

Welcome to the 12th Health Estates Conference!

NVENZIS



31st October 2024 15 Hatfields Conference Centre, London SE1 8DJ



Chair Opening Address



Andi Orlowski President of - Association Professional Healthcare Analysts (AphA)



EXAMPLE NZIS Panel Discussion



Jo Fernihough Programme Director NHS Arden & GEM CSU



Mark Kewley Programme Director, London Secure Data Environment, OneLondon Health Data Programme - NHS England – London Region



NHS DATA AND INFORMATION CONFERENCE

Refreshments & Networking



Chair Morning Reflection



Andi Orlowski President of - Association Professional Healthcare Analysts (AphA)



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Case Study





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Case Study





Jon Portlock Cloud Services Director Digital Space

John Uttley Director of Innovation NHS Midlands & Lancashire CSU



Keynote Presentation



Rumiko Yonezawa

Associate Director of BI and Analytics - Epsom and St Helier University Hospitals NHS Trust





Spreading the love of data across care professionals

Rumiko Yonezawa, Associate Director of BI and Analytics

Epsom and St Helier University Hospitals NHS Trust

AphA London Branch Lead / London DSDN Board Member



NHS St George's, Epsom and St Helier University Hospitals and Health Group



Digital Capability in NHS



NHS St George's, Epsom and St Helier University Hospitals and Health Group



Digital Capability in NHS







Creating apps to remove paper process







Digital Champions' Group

In 2022, we formed the Trust Digital Champions' Group, under the leadership of our CNIO, using the HEE Digital Champions Toolkit.

Digital Champions

Digital Excellence Committee

We aim to have a Digital Excellence Committee / Ambassadors, the aims were to :



Working Group

- Understand Our digital Literacy in the Organisation
 Identify the Digital Literacy Gaps in the different departments or areas
 Support staff along the digital journey
 Improve digital literacy within the organisation
 - Become an expert and improve your own skills

 Strive to have a digitally ready workforce
 The EPR Digital Champions project has come out of our Digital transformational

Roles and Responsibilities

need

- Signpost to the Digital Learning Solution platform
- Support staff with troubleshooting
- Create a culture of confidence
- Create a culture of reporting
- Reset accounts and pins
- Invite people into systems ensuring they have received training
- Support agency staff
- Promote the reduction of paper, (Going Green with Digital)
- Demonstrate "compassionisium" for staff at every level of skill
 Attend a monthly Champions support session for updates and questions
- Encourage department digital news letters
- Encourage innovation

NHS Epsom and St Helier

University Hospitals

Why become a Digital Champion?



Access to the most up-to-date information and training for your own development. Support your ward area to improve ward accreditation ratines.

- Become a key player in improving patient safety
- Awareness of digital training courses, scholarships, fellowships, academic pathways and conferences.
- You get a badge and an e-badge you can add to your emails and social media profile.
- You become part of the most exciting transformation at Epsom and St Helier Hospital
- Succession planning into digital roles if interested.
- Be part of the Digital Awards

Recommended Level of commitment

- Initially complete the self-assessment tool (1 hour)
- An hour per month to attend the Digital Champion Group support session
- An hour each month of learn a new digital skill
- Slot at your ward/dept. team meeting to give a digital update
- New starter support
- Newsletter development if you have things to share



Jill Thorpe @thorpe_jill · Jun 24, 2022 ···· Enjoying the digital champions forum this morning exciting things to come thank you! @epsom sthelier @AnnaTransform18







Data Literacy

"NHS is data rich but intelligence poor"

Variation in data literacy amongst both clinical and operational workforce

Resource from NHSE Making Data Count team

• Data Quality – appeal to nursing teams using examples from Florence Nightingale

Some of the most powerful allies are highly data literate clinicians

Upskilling staff in other corporate functions

• Example: workforce data and visualisation





Challenges

Digital Infrastructure

- EPR and other Systems
- More powerful machines
- Network and Cyber Security

Resources

- Professionalisation of healthcare analysts: AphA/FedIP
- National Competency Framework for data professionals
- Data literacy programme for wider staff







Collaboration

Close working between data professionals and clinical teams

Example:

Recent increase in Mortality Ratio

Modelling forecast in maternity care





Collaboration with partner organisations in integrated care system

Example:

Proactive care management

Health Inequalities





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Fireside Interview



Shaun Rowark Associate Director – Data Access and Analysis - NICE



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Case Study

Pentaho



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Case Study





Jason Cohen NHS Account Director at Boxxe

Andrew Carr Managing Director at Camwood



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Lunch & Networking



Chair Afternoon Reflection



Andi Orlowski President of - Association Professional Healthcare Analysts (AphA)



Keynote Presentation



Mina Gupta Group Clinical Chair Modality Partnership



Digital Infrastructure and Security Conference: Using data to make healthcare human again!

