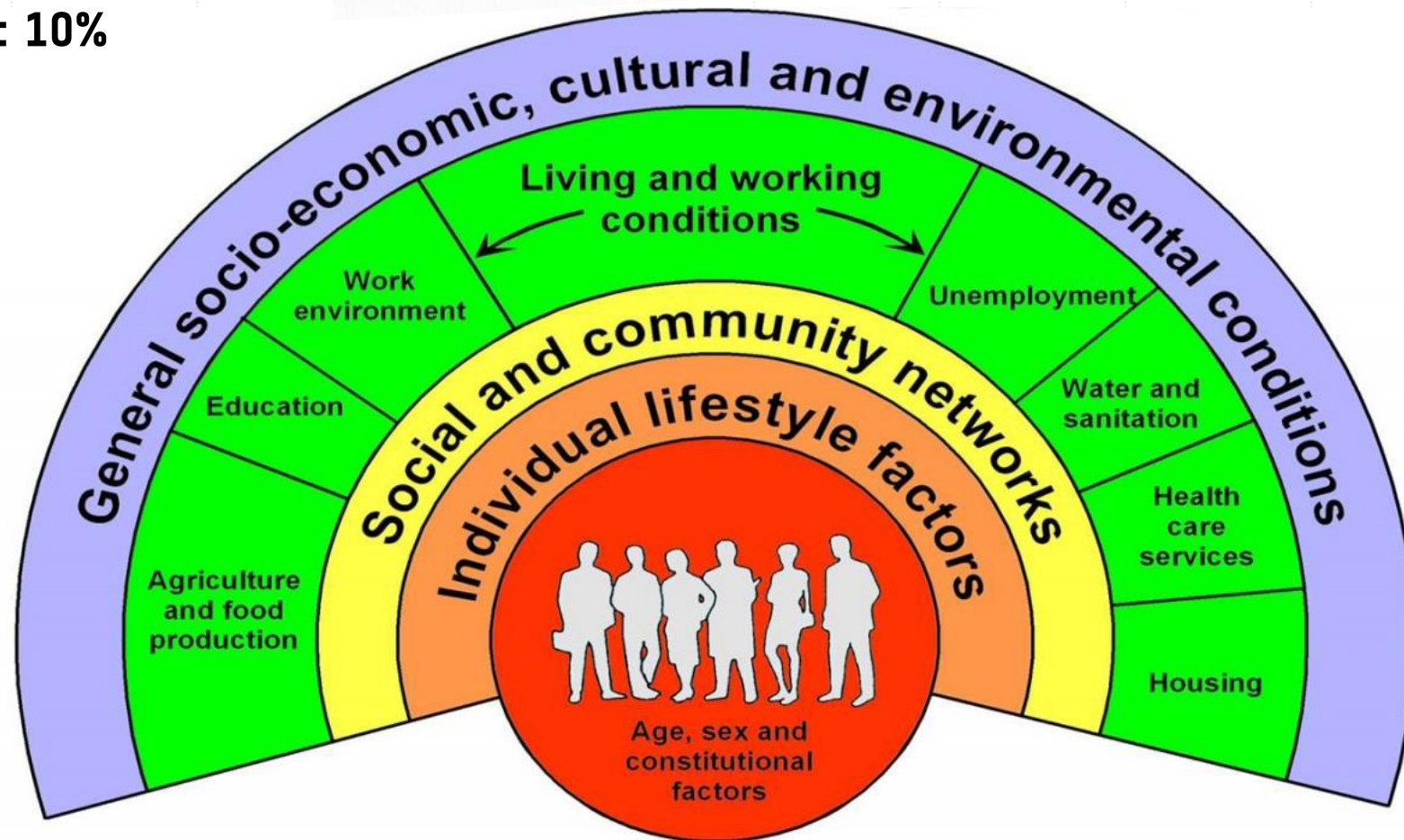


Social determinants of health: impact on health outcomes:  
Health behaviours: 30%  
Socio economic factors: 40%  
Physical environment: 10%

Medical care is insufficient for ensuring better health outcomes:  
**Clinical Care: 20% impact on health outcome**



Wellness  
Prevention  
Patient Activation  
Coaching  
Social prescribing  
Signposting  
Groups/community



## What Is a Patient-Centered Medical Home (PCMH)?

It's not a place... It's a partnership with your primary care provider.



