WELCOME TO

The Digital Primary Care Conference 2022

Check Out Our Agenda Here...

Wednesday 9th November 2022- 10:50am – 14:00pm – Zoom

Please remain logged in, the conference will begin shortly. Conference hosted by Convenzis Group Limited

The Digital Primary Care Conference 2022

Meet today's Sponsors

The Digital Primary Care Conference 2022

SPEAKING NOW

James Kingsland

Independent Clinical and Professional Adviser
Isle of Man Government & Award Winning GP

Reflections

Convenzis PC Conference

9 Novemeber 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.

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.digitalclinicalexcellence.com

Using history to help predict the future

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

Virtual wards

- Concept developed in South London in 2006
- Facilitate patients to get the care they need at home safely and conveniently, rather than being in hospital
- Virtual wards are active in many parts of the country and in the main support people with frailty or acute respiratory infections
- The NHS is introducing more virtual wards to support people at the place they call home, including care homes

The key aims of virtual wards are to:

- Act on **evidence-based forecasts** from predictive risk modelling in order to reduce non-elective secondary care (acute hospital) usage
- Provide **multidisciplinary case management**
- Serve as a **communications hub** for all those involved in the care for these complex patients
- Offer **intuitive working systems** that appeal to patients and clinicians alike

Artificial intelligence in healthcare

- Data driven technology; data analysis/interpretation driving population health improvement. Big data combining data sets.

Technology required for AI architecture

1. Deep learning platform – learning through experience. Neural networks with many layers
2. Robotic process automation
3. Text analysis
4. Natural language processing (speech to text)

- Conscious machines which are self aware, with emotional intelligence do not exist…yet.
- Do we want machines that are more intelligent than humans?

AI in healthcare

3 types

- Narrow/weak AI (ANI)– machine learning. Face recognition.
- Artificial general intelligence (AGI)
- Artificial super intelligence (ASI)

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...

The Digital Primary Care Conference 2022

SPEAKING NOW

Sotisis Kalli

NHS & Healthcare AE
Zoom

I will be discussing…

"Zoom for Healthcare - How the NHS are utilising the Zoom platform within Primary Care"

The Digital Primary Care Conference 2022

SPEAKING NOW

Dr. Joel Brown

Salaried GP - NHS

I will be discussing…

"Primary Care Physicians becoming innovators - What are the barriers and potential solutions to bridge the gap?"

The Digital Primary Care Conference 2022

SPEAKING NOW

Sam Feltham

Director
Public Health Collaboration

I will be discussing…

"Creating Change in Public Health with Lifestyle Support Groups"

Public Health Collaboration

Creating Change In Public Health

www.PHCuk.org

@PHCukorg

Presentation Overview

- *Who is the Public Health Collaboration.*
- *Why the Public Health Collaboration wants to help.*
- *What the Public Health Collaboration does to help.*

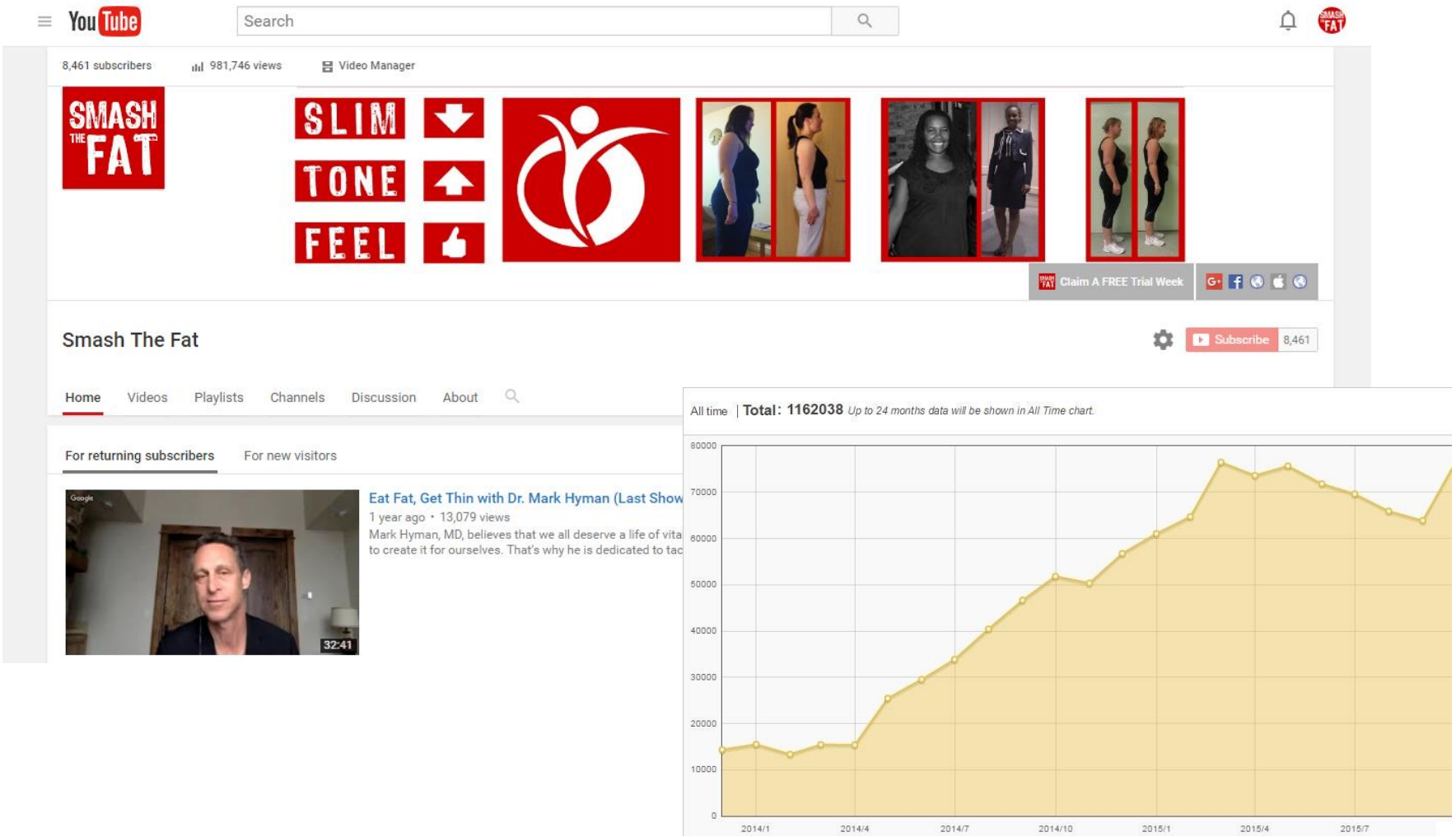
A registered charity dedicated to creating a society where everyone can achieve their optimal health.

Public Health Collaboration

Who is the Public Health Collaboration.

