Health Innovation East Midlands

Welcome to the Digital Primary Care Innovation Exchange

We ask that you turn off cameras and microphones until the Q&A
Please note this session will be recorded

We will start promptly just after 10am

Introduction to the session

Health Innovation East Midlands

- Today's session will last 90 minutes
- We will record the session to share with colleagues who could not make it today
- Although we have asked for cameras and mics to be off, there will be opportunities to ask questions at the end of the session
- Everyone should have received a digital event pack with more information on the innovators and a copy of the agenda for today's session

Who we are and what we do

Health Innovation East Midlands

- Health Innovation East Midlands (formerly East Midlands AHSN) are commissioned by the OLS and NHSE to test new innovations in health and social care and to adopt and spread innovations that are proven to deliver.
- We aim to help to match innovations to known gaps and challenges in our local organisations.
- There is an opportunity that we may be able to support projects that arise following this innovation exchange, through real world validation of a solution or providing an evaluation.

What is an Innovation Exchange?

Health Innovation East Midlands

- We engage with our local health and care partners to establish common challenges, based on the region's health priorities.
- We work with key local stakeholders to define clear challenge statements that describe the needs to be addressed.
- We source a range of innovations that directly address these challenge statements and present these in a showcase event, with a local health and care audience.

Stakeholder engagement

Health Innovation East Midlands

We engaged a number of Primary Care stakeholders before this event to identify their top challenges which digital solutions may be able to solve. This enabled us to create a list of common challenge statements.

All innovators presenting today will present innovations that tackle one or more of the following challenges:

- Supporting reception staff and care navigators, by reducing unnecessary administrative tasks and the number of ‘transactions’ performed
- Supporting GP and practice nursing staff, freeing up time to increase time spent with patients
- Realising the potential for RPA (Robotic Process Automation) in Primary Care
- Improving safety and efficiency whilst reducing workload overall.

Health Innovation East Midlands

Does primary care still have challenges that digital can help solve?

Vijay Rawal – Medical Director for Primary Care NHS E Midlands

Health Innovation East Midlands

Innovator Pitches

Round 1

RapidHealth

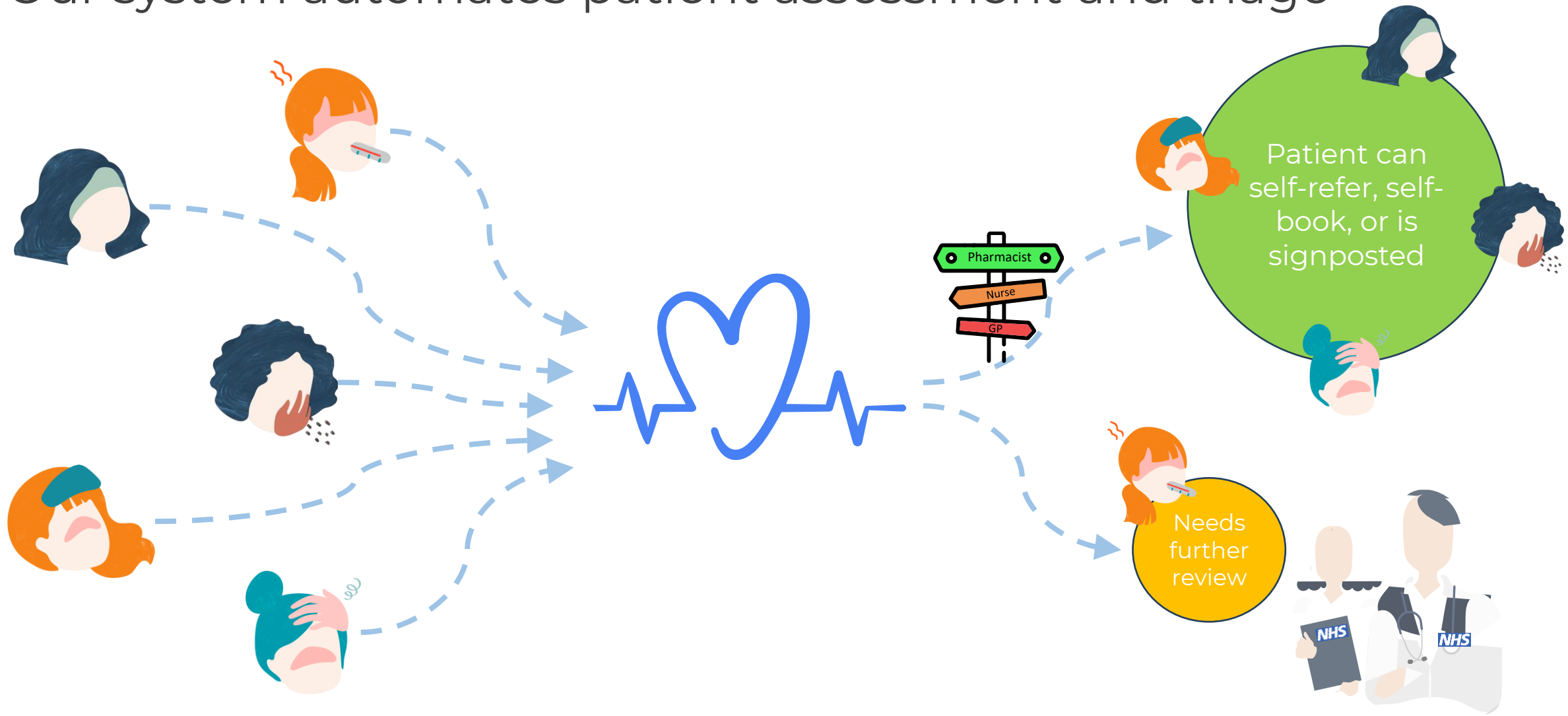
Automated Clinical Triage

Unlock capacity and manage demand

October 2023

www.rapidhealth.ai | hello@rapidhealth.ai

Our system automates patient assessment and triage



Our system automates every step in the triage process

1. Verification

Is the patient registered?

2. Triage

Clinical need and urgency?

3. Navigation

Most appropriate appointment / care?

4. Capacity

What resources are available?

5. Self-service

Allow patient to self-book, if appropriate

6. Patient choice

Preferred location, practitioner, type

7. Clinical notes

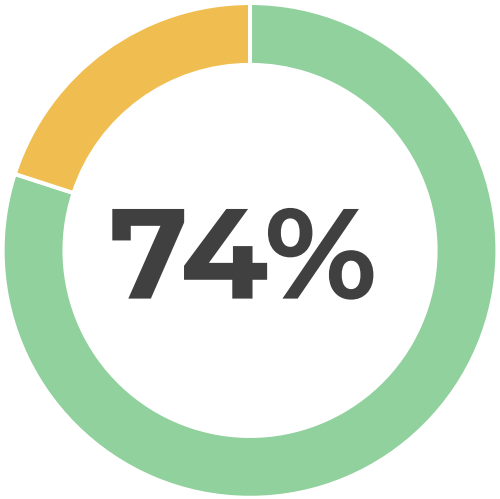
written directly to patient record

The patient experience

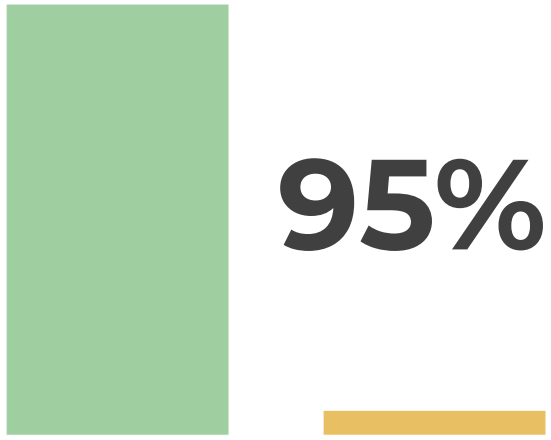
Link to demo

General practice is being transformed

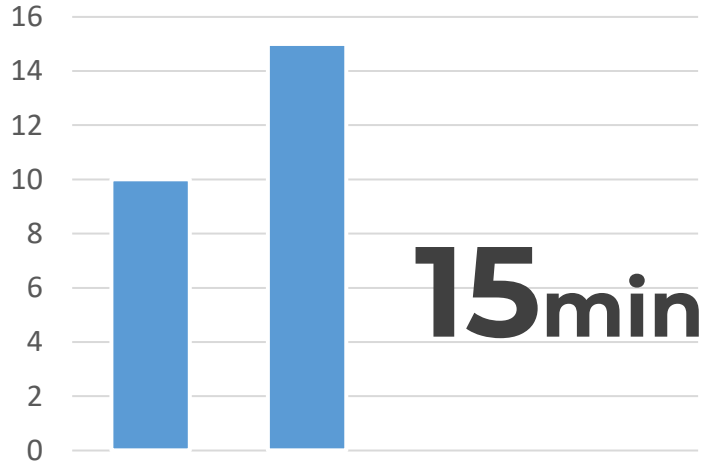
Rapid Health enables practices to deliver the Modern General Practice Access model and go further with an enhanced access model.