PCMH puts **you** at the center of your care, working with your health care **team** to create a **personalized plan** for reaching your goals.



Your **primary care team** is focused on getting to know you and earning your trust. They care about you while caring for you.



Technology makes it easy to get health care when and how you need it. You can reach your doctor through **email**, **video chat**, or after-hour **phone calls**. **Mobile apps** and **electronic resources** help you stay on top of your health and medical history.

As you pursue your health care journey, you may make stops at different places:



Wherever your journey takes you, your **primary care team** will help guide the way and coordinate your care.

Studies show that PCMH:



Provides better support and communication



Creates stronger relationships with your providers



Saves you time



To learn more about the PCMH, visit [www.pcpcc.org](http://www.pcpcc.org)

A Patient-Centered Medical Home is the right care at the right time. It offers:



**Personalized care plans** you help design that address your health concerns.



**Medication review** to help you understand and monitor the prescriptions you're taking.

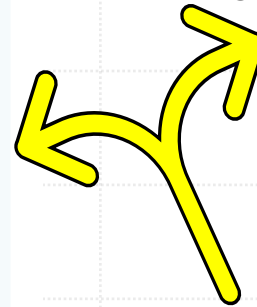


**Coaching and advice** to help you follow your care plan and meet your goals.



**Connection to support and encouragement** from peers in your community who share similar health issues and experiences.

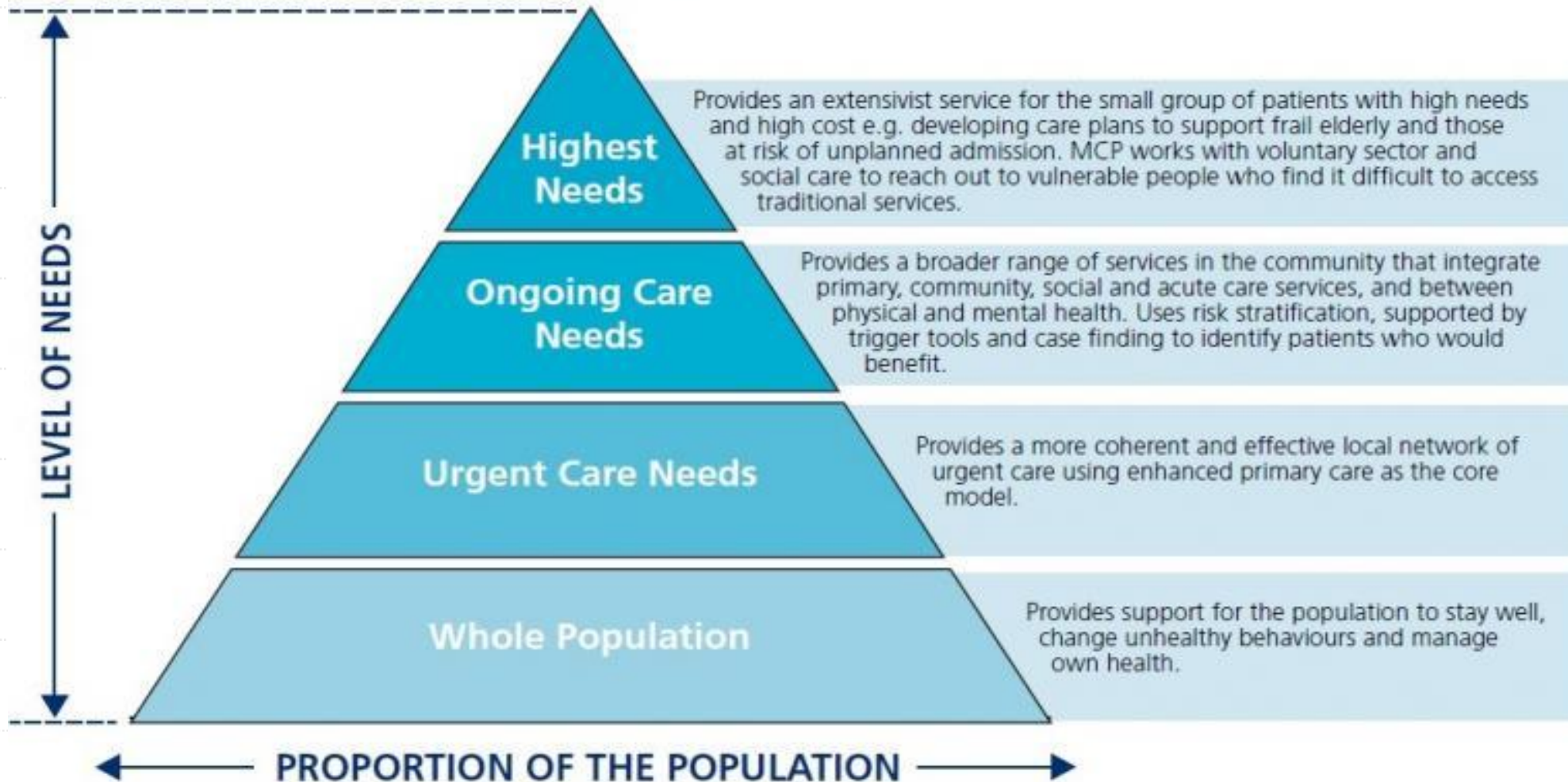
The PCMH is an approach to delivering high quality, cost effective primary care, using patient centred, team-based approaches to coordinating care across a health system. It provides a central point of care from which decisions are made resulting in coordinated high quality care: the primary care physician holds centre stage