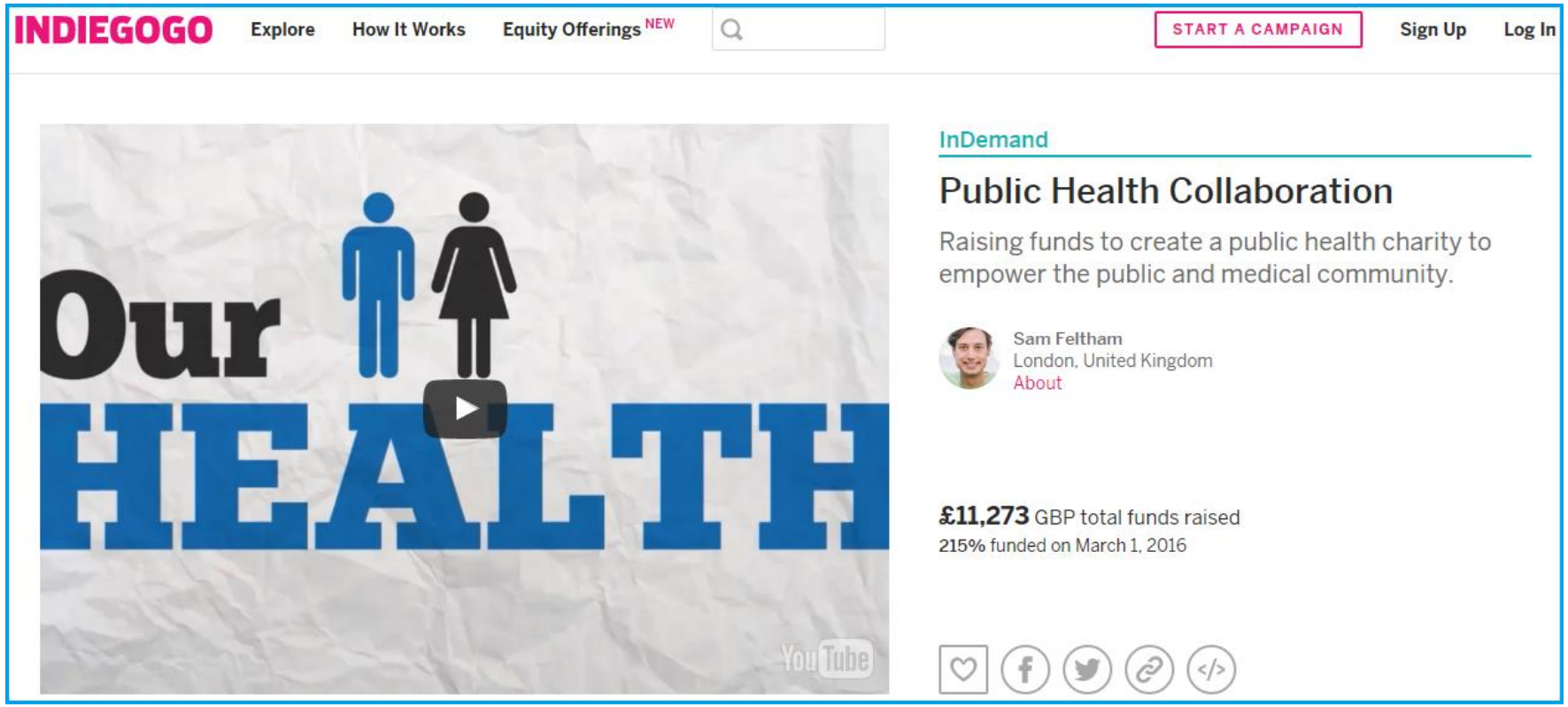
Public Health Collaboration

Who is the Public Health Collaboration.



Public Health Collaboration

Who is the Public Health Collaboration.