Online medical requests automated and triaged

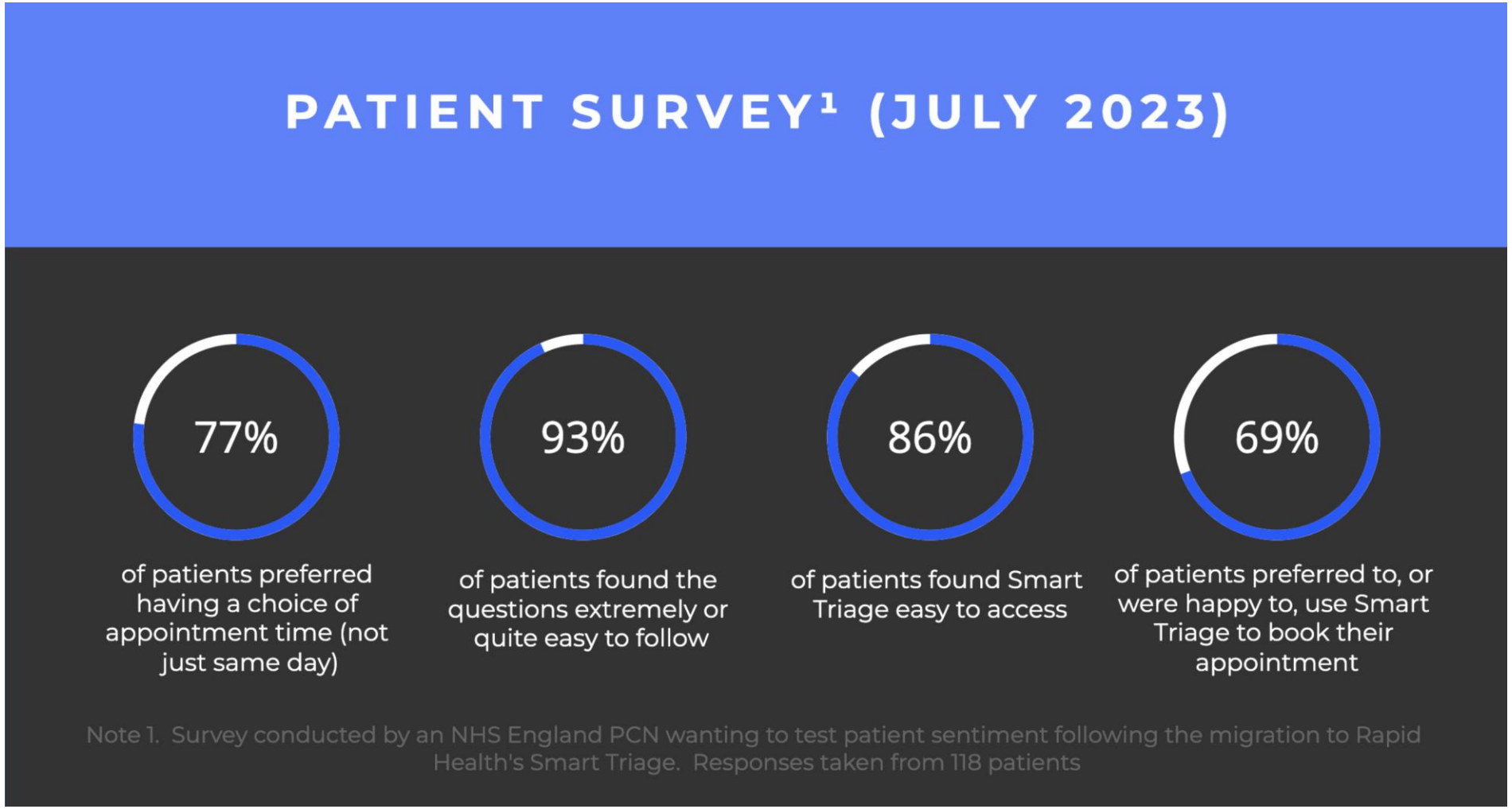


Customers allow 24/7 patient access online



Move from 10-min to 15-min GP appointments

Patients love it



RapidHealth

Any further questions?

hello@rapidhealth.ai

Transforming disease pathways, making healthcare accessible

1. Reducing administrative tasks for reception staff and care navigators
2. Freeing up GP/Practice Nurse time to increase time spent with patients
3. Improving safety and efficiency whilst reducing workload.

iplato
a HUMA company

iPLATO – Therapy areas

Cardio (e.g. Digital Health Checks and Diabetes Support Services)

Respiratory (e.g. Digital First Asthma Reviews with AZ)

Cancer (e.g. Bowel Cancer Screening in SEL with SBRI)

Research (Our Future Health)

Digital Primary Care Platform (SaaS)

Our Direction

Our footprint is growing across the UK, and internationally.

2,500+ Practices
Digital GP SaaS footprint across the UK

2.8m users
Registered on myGP, the UK's largest independent patient app

17m connected
Through Population Health Service to local or regional engagement hubs for Pathway Transformation

22 ICB customers
In England plus operating in Wales and Scotland

8 Life Science partners

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a HUMA company

Respiratory Pathway

Scalable solution with multi-channel patient access

Register Practice

Through dedicated microsite sign up process

Identify patient cohort

Eligible patient cohort based on requirements and opt-in list

Engage patient population

Invite using the Population Health managed service, via Smart Gateway messaging

Data collection

Patient ACT questionnaire completed to understand adherence and inhaler usage

Patient data automatically updated with GP

Update EMIS, S1 or Vision patient record with SNOMED / Read Codes.

At-risk patients identified

Invited to book online and attend appointment

Medical review

Assessed and put onto a support or a clinical management plan

Self-management support on myGP app

Support content and educational material, adherence tracking, smoking cessation

Review Performance

Informs evaluation of service effectiveness and key metrics

Respiratory Pathway: Digital Asthma Review

Inhaler technique check

9:41

Asthma Review

How to use my inhaler?

Using your inhaler correctly is essential for managing your asthma symptoms and preventing complications.

Get started

9:41

Asthma Review

YOUR CURRENT INHALER

Symbicort 100mcg / 3 mcg / actuation

Type

Pressurised aerosol inhaler (MDI)

Medicine

Budesonide 100micrograms/dose + Formoterol 3micrograms/dose

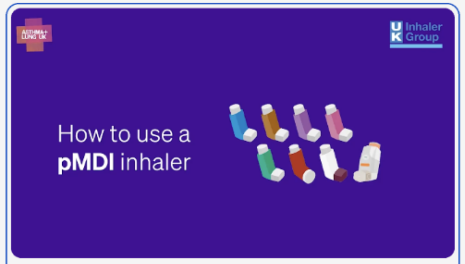
Inhaled corticosteroid information

For children, a total of 2 puffs/day gives a very low dose of ICS; for children and adults, a total of 4 puffs/day gives a low dose

Continue

9:41

Asthma Review



How to use a pMDI inhaler

Get your technique right to manage your symptoms better. We show you how in this short video.

Continue

9:41

Asthma Review

Please confirm that you understand how to use your inhaler

Yes

No

Continue

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Driving better outcomes and cost savings

Respiratory disease cost-benefit

£3bn

Cost of Asthma, per year

The cost of asthma patient who experiences an attack than well-managed Asthma patient

x3.5 more

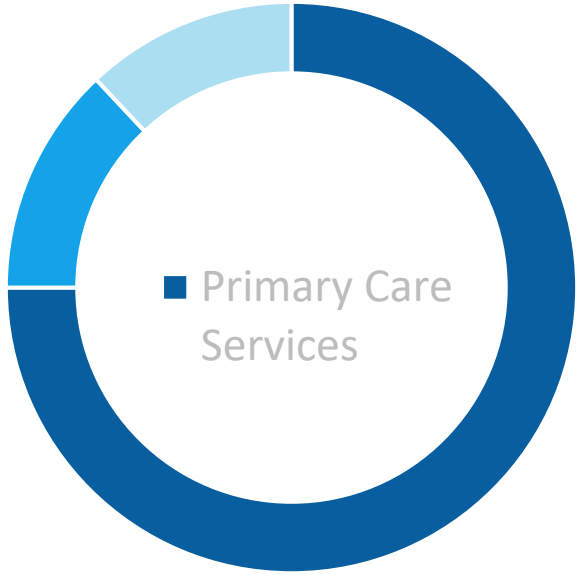
Health inequalities cost the NHS in greater hospital use alone

£4.8bn

extra per year

75% of Asthma costs

are primary care services



Results from respiratory support service

GP visits decreased by 30% due to successful self-management support given.