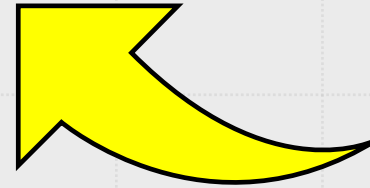
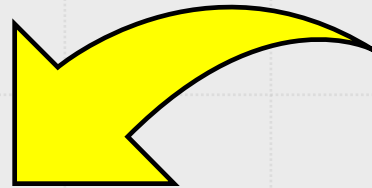
Here we have described a Primary Care Network soon to morph into an Integrated Neighbourhood Team:  
**Primary Care at Scale!**

# Multispecialty Community Provider = Integrated Neighbourhood Team= PCN

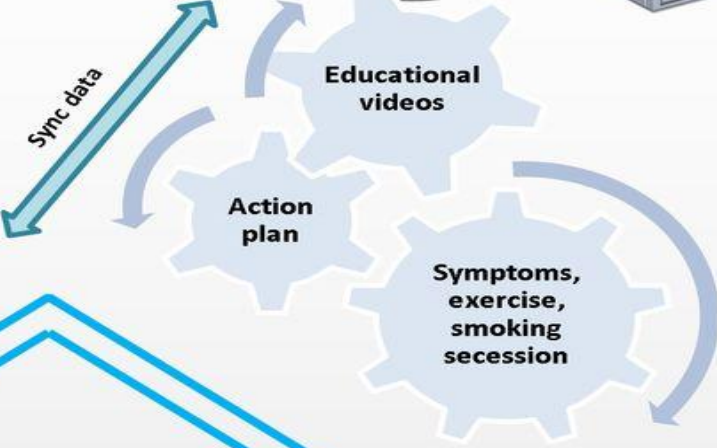
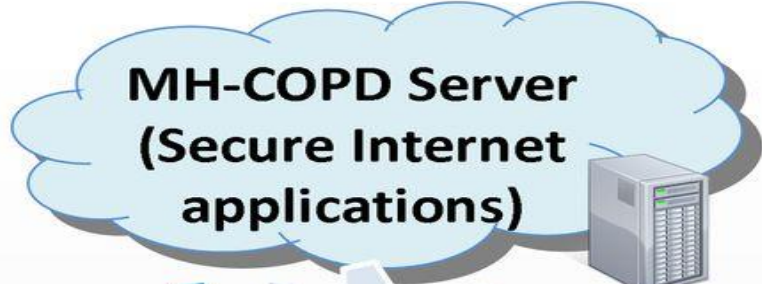
Figure 1: The four levels of the MCP care model