Adult Obesity = 27%

Childhood Obesity = 12-25%

Pre-Diabetes = 35%

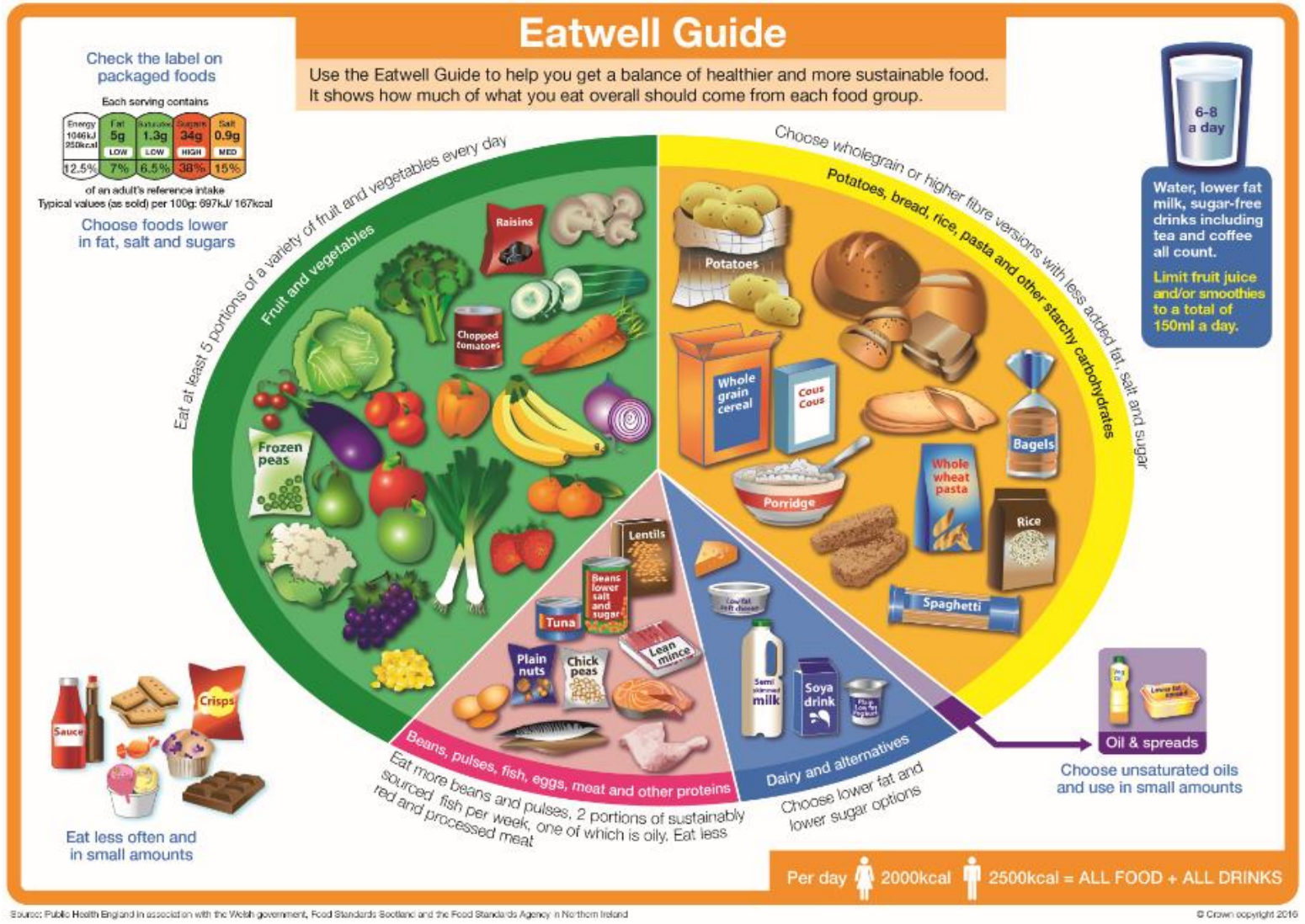
Type 2 Diabetes = 6%

Cost To NHS = £16 Billion Per Year

References: NHS Digital, 2020 & Diabetes UK, 2019

Public Health Collaboration

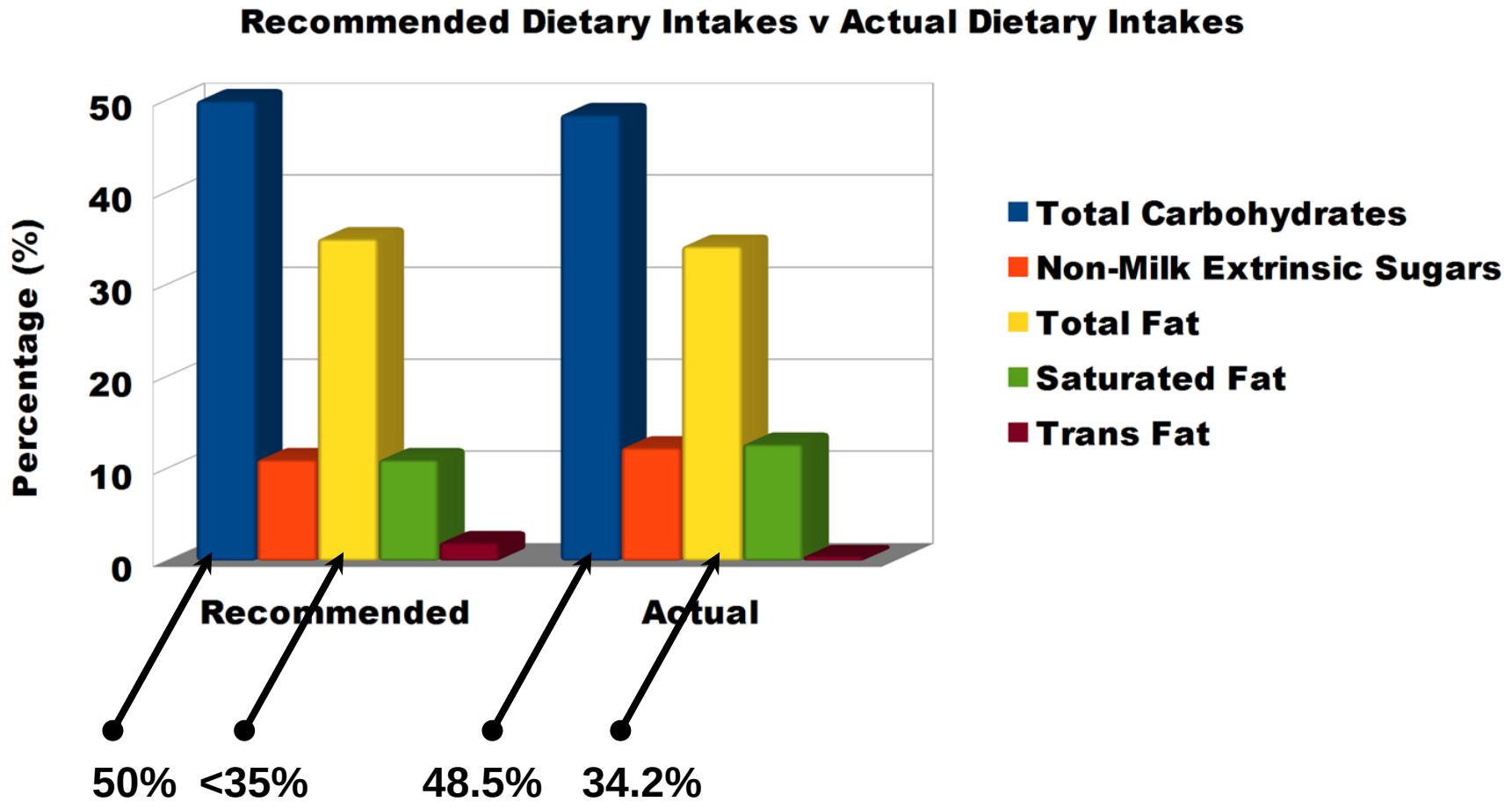
Why the Public Health Collaboration wants to help.



Authors of the Eatwell Guide

- **Alison Nelson, British Dietetic Association.** Whose members include Abbott Nutrition, belVita and Danone.
- **Karen Tonks, Institute of Grocery Distribution.** Whose members include Kelloggs, Mars and PepsiCo.
- **Judy Buttriss, British Nutrition Foundation.** Whose members include British Sugar, Coca-Cola, Heinz, Kellogg's, MacDonalds, Mars, Nestlé and PepsiCo.
- **Andrea Martinez-Inchausti, British Retail Consortium.** Whose members include Burger King, Greggs, KFC and Subway.
- **Kate Halliwell, Food & Drink Federation.** Whose members include Association of Cereal Food Manufacturers, British Sugar, Cadbury, Coca-Cola, Danone, Haribo and Kellogg's.
- **James Lowman, Association of Convenience Stores.** Whose members include Best-One, Londis, Nisa and SPAR.
- **Lisa Jackson, Association for Nutrition.**
- **Modi Mwatsama, UK Health Forum.**
- **Helen Donovan, Royal College of Nursing.**
- **Esther Trenchard-Mabere, Associate Director of Public Health at Tower Hamlets Council.**
- **Maureen Strong, Agriculture & Horticulture Development Board.**

Why the Public Health Collaboration wants to help.



Reference: National Diet and Nutrition Survey, 2018, Public Health England

Public Health Collaboration

Why the Public Health Collaboration wants to help.