34% reduction in poorly managed patients who went to their GP once a month or more.

91% felt the support service helped them to **better manage** their lung condition.

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Sources:
https://www.england.nhs.uk/ourwork/clinical-policy/respiratory-disease/
https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-016-0657-8
https://www.networks.nhs.uk/nhs-networks/respiratory-leads/documents/Better%20for%20Less%20-%20%20Asthma%20-Yorks%20-%20Humber.pdf

hippo labs ltd

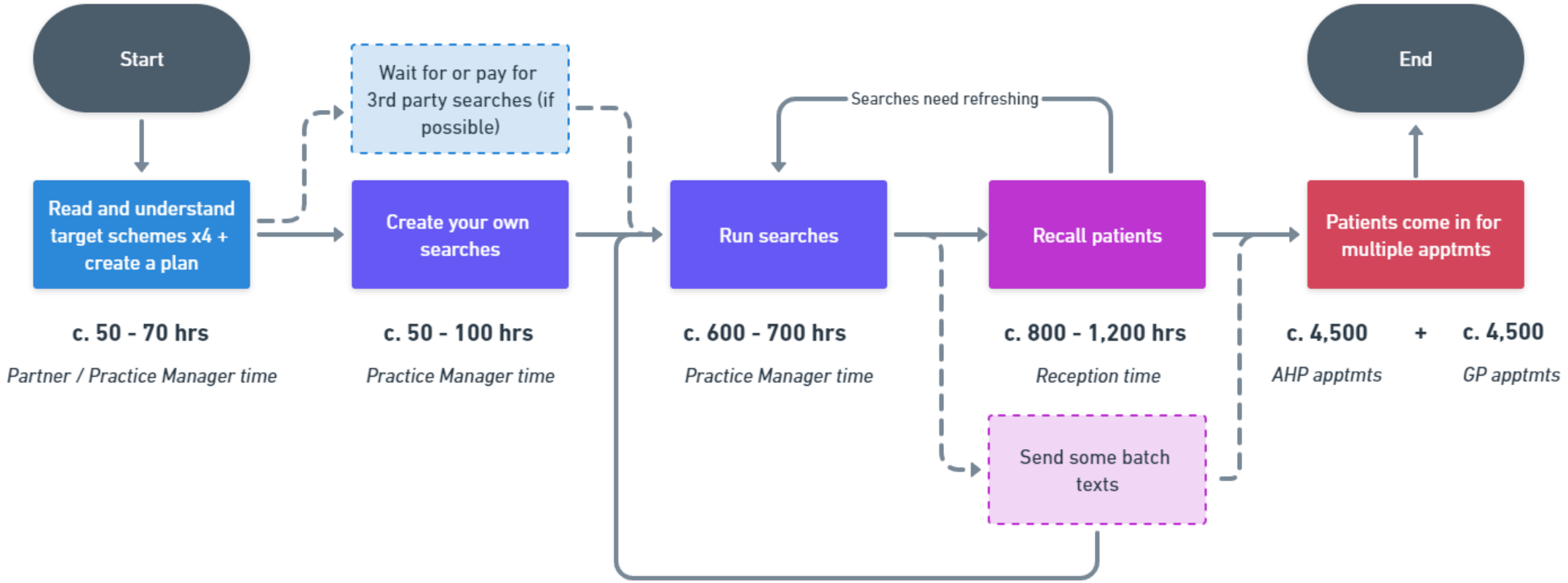
building tools to help primary care focus on caring

EMAHSN Innovation Exchange x Hippo presentation

october '23

Presented by:
Sachin Gupta, CEO & Co-Founder (sachin@hippolabs.co.uk)
Dr Jonathan Sadler, Clinical Lead, (jonny@hippolabs.co.uk)

Current processes for patient recall are time consuming and lead to poor outcomes



Note: The above timings are estimates based on real world examples from the Penrose Health group of practices (covering 65k patients in South East London). They are given above on a per practice basis for an 'average' practice with 10,000 patients.

Hippo Labs has created an effortless, end-to-end solution for patient recall

The Hippo Recaller platform

Analyses all your patient data to determine care needs and optimum appointments

↓

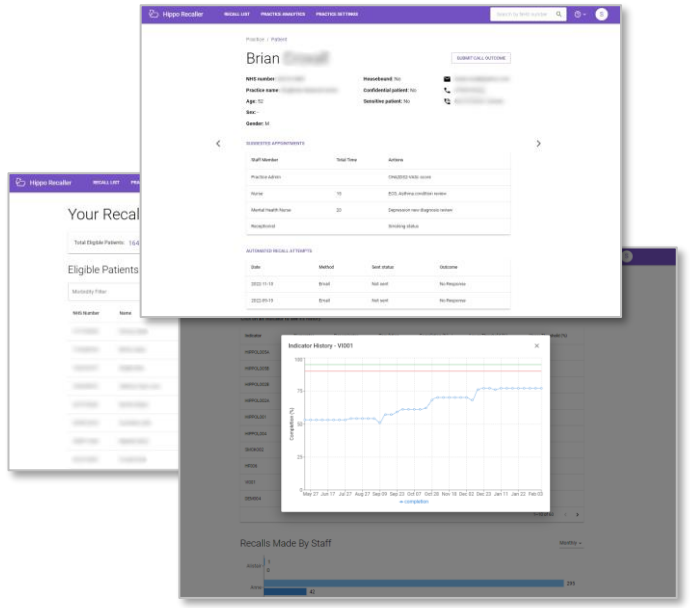
Automated invitations to self-book in layered communication strategy

↓

A single consolidated list for practices to call remaining patients

↓

Detailed, live analytics for practices to track progress and understand workload



Hippo Recaller makes proactive care simple for practices and patients

We have seen dramatically improved smear uptake when piloted

Before:

Background recalling

12 weeks between 15th Nov and 7th Feb

→

c. 300 smears / month

12 weeks between 22nd Nov and 14th Feb

After:

End-to-end Hippo recalls

12 weeks between 7th Feb and 2nd May

→

c. 450 smears / month

12 weeks between 14th Feb and 9th May

50% increase in smear rate

We are currently live with >130k patients and we cover >20 targets

Scale to date

- The system was conceptualised, and the concept was proved over 2 years ago
- We have since built out our team and have just launched our v2.0 product
- We're currently live with c. 130k patients and we're about to launch across Lewisham borough

Targets covered

- The system is designed to cover all of QOF and IIF. We currently cover > 20 QOF targets with the remainder coming in staged rollout over the coming months.
- Currently have a well-tested, reliable cervical smear ruleset and can easily / quickly turn this on for providers
- We can also be responsive to need – have worked with a variety of providers to rapidly create custom campaigns that work to address locally specific needs and operating parameters

The platform is built to the highest standards of compliance, governance and interoperability

- The Hippo Recaller is built by an expert team using a fully integrated, completely modern tech stack
- The platform is *not* built using Robotic Process Automation – we're directly and securely integrated with EMIS
- We follow best practice in both health and technology standards when it comes to information governance, cyber security and clinical safety:
  - Submitted and exceeded standards in our 2022/23 DSPT
  - Gained CyberEssentials Plus accreditation and have completed PenTesting
  - Worked with practices on their DPIAs and relevant privacy policies
  - In the final stages of completing our DTAC, DCB0129, DCB1596
- We're happy to provide any relevant documentation and engage constructively with any relevant diligence required

Pricing and next steps

- Our standard pricing model is based on a per patient per year model dependant on targets being rolled out
- We're a fast moving, agile startup – able to work with any provider at any scale to create custom campaigns that work for you and your population
- For more information on the product, check out our demo here or our website: https://www.hippolabs.co.uk/
- Happy to chat over email (hello@hippolabs.co.uk) or do dedicated 1:1 calls – see link to book in directly with our team below

We'd love to work with you – book a demo here

If this link doesn't work, go to https://calendly.com/d/zxz-hcr-bvs/hippo-recaller-demo-30mins-on-zoom, book via our website or drop us an email at hello@hippolabs.co.uk

JifJaff

JifJaff

NHS Primary Care Automation (RPA) Specialist

NHS

Automation Increases efficiency in the NHS..

Time is valuable, and not using it on things that don't require knowledge or experience in making decisions is essential.