# Connection not Fragmentation







**Patient at Home**

Self-management summary

Prescriptions and goals  
Data for review



**Specialists and GPs for COPD care**

Collaborative care



**COPD nurses**

Communications and clinical interventions

# Partnership/sole trader



**Business Model  
reduces risk**

**Superpractices**

**Operose**

**Omnes**

**Spirit Health**

**Vertical Integration**



**GP Federations?**

**Primary Care  
Networks**



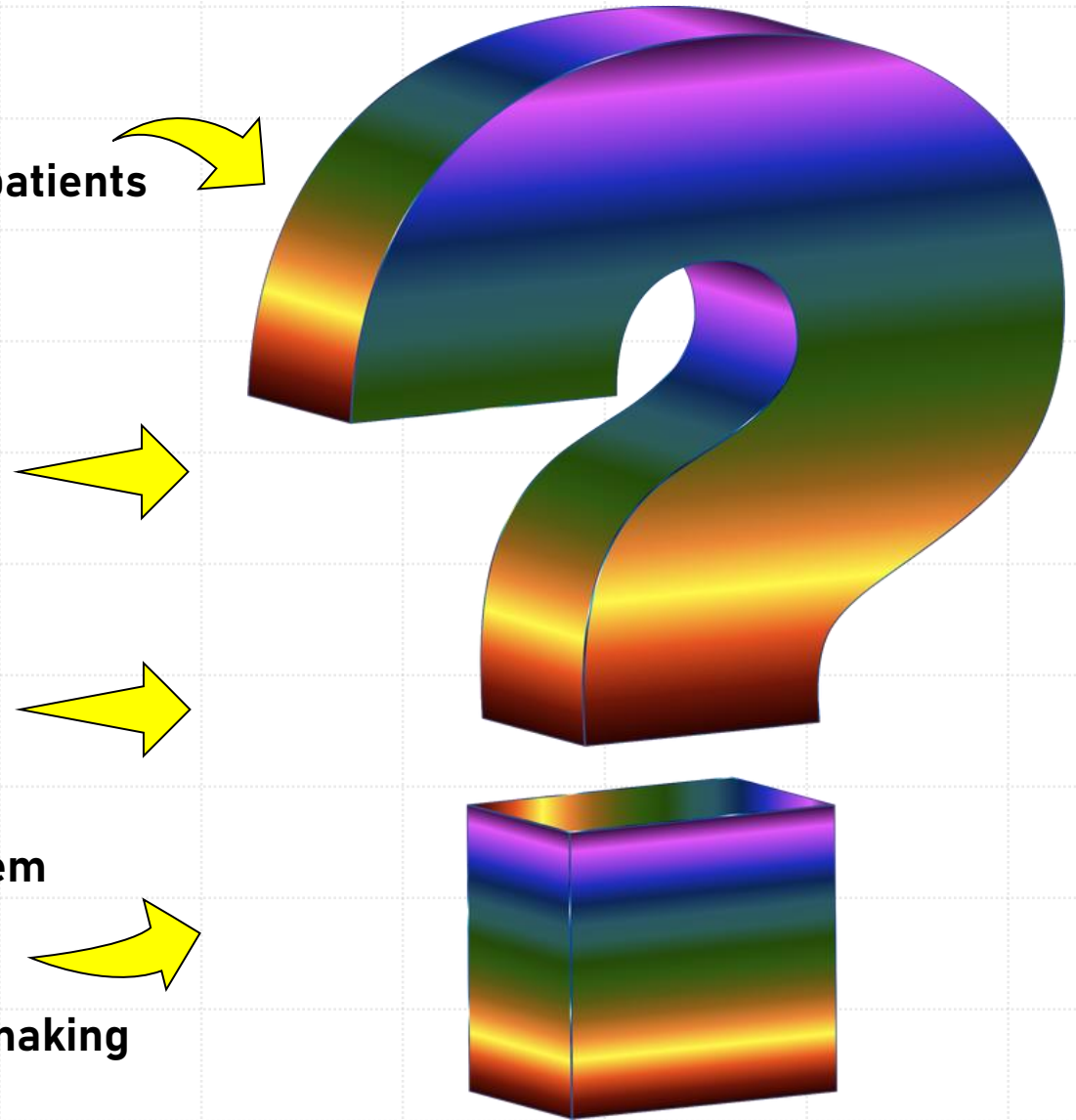
**Integrated  
Neighbourhood  
Teams**

**How do hospitals move to the long term solutions to minimise in patient services and move to highly specialised facilities where patients can receive care**

**How does the system optimise in patient and outpatient settings and integrate digital technologies to create a health system without walls**

**How will localised health hubs emerge where most health, wellness and prevention delivered with consumers connected**

**How does the system and providers to that system get to the place where data is used to drive the future of healthcare and this is supported by algorithms that power insights and decision making**