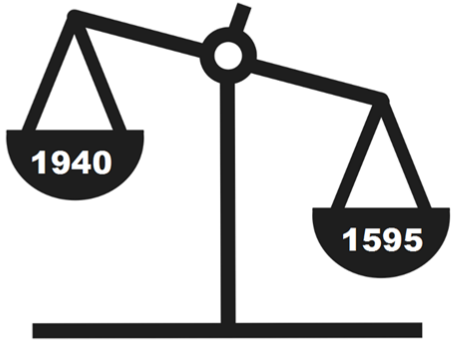
Fruit & Vegetable Intake

Recommended Actual

Red Meat Intake

Recommended Actual

Women's Total Calories



Recommended Actual

Men's Total Calories

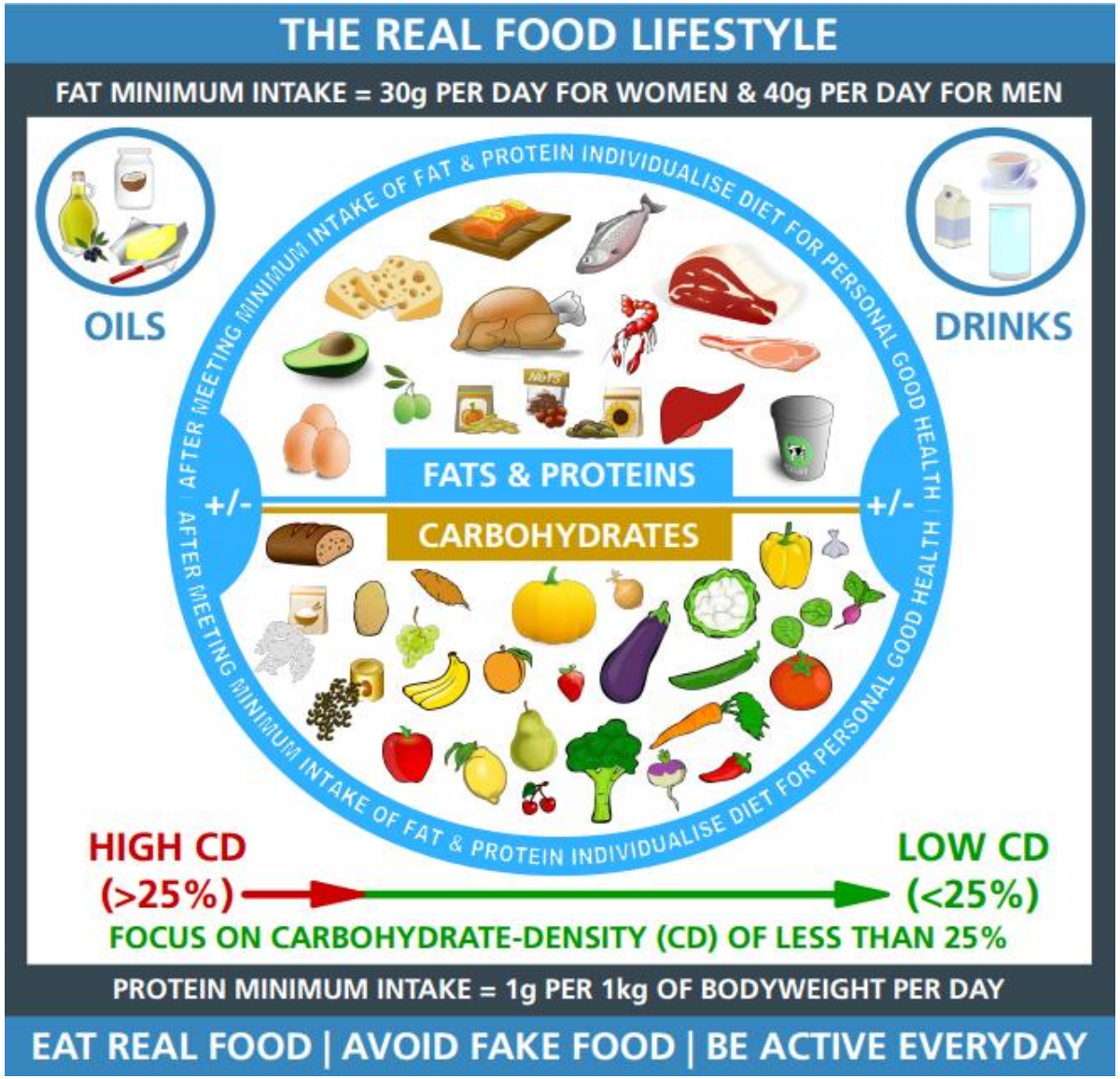
Recommended Actual

Reference: National Diet and Nutrition Survey, 2018, Public Health England

What the Public Health Collaboration does to help

- **The avoidance of foods because of saturated fat content.**
- **The dietary reference value of no more than 35% total fat.**
- **The quality and quantity of carbohydrates.**

What the Public Health Collaboration does to help



Public Health Collaboration

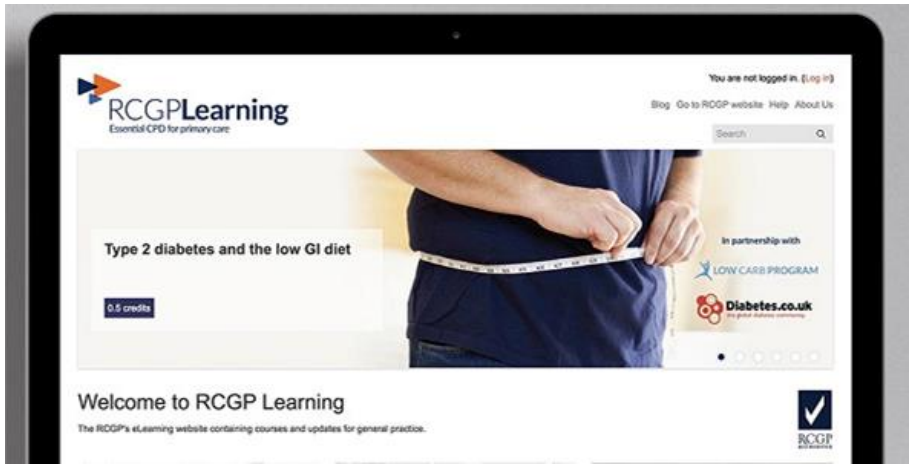
What the Public Health Collaboration does to help