- ✓ Using a keyboard and mouse on (EMIS (WEB) & SYSTMONE) to follow pre-set decision trees has become the basis of how many of us work - to a greater or lesser extent.
- ✓ Software Automation (RPA) uses a keyboard and mouse; it can read, write, and follow pre-defined decision trees.
- ✓ By Automating apportions of your work, you will recoup thousands of hours, remove errors, lower costs, and improve patient care.

About Us..

JifJaff is a specialist in NHS Primary Care Digital Transformation and Process Automation (RPA):

- ✓ Pre-Built Automation Product suite to assist in running both Clinical and Administrative processes
  - ✓ Delivered as a service "SAAS" we look after them for you.
- ✓ PCN Digital transformation lead package.
  - ✓ Automation products and strategy support.
- ✓ Grant, Funding (Bid writing) support
- ✓ Secure (DPIA SIA)
- ✓ Highly scalable Automation(s) from Practice, PCN, Federation to ICS.

Primary Care Automation Products..

- ✓ Call and Recall, including Long-Term Condition Management.
- ✓ Filing of Negative Bloods and messaging of patients.
- ✓ Docman Filing & Coding.
- ✓ Repeat prescription support.
- ✓ Patient Registration and Management once registered.
- ✓ Automated long-term condition management.
- ✓ Patient self-appointment booking.
- ✓ CPC Referrals.
- ✓ Prescribing Management.
- ✓ Medicine Management Recall.
- ✓ Coding from clinic letters.
- ✓ Filing Negative Retinopathy.

Pharmacy Automation Products..

- ✓ Pharma Outcomes.
- ✓ Proscript Printing.
- ✓ Stock management.
- ✓ Stock price management.
- ✓ Patient communication management SMS/EMAIL.

Automation Business case..

Review each "workflow" in terms of, if I could do the following and if the cost is acceptable, do I want to:

- ✓ Use less Clinical or Administrative team time.
- ✓ Work faster.
- ✓ Fewer errors.
- ✓ At a lower business cost.

How many people are involved (Clinical and or Administrative), and how often is that workflow run (daily, weekly, monthly):

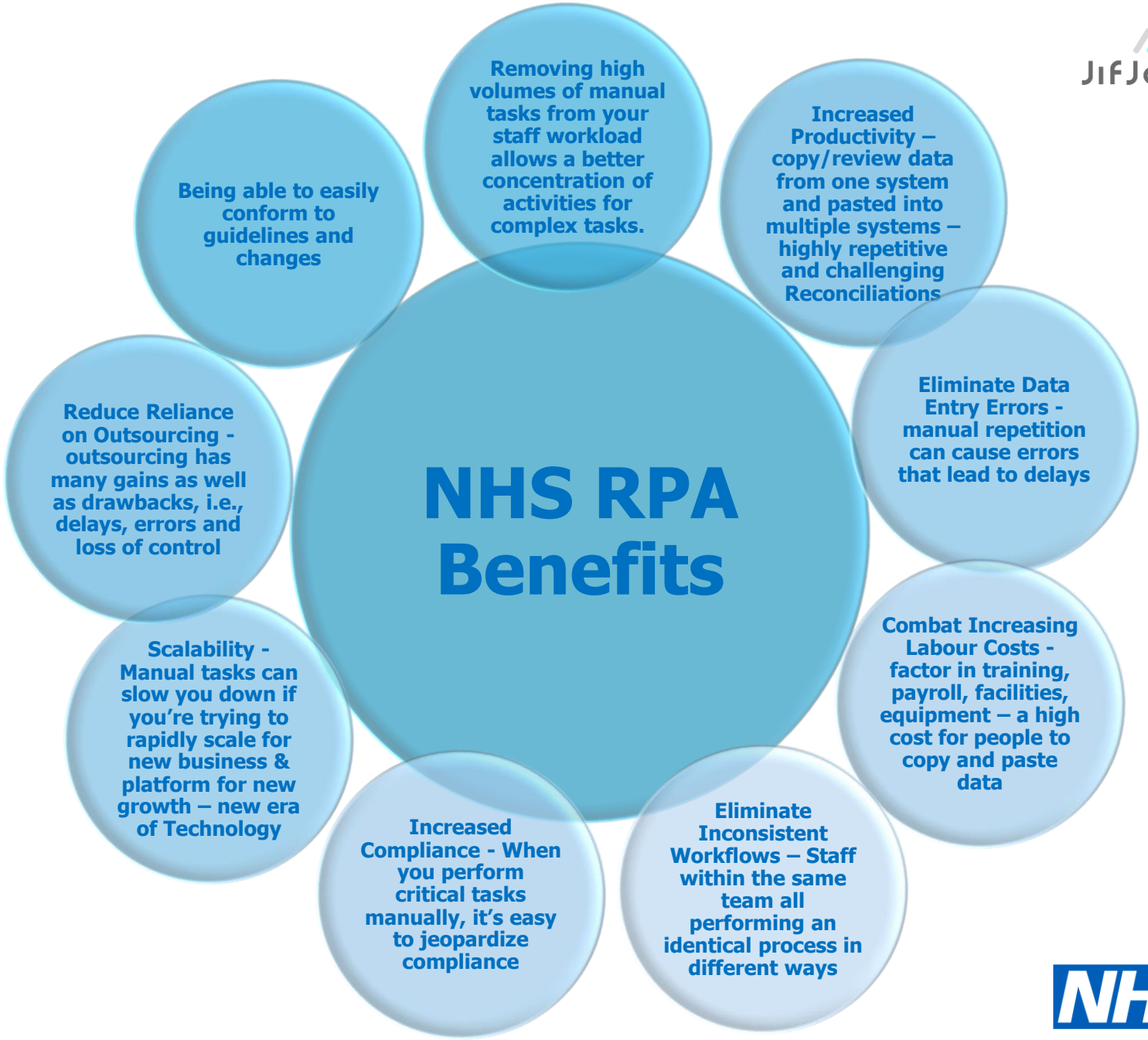
- ✓ Cost per hour, week, month, year.
- ✓ How long does it take?
- ✓ What else could they be doing?
- ✓ What happens when they are away, sick, or you have vacancies?

If no longer restricted by the time it takes to do some things:

- ✓ What else would you do?

What is RPA?

Robotic Process Automation (RPA) enables you to use robots to run large chunks of your admin and operational workflows. They are secure and cleared for the NHS, can log in and out of your systems the same way people do and follow the exact rules. Logging in and out of databases, reading emails and letters, copying and pasting data, following complex business, and much more is possible.



Next Steps..

- ✓ Contact us for more information.
- ✓ Tell us which processes are of interest.
- ✓ Tell us if you have different ones (we're able to tailor automation if required).
- ✓ We can talk to you in more detail and show demos!

Phone: +44 (0) 208 004 5036

Email: JamesA@JifJaff.co.uk

Website: www.JifJaff.co.uk

Health Innovation East Midlands

DemDx - Demonstration

necs

A care system support organisation

NHS

Digital Transformation & Optimisation Service

Innovation Exchange 12th October 2023

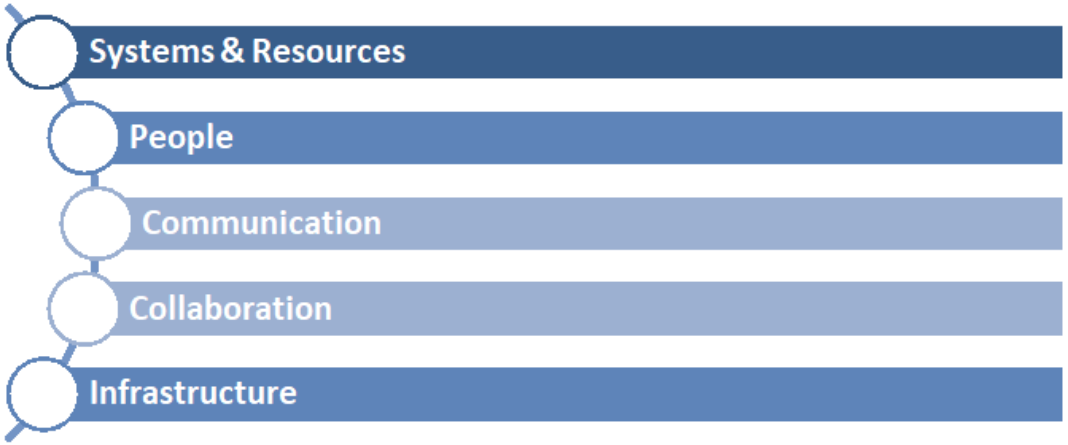
Digital Health Check – Newcastle Gateshead

- Due to the COVID-19 pandemic response, the use of digital solutions in GP practices and Primary Care Networks (PCN) across Newcastle Gateshead is inconsistent.
- Accessibility for patients and workload demands present practices with challenges, with many practices unable to invest time or resources to explore digital opportunities or the potential benefits.
- Support practices to meet the digital obligations outlined in the GP Contract, including patient access to digital records.