Dr Mina Gupta

Group Clinical Chair and Partner, Modality Partnership



31.10.2024

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www.modalitypartnership.nhs.uk

Modality Partnership Population Reach

Providing NHS services





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Healthcare in the 21st Century





Making Healthcare Human Again



Before the consultation...

The right information

Improved electronic health records with information better presented and more readily available

Effective navigation of patients

The right patient in the right place at the right time

Automated pathways

Patient presents with the appropriate tests and care pathway activated

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During the consultation...



Point of care guidance

Intelligent record searches Advice and guidance

Note keeping Voice to text Automated translation

Hidden work of the consultation...

Letters / documents

Automated document reading, coding and actioning reducing administrative burden

Pathology filing

Automated filing and actioning of normal or low risk results, better flagging of urgent results

Call / recall

As much data as possible about long term condition management collected from the patient, reducing burden of chasing targets

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A Possible Future ...

Providing NHS services modality LEBRATING 15 YEARS 2009-2024

		PAST	PRESENT	FUTURE	IMPACT
INT DOOR	Access Navigate	53 Call contacts per WTE PSA per day • Multiple Telephon Systems • Answered in Practice	y 69 Single Telephony System • Answered in Practice	20 • Al Enabled National Contact Centre WTE PSA per day	71% ↓
FRC	Consult	180 Total Consultation Time per GP Session (Mins)	234 • 18 x average 13-minute consultations Time per GP Session (Mins)	165 • 11 x average 15- minute consultations Time per GP Session (Mins)	30% ↓
Ш		69 • Manually Administered in Practice	• MoBots Impact: Processing 628 Activity per Bot per Day	8 Results processed per WTE GP per day	90% ↓
BACK OFFIC	Manage	13 Clinical correspondence managed per WTE GP per day	 Mix of Practice and Emerging Divisional Hubs correspondence managed per WTE GP per day 	 Automated Document Clinical Correspondence Management Hub GP per day 	80% ↓

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Problems We Are Trying to Solve





Working Towards Solutions





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Variation in healthcare: What is It?



Variation: variation is natural in healthcare as patients, clinicians & communities all operate differently. However, some variation is **unwarranted**, for example: practice that does not follow clinical guidelines, ignores patients preferences or over / under intervenes, large variation in referrals, investigations, follow-up and/or prescribing



Reasons for Variation in Testing Rates

Providing NHS services modality CLEBRATING 15 VEARS 2009-2024

Source of variation	Warranted (expected) variation	Unwarranted (potentially modifiable) variation
Clinical practice	Expected variation within accepted "good clinical practice" Individual clinician risk tolerance and use of investigations to manage this will naturally vary around an "accepted mean"	Over treatment and diagnosis driven by medicolegal pressure, guideline / protocol driven medicine and/or political / ideological pressure externally Specialist clinical heuristics applied in a low prevalence primary care setting Tackling social need through a medical intervention (failing to make a "psychosocial" diagnosis)
Organisation of care	There will be differences in the way practices operate, including the overall supply of primary care appointments, which leads to variation in testing rates	Fragmentation of care due to a lack of continuity / clinical accountability can lead to over- or under-testing Poorly designed long term condition pathways can lead to over-testing or missed testing
Patient expectations	Effective shared decision making with patients about benefits / risks of testing	"Preference misdiagnosis" – the incorrect assumption from the clinician that the patient wants a test Culture / media-driven subjective value ascribed to testing
Local clinical pathways	Secondary and tertiary care pathways may require tests before referral or there may be direct access to radiology as part of cancer diagnosis pathways Some tests are restricted / not available in some settings	Secondary and tertiary care pathways can shift work to primary care (see above – specialist principles are incorrectly applied in a generalist setting) Primary care routine monitoring is frequently not evidence based
Population	Demography, ethnicity and socio-economic factors will feed into testing rates	Supply led demand – available of testing for a particular population drives increased demand for testing



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Improvement guru John Seddon describes "Failure Demand" as: 'The demand placed on the system, not as a result of delivering value to the 'customer', but due to failings within the system.'