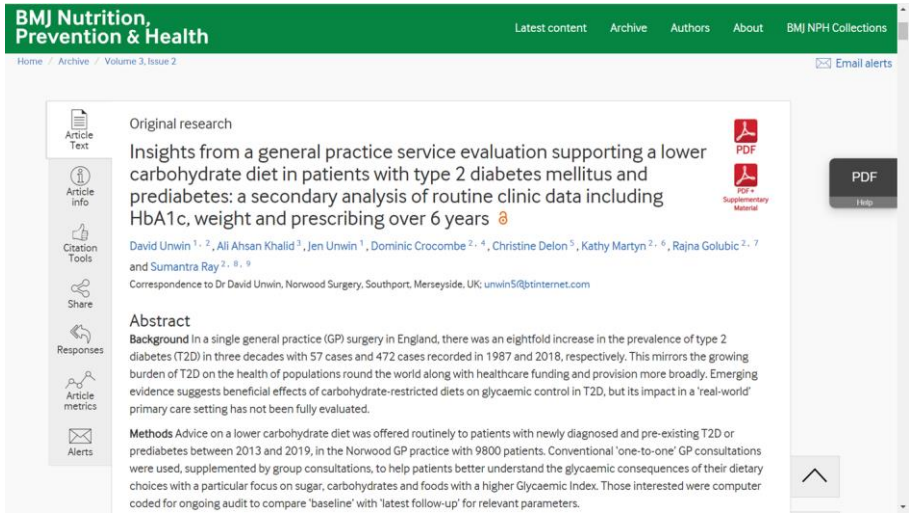
www.PHCuk.org/map

Dr David Unwin

£50,000
X
9,400 Practices
=
£470 Million/Year

What the Public Health Collaboration does to help






DOI: 10.1111/jhn.12938

CHRONIC DISEASE

Dietary strategies for remission of type 2 diabetes: A narrative review

Adrian Brown[1,2] | Paul McArdle[3] | Julie Taplin[4] | David Unwin[5] | Jennifer Unwin[5] | Trudi Deakin[6] | Sean Wheatley[6] | Campbell Murdoch[7,8] | Aseem Malhotra[9] | Duane Mellor[10]

[1]Centre for Obesity Research, University College London, London, UK
[2]National Institute of Health Research, UCLH Biomedical Research Centre, London, UK
[3]Birmingham Community Healthcare NHS Foundation Trust, Birmingham, UK
[4]Medtronic Ltd, Watford, UK
[5]Norwood Surgery, Southport, UK
[6]X-PERT Health, Hebden Bridge, UK
[7]Private GP, Bath, UK
[8]Diabetes Digital Media, Coventry, UK
[9]Bahiana School of Medicine and Public Heath, Salvador, Brazil
[10]Aston Medical School, Aston University, Birmingham, UK

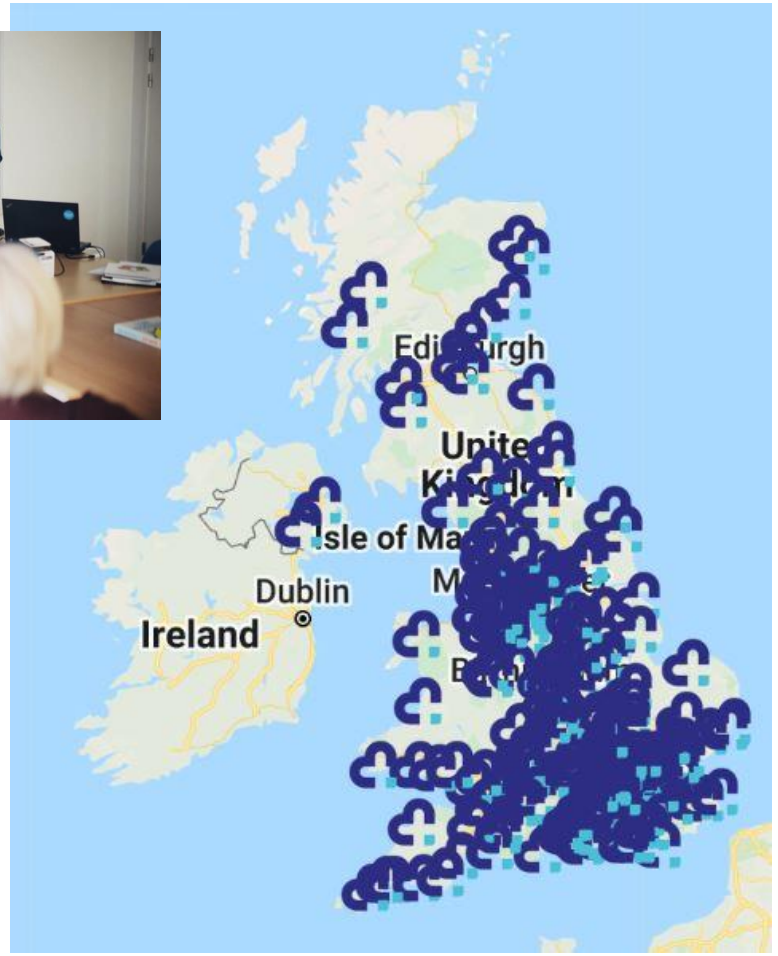
Correspondence
Duane Mellor, Aston Medical School, Aston University, Birmingham, B4 7ET, UK.
Email: d.mellor@aston.ac.uk

Funding information
None.

Abstract
Type 2 diabetes (T2DM) is a growing health issue globally, which, until recently, was considered to be both chronic and progressive. Although having lifestyle and dietary changes as core components, treatments have focused on optimising glycaemic control using pharmaceutical agents. With data from bariatric surgery and, more recently, total diet replacement (TDR) studies that have set out to achieve remission, remission of T2DM has emerged as a treatment goal. A group of specialist dietitians and medical practitioners was convened, supported by the British Dietetic Association and Diabetes UK, to discuss dietary approaches to T2DM and consequently undertook a review of the available clinical trial and practice audit data regarding dietary approaches to remission of T2DM. Current available evidence suggests that a range of dietary approaches, including low energy diets (mostly using TDR) and low carbohydrate diets, can be used to support the achievement of euglycaemia and potentially remission. The most significant predictor of remission is weight loss and, although euglycaemia may occur on a low carbohydrate diet without weight loss, which does not meet some definitions of remission, it may rather constitute a 'state of mitigation' of T2DM. This technical point may not be considered as important for people living with T2DM, aside from that it may only last as long as the carbohydrate restriction is maintained. The possibility of actively treating T2DM along with the possibility of achieving remission should be discussed by healthcare professionals with people living with T2DM, along with a range of different dietary approaches that can help to achieve this.

Public Health Collaboration

What the Public Health Collaboration does to help



www.PHCuk.org/ambassadors

What the Public Health Collaboration does to help

DOI: bmjnph-2020-000219

www.PHCuk.org/CaseStudyBook

Public Health Collaboration

What the Public Health Collaboration does to help

THE LIFESTYLE CLUB

www.thelifestyleclub.uk

Food Addiction Resources

www.PHCuk.org/FAR

REAL FOOD RUNNERS

www.RealFoodRunners.org

www.PHCuk.org/CFK

In Conclusion

Thank you for listening.

The Digital Primary Care Conference 2022

SPEAKING NOW

Ankish Patel

Head of Workforce & Chief Pharmacist - Nottingham City GP Alliance

Tiba Rao

Director of Innovation & C0-Founder Soar Beyond Ltd

We will discuss...