Digital Health Check – Newcastle Gateshead

Self-Assessment

Digital Health Check



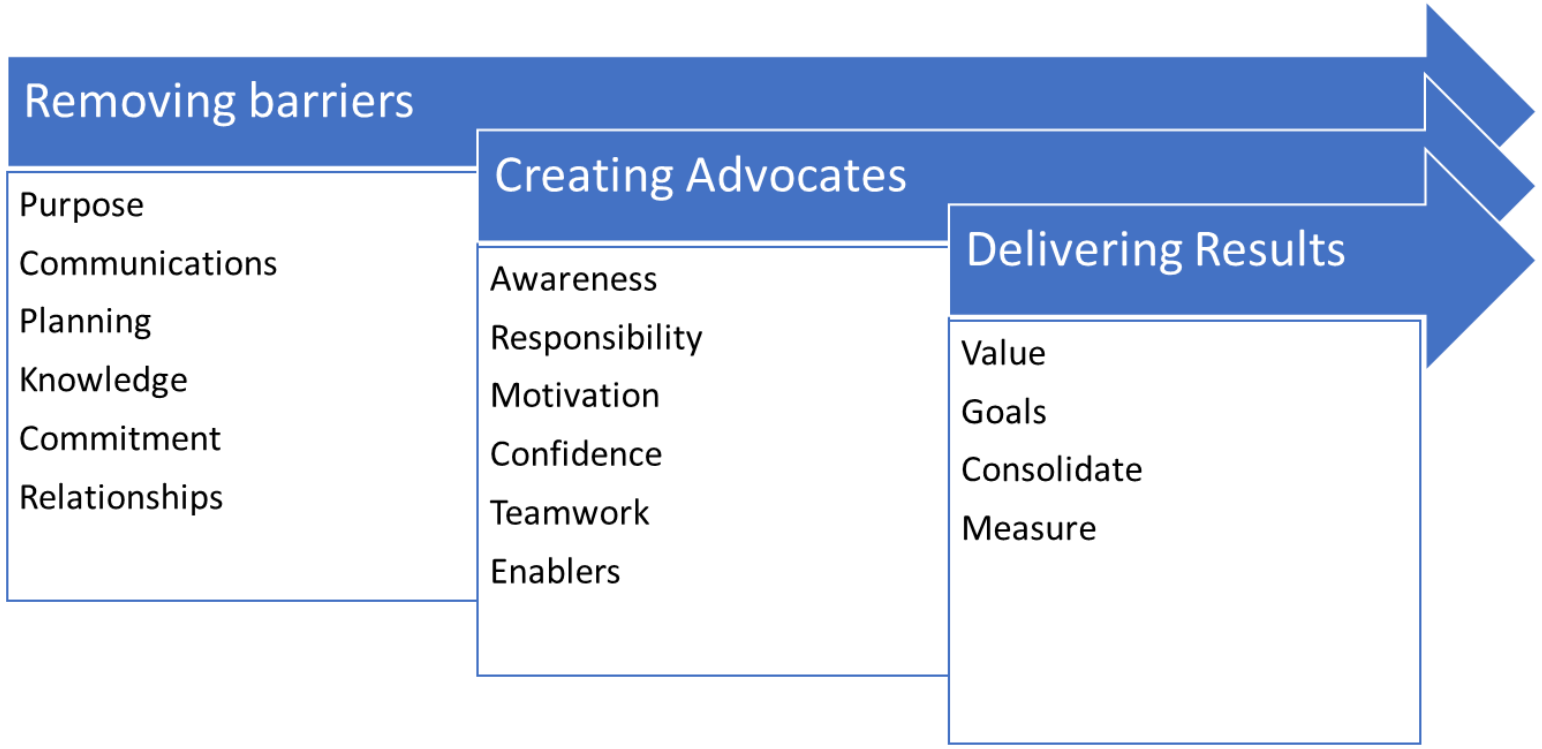
On a scale of 1-10 (1 being strongly disagree and 10 being strongly agree)

Strongly Disagree		Disagree		Neither agree/disagree		Agree		Strongly Agree	
1	2	3	4	5	6	7	8	9	10
◉	○	○	○	○	○	○	○	○	○

On a scale of 1-10 (1 being low and 10 being high)

1	2	3	4	5	6	7	8	9	10
◉	○	○	○	○	○	○	○	○	○

Digital Health Check – Newcastle Gateshead



Digital Health Check

Digital Health Check – Newcastle Gateshead

Telephony
22 practices have upgraded so far, with 7 further practices signing up for telephony upgrades facilitated by NHS England.

Online Consultations
Over 60% of practices now feel that using online consultation functionality has improved how their practice works.

Remote Monitoring
Remote monitoring such as blood pressure at home is now used widely by practices.

Messaging
Practices now use different solutions best suited for batch and individual messaging.

Infrastructure
WiFi service upgraded or optimised and additional equipment procured improving delivery of key tasks and processes.

Websites
New websites created and launched for 19 practices across 3 PCNs.
A platform for future development established, with a further 9 practices signed up.

Total Triage - Sunderland

- Primary care is experiencing ever increasing demand for their services and many are finding current models unable to cope with that demand. One practice in Sunderland wanted to completely transform how they operate their current model to try to better manage the needs of their patients.

- The DTOS team worked closely with the practice with the aim of utilising existing digital tools to support transformational change in the practice to better manage their increasing demand. Digital Solutions involved:
  - NHS App
  - eConsult Smart Inbox
  - Accurx
  - Telephony

Total Triage - Sunderland

Challenges to consider:

- Practice Involvement in the process and designing a future model

- Equitable Access for all patients
- Increase prescription ordering via the NHS App
- Increase Online Consultations
- Patient Communications

Total Triage - Sunderland

Outcomes:

- Capturing vital information has increased from 68 to 2,400 requests per month, supporting care navigation and improving patient access
- Automatic signposting of patients to seek more immediate care has increased from 20 per month to 202, reducing the potential for patients with urgent or emergency needs to become unwell
    - Saving on average 34 hours per month in appointments

- 56% Patients registered for the NHS App
- 65% increase in patients using NHS App to order their repeat prescriptions
- 158 hours in prescription line calls saved on average each month

- Increase in both Patient and Staff satisfaction

Advanced Telephony NENC ICB

Background: Many practices were receiving complaints from patients due to the duration of call queues or availability of practice staff to answer calls, resulting in a frustrating and negative experience.

Some practices are still using analogue telephony systems which are scheduled to be removed from all home and business settings by the end of 2025 and do not have the capability to support any technology features that could help to manage demand.

Solution:

The DTOS team initially surveyed all practices to build intelligence and understand the current telephony landscape across the area, including suppliers that were in place and the functionality that was available.

The range of advanced telephony services available from suppliers was explored to identify those key features that would deliver the optimum benefit to practices currently managing capacity and demand challenges.

Practices were prioritised if they currently had analogue telephony, their contract was approaching renewal and the practice confirmed that they were interested in upgrading.

Suppliers that offered the key features were invited to perform functional demonstrations of their products to practices, any new requests are now directed to the NHS Advanced Telephony Better Purchasing framework.

Eligible practices were supported by funding to upgrade with an advanced telephony supplier after agreeing to terms outlined in a Memorandum Of Understanding (MOU). Practices then arranged the implementation schedule with their chosen supplier, upon completion of the installation work the practice provided confirmation to the project team that the new system was in place and performing as expected.

Advanced Telephony NENC ICB

Challenges:

- At the start of this project, the telephony systems and features used by practices was partly unknown.
- Many practices were committed to long term contract durations and exit costs with current suppliers.
- All features of advanced telephony systems that were already in place were not being fully utilised.

Outcomes:

Upgraded 25 practices to advanced telephony systems, within budget.
Practice and PCN level intelligence collated on current systems and contract expiry dates.
Newcastle Gateshead is now well positioned for the NHS England Cloud-Based Advanced Telephony Funding available in 2023/24, and contributed a telephony guide which was published in a NHS England communication as part of the CBT upgrade programme.