Fragmentation by design Too many professionals / organisations / services involved in the care of a single patient and/or poor coordination between these care providers Lack of slick systems to execute care plans	Defensive pressures Over treatment and diagnosis driven by medicolegal pressure, guideline / protocol driven medicine and/or political / ideological pressure externally Variation in risk tolerance
Specialist / generalist Specialist care principles applied to generalist problem Skilled generalist work not being done in a generalist setting Generalist work being done in a specialist setting	Social as health Tackling social need through a medical intervention, failing to make a "psychosocial" diagnosis, designing health services with no social capacity

See: www.cressbrookltd.co.uk/sources-of-failure-demand-in-healthcare/ www.modalitypartnership.nhs.uk

Addressing Failure Demand: PADU



- We will use the "PADU" approach to align clinical care: Preferred, Acceptable, Discouraged and Unacceptable approach to delivering capabilities. It is *guidance and NOT strict policy* for clinical and non-clinical staff.
- Descriptions of the preferred, acceptable, discouraged and unacceptable approaches to collectively executing different capabilities have been agreed by our national Clinical Operations Group, and endorsed by our Medical Directors, rolling out across the organisation
- PADUs should underpin development of national and local Standard Operating Procedures (SOPs) and policies, with these reflecting the agreed approach in each relevant PADU
- Our national Business Intelligence team make dashboards available to monitor progress and variation



Thyroid Function testing PADU: Potential Impact





Division	Tests p.a. versus weighted group mean	Potential clinical time saved per annum (hours)
AWC	9471	400
BIR	-2149	82
HUL	-5450	0
LEW	-2525	0
SUR	580	30
SUS	447	19
WAL	1722	123
WOK	-2191	0

Avoiding unnecessary testing



Implementing better processes



Time saving per year by using SMS for result notification and dose adjustment

Group wide impact of PADU

- Reducing variation between • divisions, practices and clinicians in the number of thyroid function tests ordered could save 654 clinician hours across the group per year
- Unnecessary testing occurs • when thyroid function tests are repeated unnecessarily with no indication present. Avoiding these tests could save 2797 clinician hours per year.
- Our PADU for thyroid function testing recommends use of SV/S notification for patients needing notification and/or thyroxine dose adjustment. This could save 91 clinician hours per annum across the group

Vitamin D testing PADU: Potential Impact

Providing NHS services





Division	Tests p.a. versus weighted group mean	Potential clinical time saved per annum (hours)
AWC	2777	113
BIR	-1319	23
HUL	-1798	0
LEW	628	25
SUR	572	23
SUS	517	21
WAL	-47	0
WOK	-96	1

Avoiding unnecessary testing



Implementing better processes



Group wide impact of PADU

- Reducing variation between • divisions, practices and clinicians in the number of Vitamin D tests ordered could save 207 clinician hours across the group per year
- Unnecessary testing occurs when Vitamin tests are repeated unnecessarily with no indication present. Avoiding these tests could save 130 clinician hours per year.
- Our PADU for Vitamin D testing recommends use of SVS notification for patients with Vitamin D Insufficiency. This could approach could save 365 clinician hours per annum across the group

CRP Testing PADU: Potential Impact

Providing NHS services modality

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Division	Tests p.a. versus weighted group mean	Potential clinical time saved per annum (hours)
AWC	1845	22
BIR	-2411	4
HUL	-121	5
LEW	-1493	0
SUR	229	3
SUS	2676	31
WAL	-1077	5
WOK	441	5

Avoiding unnecessary testing

Not applicable

Implementing better processes

Not applicable

Group wide impact of PADU

Reducing variation between divisions, practices and clinicians in the number of CRP tests ordered could save 75 clinical hours across the group per year

Positive Mindset









Keynote Presentation



Matt Hennessey Chief Intelligence and Analytics Officer NHS Greater Manchester



Digital and Data: Two sides of the same coin

Part of Greater Manchester Integrated Care Partnership

Unpacking Digital, Data and Technology







- Data is where the value lies but it needs to reach the right consumer in the right way and at the right time
- Digital is the mode of transportation

 it needs to be appropriate for both
 customer and freight
- Technology is the engine it needs to be capable of making the journey asked of it

Dealing successfully with complexity



- Treat your DDaT offer as a complex problem
- Communicate honestly and often
- Source every bit of advice you can
- Failure is part of the journey embrace it
- Celebrate the wins



Hard learned mistakes...



Letting money do the talking





No Design Authority



Having an empty shelf



No strategic approach to outsourcing



Letting tech and process define the relationship



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Drinks and Networking