"Transforming Capability and Capacity in Diabetes in Primary Care"

i2i SMART WORKFORCE

ORGANISATION | **IMPLEMENTATION** | ACCELERATION

Creating Capacity and Capability in Primary Care in Diabetes

Ankish Patel
Head of Workforce and Chief Pharmacist

Tiba Rao, Director of Innovation and Co-founder

Nottingham City General Practice Alliance

Soar Beyond
Innovation in Healthcare

Structure

Situation - the burning platform in diabetes for NCGPA

Task - the ambition and the reality

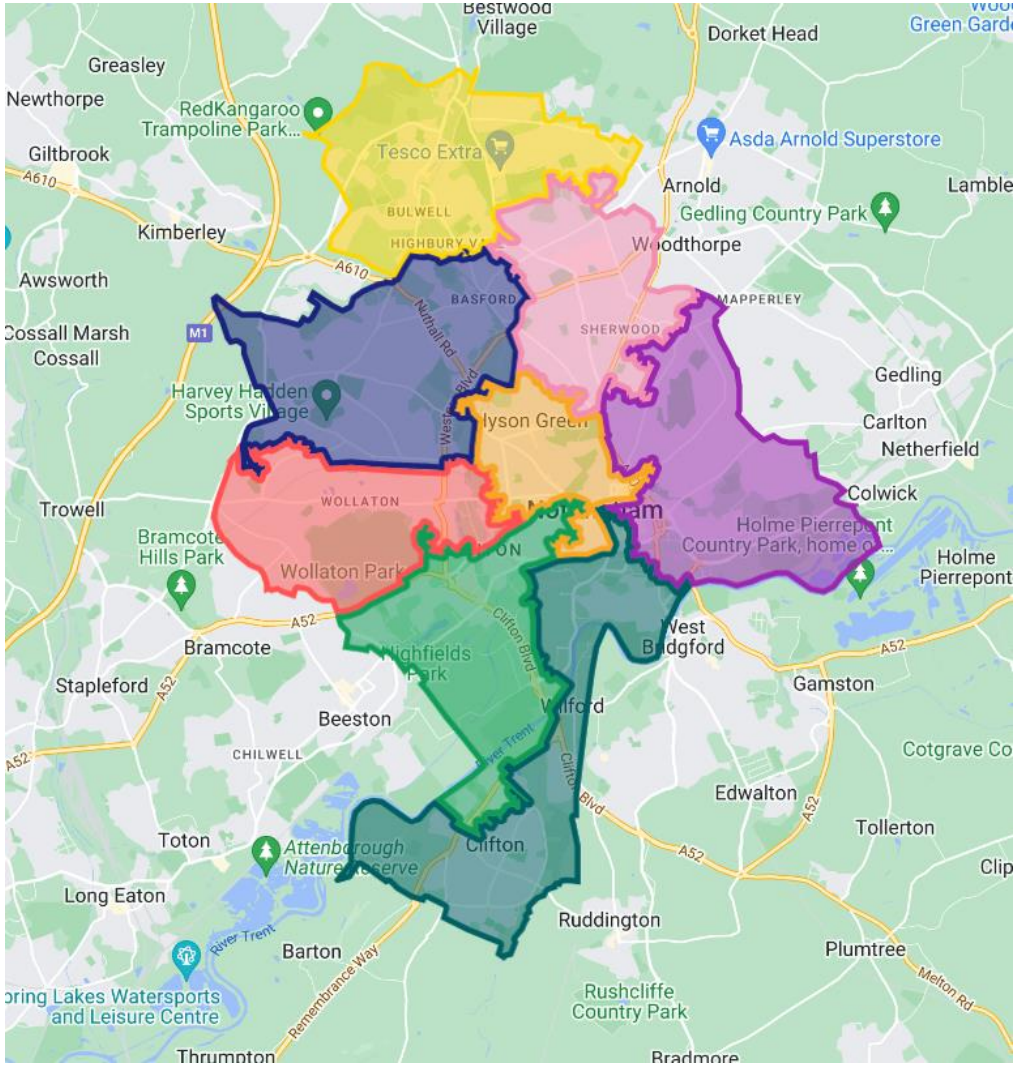
Action - the delivery over two years

Result – benefits realisation and lessons learned

Map of NCGPA and our demographics

PCNs

- Bulwell and Top Valley
- BACHS
- Radford and Mary Potter
- Bestwood and Sherwood
- Nottingham City East
- City South
- Clifton and Meadows
- Unity



Health in summary

The health of people in Nottingham is generally worse than the England average. Nottingham is one of the 20% most deprived districts/unitary authorities in England and about 29.5% (17,555) children live in low income families. Life expectancy for both men and women is lower than the England average.

Health inequalities

Life expectancy is 8.4 years lower for men and 8.6 years lower for women in the most deprived areas of Nottingham than in the least deprived areas.

Situation

Challenges

Only 31% of patients with diabetes achieving 3 treatment targets

Long-term vision of setting up a tier 2/ enhanced PCN-level service

Current pressure on Community DSN Services and secondary care

Opportunities

Opportunity to optimise new ARRS workforce

ICS focus and local enhanced scheme

Process improvement and workload displacement

Integrated Care System
Nottingham & Nottinghamshire

Nottingham City Clinical Information

PCN Neighbourhood	Bulwell And Top Valley	BACHS	Radford and Mary Potter	Bestwood and Sherwood	Nottingham City East	Nottingham City South	Clifton and Meadows	Unity (Nottingham)	Nottingham City ICP
Registered Population Aged 15+	35,120	46,427	38,776	40,694	53,905	30,102	25,669	44,150	314,843
Number Diagnosed Type 2	2,484	3,354	1,893	2,450	3,074	1,793	1,933	107	17,088
Hyper-tension Register	60%	58%	55%	56%	55%	59%	62%	47%	58%
CHD Register	18%	17%	16%	16%	15%	18%	17%	7%	17%
High Cholesterol	7%	9%	9%	8%	8%	9%	8%	12%	8%
CKD Register	11%	13%	6%	10%	8%	9%	15%	0%	10%
Heart Failure Register	6%	6%	4%	5%	5%	4%	6%	0%	5%
Stroke/TIA Register	7%	8%	7%	8%	7%	8%	8%	6%	8%
Offered Structured Education	58%	62%	59%	69%	56%	69%	58%	68%	61%
All 3 Treatment Targets Achieved	34%	28%	25%	34%	31%	32%	33%	32%	31%
All 8 Care Processes Completed	44%	31%	24%	49%	43%	54%	37%	45%	40%

In Notts City,. less than 1/3 of patients achieving all three treatment targets vs national averageof 41%

Ref: National Diabetes Audit - NHS Digital

PCN ARRS STAFF

CLINICAL PHARMACIST

PHARMACY TECHNICIAN

SPLW – What Matters To You • Social Prescribing Link Worker

Physician Associates

Care Coordination

Aims and objectives of the SMART MDT project[1]