Benefits:

- Improved accessibility for patients
- Improved patient and staff experience
- Managed call queues
- Reduced call waiting times
- Improved flexibility including remote working

Primary Care Navigation Tool – North Tyneside

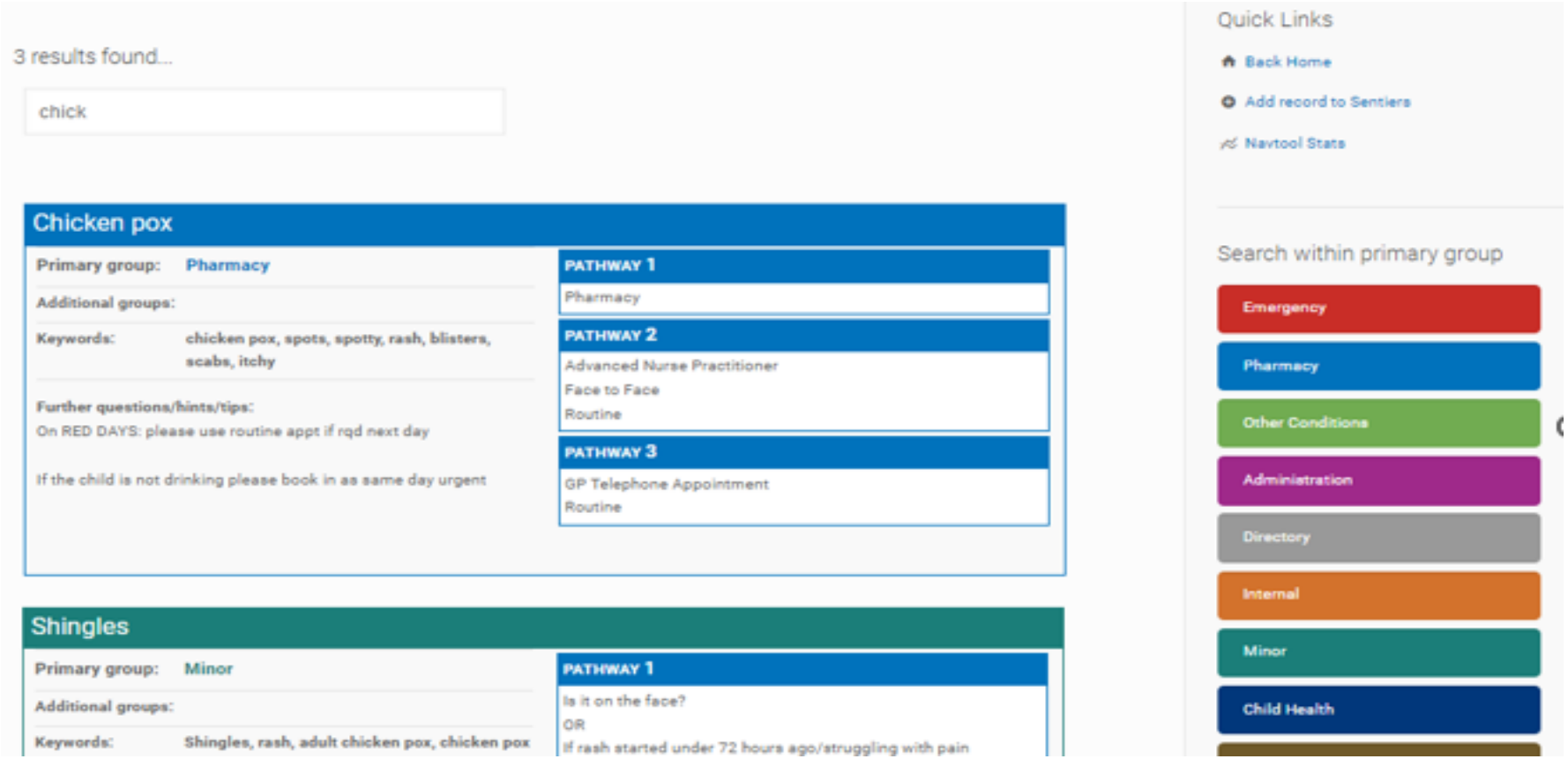
Background:
North Tyneside CCG commissioned a project to analyse the position of practices deploying the Total Triage model, which was accelerated during the COVID 19 Pandemic. As part of the discovery work, analysis was carried out on the end-to-end process from a patient making a request or enquiry to the Outcome. This initially focused on the different routes a patient can get into the system and how the reception-admin teams processed these requests. The Key findings for this included:

- Increased pathways, processes and advice
- Staff confidence in influencing clinical decision making
- Limited staff confidence/experience in decision making/decision-based outcomes
    - Reduced continuity of service
    - Unnecessary appointments
    - Over-reliance on single point of contacts.

Primary Care Navigation Tool – North Tyneside

Solution:

- Sentiers Primary Care Navigation Tool



Primary Care Navigation Tool – North Tyneside

Challenges:

- Lack of baseline data for signposting
- Resource availability
- Training
- Continuous development of system
- Hardware - monitors

Outcomes & Benefits:

- Deployed to 7 practices within North Tyneside
- Increase in staff confidence in signposting
- Practices reported a reduction in GP appointments post go live
- The majority of clinicians felt the tool improved administrative staff's ability to make signposting decisions that are considered to be clinical
- Reported improvements in patient safety

Digital Transformation & Optimisation Service

For more information on any of the projects that we have presented today, please contact NECSU.ProjectSupportOffice@nhs.net

Health Innovation East Midlands

Innovator Pitches

Round 2

Health Innovation East Midlands

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Enjoyable Healthcare

DIGITAL CARE PATHWAY PROVIDER

Sonia Neary, CEO Wellola

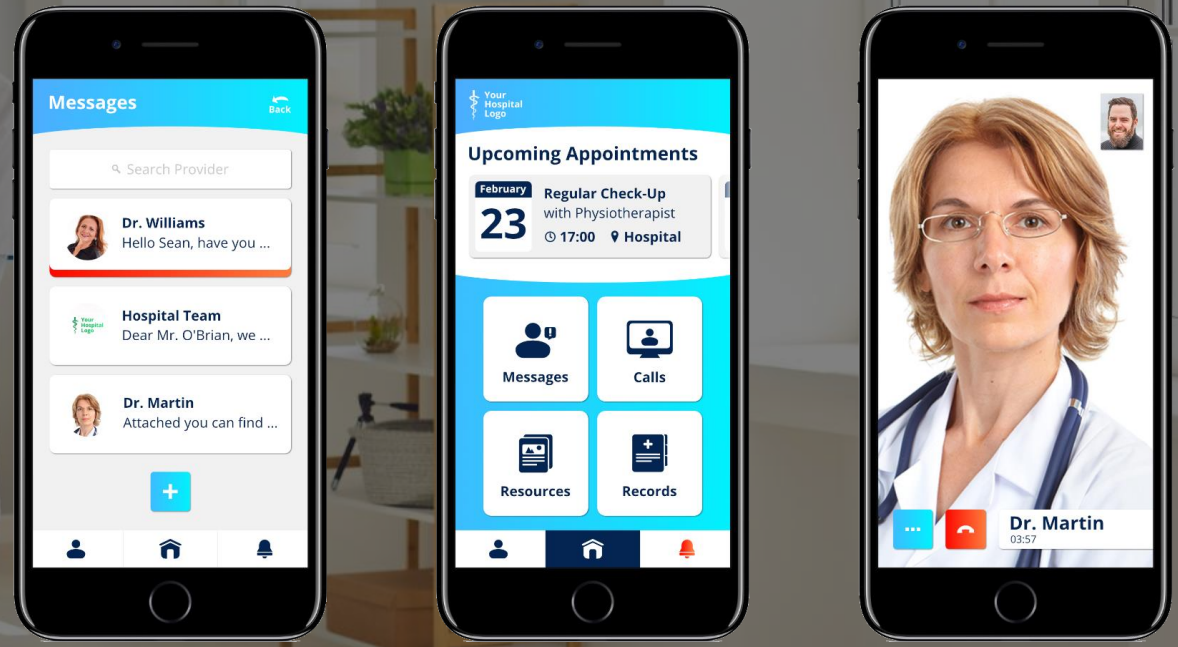

wellola
Enjoyable Healthcare
Wellola believes that the future of healthcare is **preventative**, **community-based** & supported by **digital** tools

WELLOLA'S SOLUTION

wellola
Enjoyable Healthcare

ISO 27001 CERTIFICATION EUROPE
eit Health
aws partner network

- ✓ Portasana
- ✓ Virtual Care & Communication Platform
- ✓ Built in a World-Class Infrastructure
- ✓ Easy to use- choose from 9 Modules
- ✓ Easy to integrate- FHIR-Based
- ✓ Cost Saving Focused