# This is the new age of Primary Care

- Begin with the end in mind
- General practice holds the key
- New age of general practice emerging just the end of the old way
- This new way lifts GPs to their rightful status as Primary Care Consultants
- The PCN is the beginning of the journey

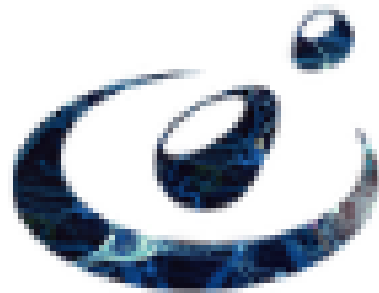




# The Digital Primary Care Conference 2022



## UP NEXT...



# Ethypharm

## Digital Therapy



## The Digital Primary Care Conference 2022



# SPEAKING NOW



Scott McKenzie

Director  
Scott McKenzie Ltd

I will be  
discussing...  
“Tackling the mental  
health burden in Primary  
Care for Patients &  
Practitioners”



# The Digital Primary Care Conference 2022



# COMFORT BREAK





# The Digital Primary Care Conference 2022



## UP NEXT...





# The Digital Primary Care Conference 2022



## SPEAKING NOW



Chris Elkin

Head of Healthcare  
Piota Healthcare Apps

I will be  
discussing...  
“Case Study –  
Piota Healthcare  
Apps”



# The Digital Primary Care Conference 2022



## SPEAKING NOW



**Dr Kathy Smith**

GP Auditor  
Covid-19 Clinical Assessment Service  
hosted by South Central Ambulance  
Service NHS Foundation Trust



**Caroline Warren**

Joint Clinical Governance Lead at  
Covid-19 Clinical Assessment Service  
South Central Ambulance Service

**We will be discuss...**

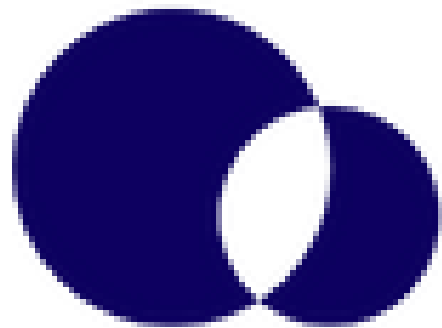
**“Remote Consultations,  
listening in & changing  
practice”**



# The Digital Primary Care Conference 2022



## UP NEXT...



# SilverCloud



## The Digital Primary Care Conference 2022



# SPEAKING NOW



Dr Faris Al-Ramandani

GP Partner @ St Wulfstan Surgery Clinical Director @ Warwickshire  
East Primary Care Network (PCN) Warwickshire East Primary Care  
Network (PCN) St Wulfstan Surgery

I will be  
discussing...  
How Primary Care

Networks can utilise digital  
solutions to improve the  
mental health and wellbeing  
of patients in Primary Care”



## The Digital Primary Care Conference 2022



# SPEAKING NOW



Dr Masood Ahmed

Chief Digital Officer (CDO) - West Midlands Academic  
Health Science Network (AHSN)

I will be  
discussing...  
“Redesigning and  
Scaling up at  
Scale”



## The Digital Primary Care Conference 2022



# SPEAKING NOW



Shaun Young

Trainee Training Team Lead & Trainer  
HarmlessCIC

I will be  
discussing  
“Working with Self  
Harm, Suicidal Crisis  
and Suicide  
Bereavement”



# The Digital Primary Care Conference 2022



## SPEAKING NOW



**Syed Ishaq  
Husain**  
GP & GP Trainer  
(Educational Supervisor)  
Grove Medical Centre



**Sophie Glover**  
GP ST1 Trainee  
Greenwich VTS

**We will be discuss...**

**“Remote Consultations,  
listening in & changing  
practice”**





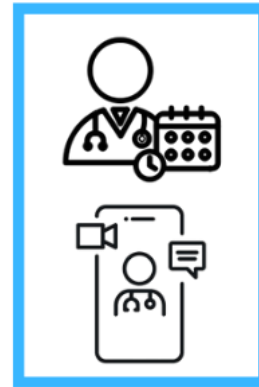
# THANKS FOR ATTENDING



## The Digital Primary Care Conference 2022



# REGISTER FOR OUR UPCOMING EVENTS!



**Outpatient  
Transformation  
Conference  
2022**



Sign Up Here...



Sign Up Here...



Sign Up Here...