To transform the capacity, capability and confidence of the entire primary care workforce to deliver better outcomes in type 2 diabetes mellitus (T2DM)

Two year change programme

1. Collaborative Working Project Executive Summary. October 2021

Aims

- Support Nottingham City GP Alliance (NCGPA) to improve their T2DM management utilising the whole primary care MDT skillset
- Identify capability gaps with Soar Beyond's SMART Platform and address this with role-specific training
- Free up clinical capacity and displace workload to more appropriate team members
- Improve patient outcomes and experience including the impact on the three treatment target achievement

Tripartite agreement between NCGPA, Soar Beyond and a Pharmaceutical company as a formal "Collaborative Working Project" called SMART MDT in Type 2 Diabetes[1]

1.https://www.novonordisk.co.uk/content/dam/nncorp/gb/en/pdfs/collaborative-working-project-nottingham-smart-mdt-2021.pdf

Soar Beyond's SMART workforce is one of 21 innovations selected for **DigitalHealth.London Accelerator 2022** programme for its potential impact on health and social care

Task: change enablement route map

DIAGNOSE | DESIGN | DELIVER | DEMONSTRATE

Service and workforce capability mapping

Service and process mapping

Service improvement and options appraisal

Creating a shared system-wide vision- short, medium and long-term

Taking stock, understanding current challenges and performance

Workforce training & development plan

Delfine metrics of success

Delivery Plan

Curriculum Development

Training and recruitment mobilisation

Service Implementation

Service Scale-up

Service evaluation and monitoring

Lessons learned Benefits realization

Replication & adaptation

Action

- Impact assessment on metrics:
  - People
  - Process
  - Patient
  - Prescribing
- Road-map agreed for sustaining services and workforce as BAU
- Scalability to other clinical areas

4
Demonstrate

1
Diagnose

- Project management-RACI, Risk log, workstreams defined
- Stakeholder mapping and comms
- Process mapping
- Competency framework developed
- Platform onboarding
- Competency assessments->capability map
- Facilitated workshops
- Service vision defined

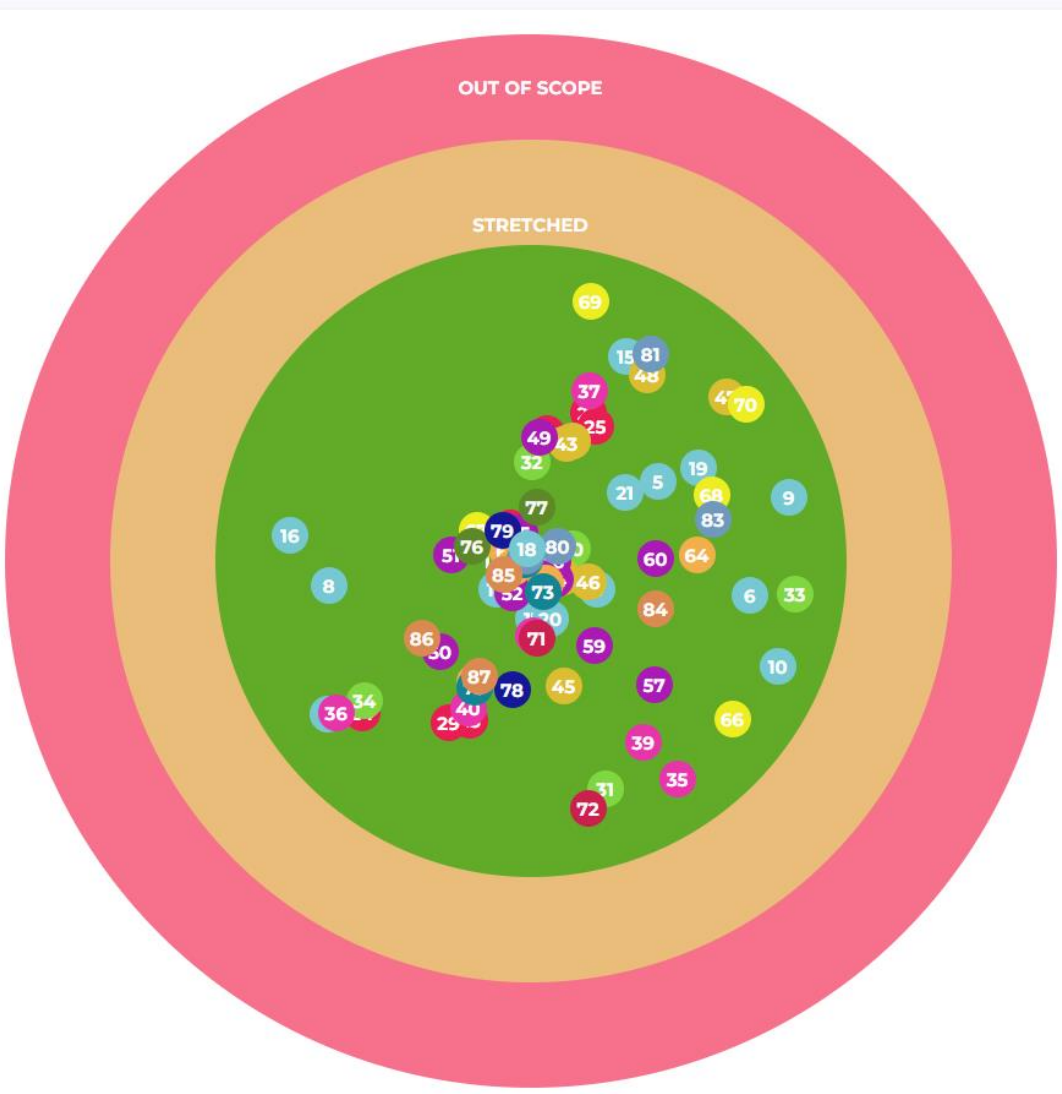
Project managed-delivery of workstreams:
- Training
- Service implementation
- Reporting and metrics

3
Deliver

2
Design

- Capability map informs development of curriculum
- Service process map refined and agreed
- Curriculum for clinical and ARRS workforce
- Metrics and reporting designed and tested
- Delivery plan for year 2 agreed

Step 1: Developing the circle of competence for each role
Step 2: Self assessment



Nottingham City General Practice Alliance

Step 3: Review the capability map
Step 4: define training plan to meet the capability gaps

- Pre-conception care
- Injectable therapies
- Oral therapies
- Hypoglycaemia
- Intercurrent Illness
- Generic Competency
- Glucose and Ketone Monitoring
- Mental Health