Digital Communication

Virtual Care

Clinical Decision Support

Accessibility Focused

CURRENT CUSTOMER BASE

wellola
Enjoyable Healthcare

UK
Birmingham Community NHS Foundation Trust

UK
Leeds Teaching Hospitals NHS Foundation Trust

UK
Independent Provider- Private Care

UK
Acute, Community & Mental Health NHS Sites

Ireland
Nutricia Danone- 170 Nursing Homes

Ireland
Dublin Simon, Accord- Charities

NHS The Leeds Teaching Hospitals NHS Trust

HSE Digital Transformation

bacp

DANONE | NUTRICIA LIFE-TRANSFORMING NUTRITION

Dublin Simon Community

NHS University Hospitals Birmingham NHS Foundation Trust

VIRTUAL CARE PATHWAY SYSTEM

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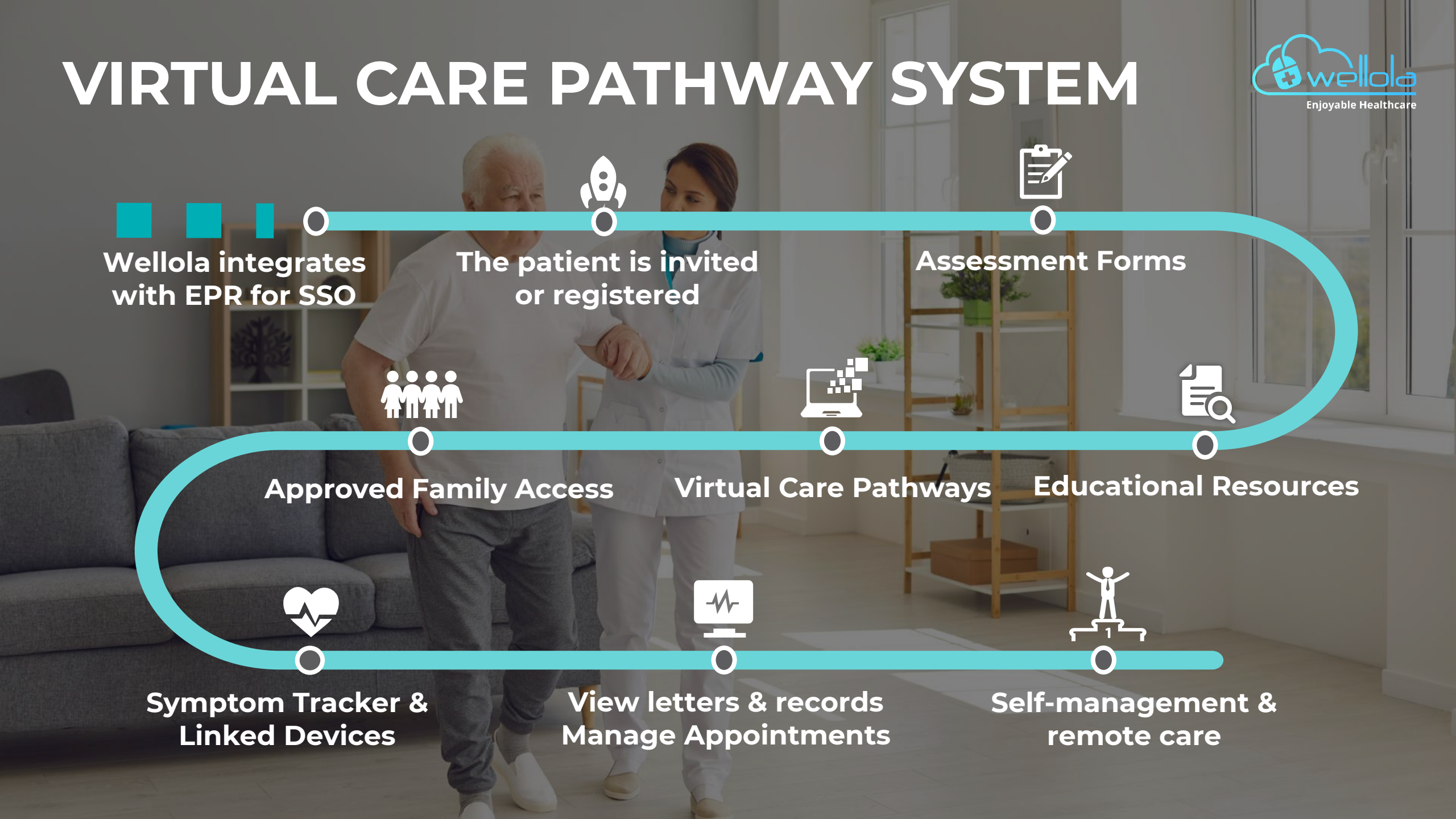


Wellola integrates with EPR for SSO

The patient is invited or registered

Assessment Forms

Approved Family Access

Virtual Care Pathways

Educational Resources

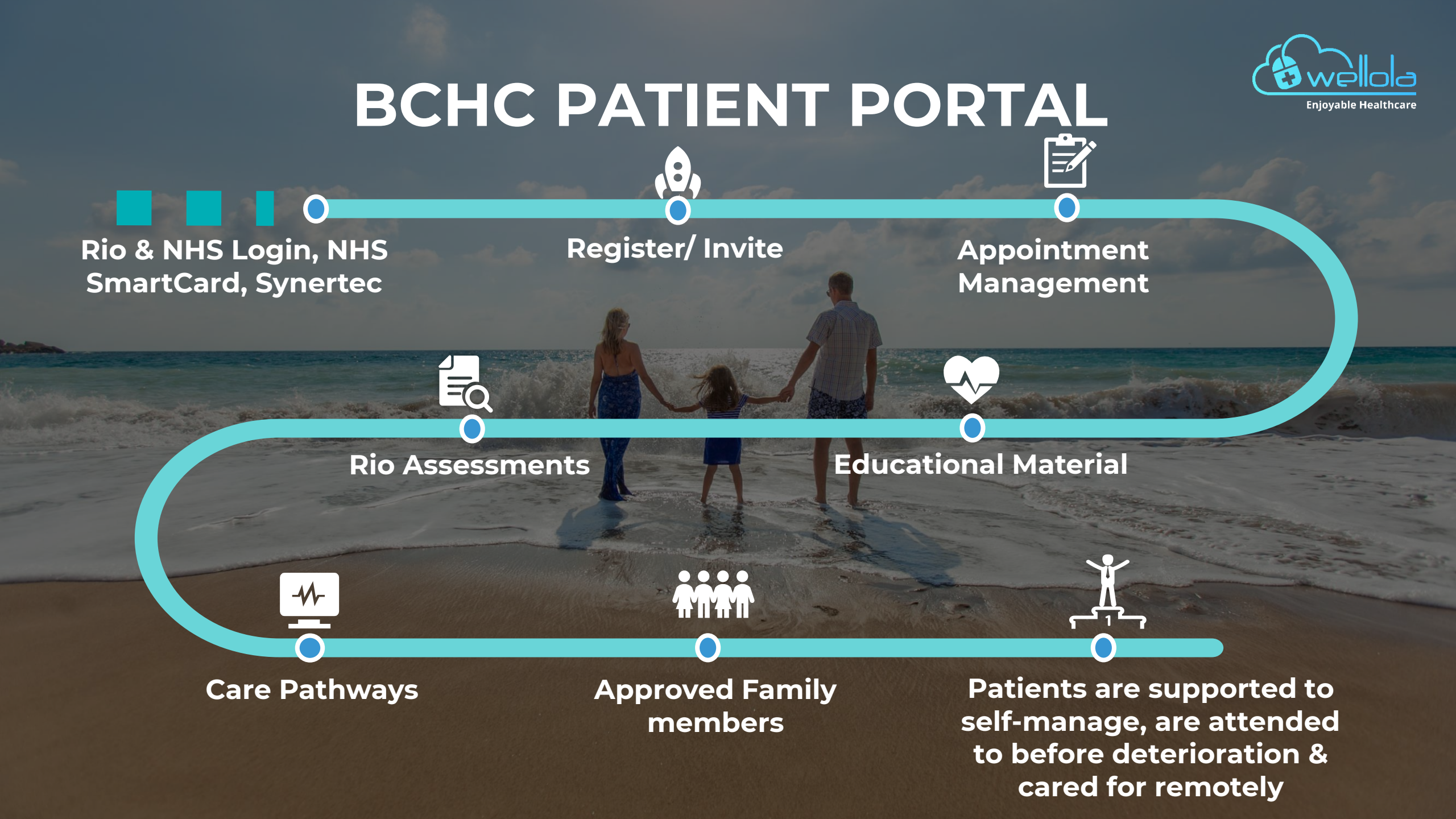
Symptom Tracker & Linked Devices

View letters & records
Manage Appointments

Self-management & remote care

BCHC PATIENT PORTAL

wellola
Enjoyable Healthcare



Rio & NHS Login, NHS SmartCard, Synertec

Register/ Invite

Appointment Management

Rio Assessments

Educational Material

Care Pathways

Approved Family members

Patients are supported to self-manage, are attended to before deterioration & cared for remotely