Identifying quick wins

Nottingham City General Practice Alliance

Search

Injectable therapies

Injectable therapies	23%	26%	54%
Can adjust and monitor GLP1-RAs in patients with diabetes according to guidelines, patient lifestyle and treatment goals	11%	22%	68%
Can adjust and monitor insulin in patients with diabetes according to guidelines, patient lifestyle and treatment goals	11%	25%	65%
Can initiate GLP1-RAs in patients with diabetes according to guidelines, patient lifestyle and treatment goals	6%	22%	73%

Nottingham City General Practice Alliance

Search

Can adjust and monitor insulin in patients with diabetes according to guidelines, patient lifestyle and treatment goals	11%	25%	65%
Can initiate GLP1-RAs in patients with diabetes according to guidelines, patient lifestyle and treatment goals	6%	22%	73%
Can initiate insulin in patients with diabetes according to guidelines, patient lifestyle and treatment goals	3%	22%	76%
Can administer injectable therapies	25%	22%	55%
Can discuss medication adherence and refer patients who have concerns related to their diabetes medications	54%	26%	21%
Can discuss medication concordance and address patients concerns about their medications to meet the persons needs	57%	29%	16%
Can examine injection procedure and injection sites, recognising lipohypertrophy and advise patients accordingly	36%	17%	49%
Can identify when therapy needs to be optimised in a timely manner and refer appropriately	29%	39%	34%
Can initiate insulin pump therapy	0%	6%	95%
Can recognise signs of needle fear/phobia and offer strategies to patients to manage this	35%	45%	21%
Can train a patient how to adminster injectable therapies, including: choosing needle type and length, using a lifted skin fold	8%	39%	54%

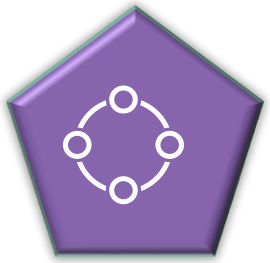
Results - the “5 P" Metrics

Patient

- no. of diabetes pats reviews conducted by ARRS roles/ participants
- %age of patients achieving 3 TTTs

People

- improvement in competency and capability
- participation in standardised and approved training



Process

- displacement of workload e.g. pre-diabetes appts to HWBs/ Social Rxers
- improvement in process- mapping

Prescribing

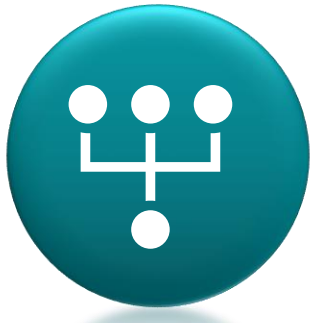
- improvement in prescribing competencies
- change in prescribing patterns

Results to date: Key Benefits and Deliverables of the Project

Bespoke competency framework and capability map

Clinical training and curriculum in development for ARRS roles

Accelerated project-managed and facilitated approach to deployment



Improved service process implemented

Scalable approach to other clinical areas and roles

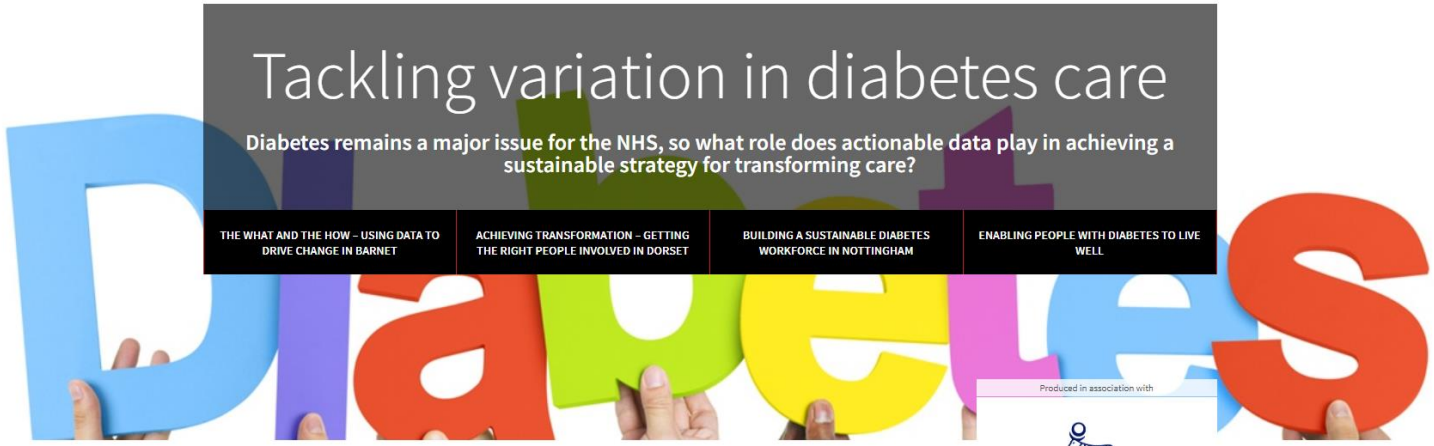
Demonstration of impact on workforce and patients

Lessons learned

- Scope of project was defined but stakeholder scope was much broader
- Ambitious to roll out to all 9 PCNs at PCN-level
- Diabetes not in PCN DES/ IIF and therefore harder to “sell”
- Started with a clear vision of PCN DiaST- tier 2 service but not realistic. We had jumped to deliver
- Comms and onboarding of the digital tool – challenges to uptake
- Phased approach to delivery – clinical staff first and then ARRS staff like HWB coaches and care co-ordinators, social prescribers
- This would have been perfect for ARRS digital transformation lead (announced 1st Oct 2022)
- In readiness for year 2, we refined the project scope and deliverables

High-Level Plan

	2022			2023							2024
Months	Jan-April	May-Nov	Nov- Dec	Jan	March	May	July	Sept	Nov	Dec	Jan –Jun
Phase 1 clinical staff	DIAGNOSE	DESIGN	DELIVERY								
							DEMONSTRATE				
Phase 2 ARRS roles			DIAGNOSE	DESIGN	DELIVERY						
								DEMONSTRATE			



Novo Nordisk have commissioned, fully funded and provided input into this HSJ immersive feature, the content is under HSJ's editorial control

Closely examining the workforce and ensuring that it is geared up to manage diabetes as efficiently and effectively as possible is an important part of this, and the SMART MDT collaborative working initiative in Nottingham City with a pharmaceutical company and a pharma consultancy and pharmacy service aims to do just that. Led by Ankish Patel, chief pharmacist and head of primary care network workforce at Nottingham City General Practice Alliance, and PCN clinical pharmacist Mandip Bassi, the initiative involves taking a systematic approach to diagnosing and improving the way that services are delivered.

The aim is to transform the capacity, capability and confidence of the primary care workforce to enable them to deliver better care, using the skills and expertise of the multidisciplinary team, future-proofing services at a time of change and challenge.

i2i SMART WORKFORCE

ORGANISATION | **IMPLEMENTATION** | ACCELERATION

For more information, please contact us

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