LTHT PERSONAL HEALTH RECORD

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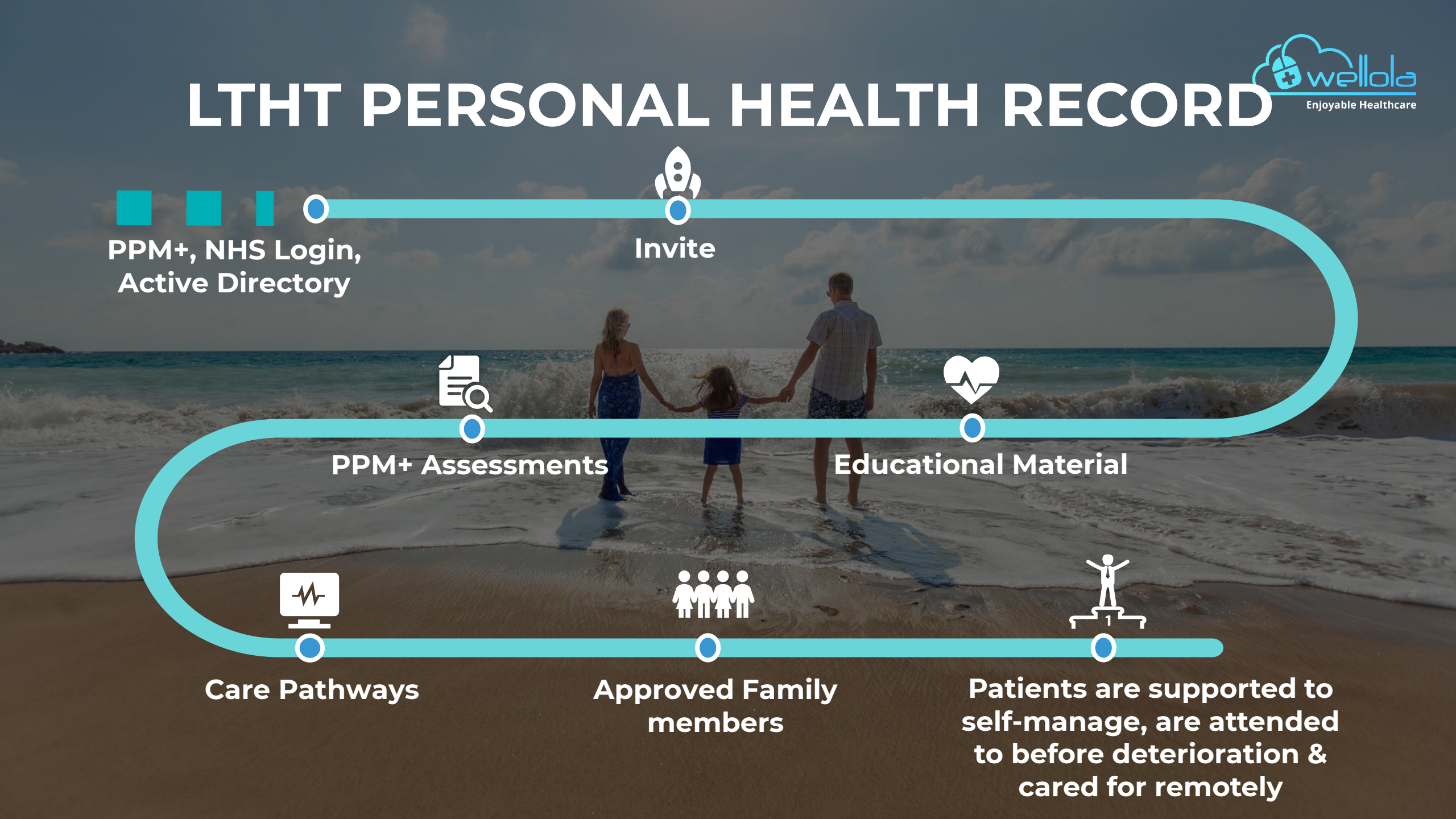
Enjoyable Healthcare



PPM+, NHS Login, Active Directory

Invite

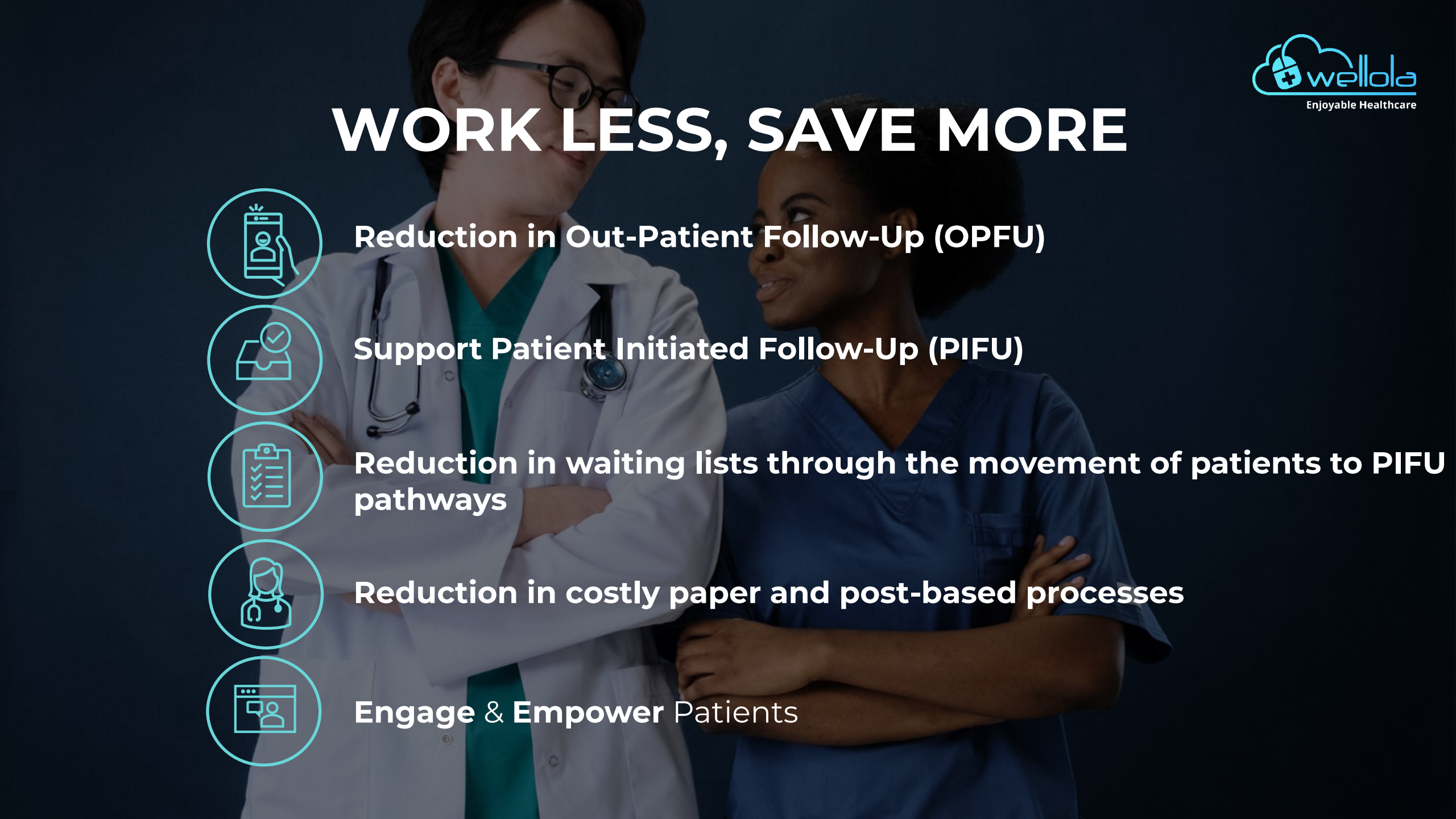
PPM+ Assessments

Educational Material

Care Pathways

Approved Family members

Patients are supported to self-manage, are attended to before deterioration & cared for remotely



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WORK LESS, SAVE MORE

- **Reduction in Out-Patient Follow-Up (OPFU)**
- **Support Patient Initiated Follow-Up (PIFU)**
- **Reduction in waiting lists through the movement of patients to PIFU pathways**
- **Reduction in costly paper and post-based processes**
- **Engage** & **Empower** Patients


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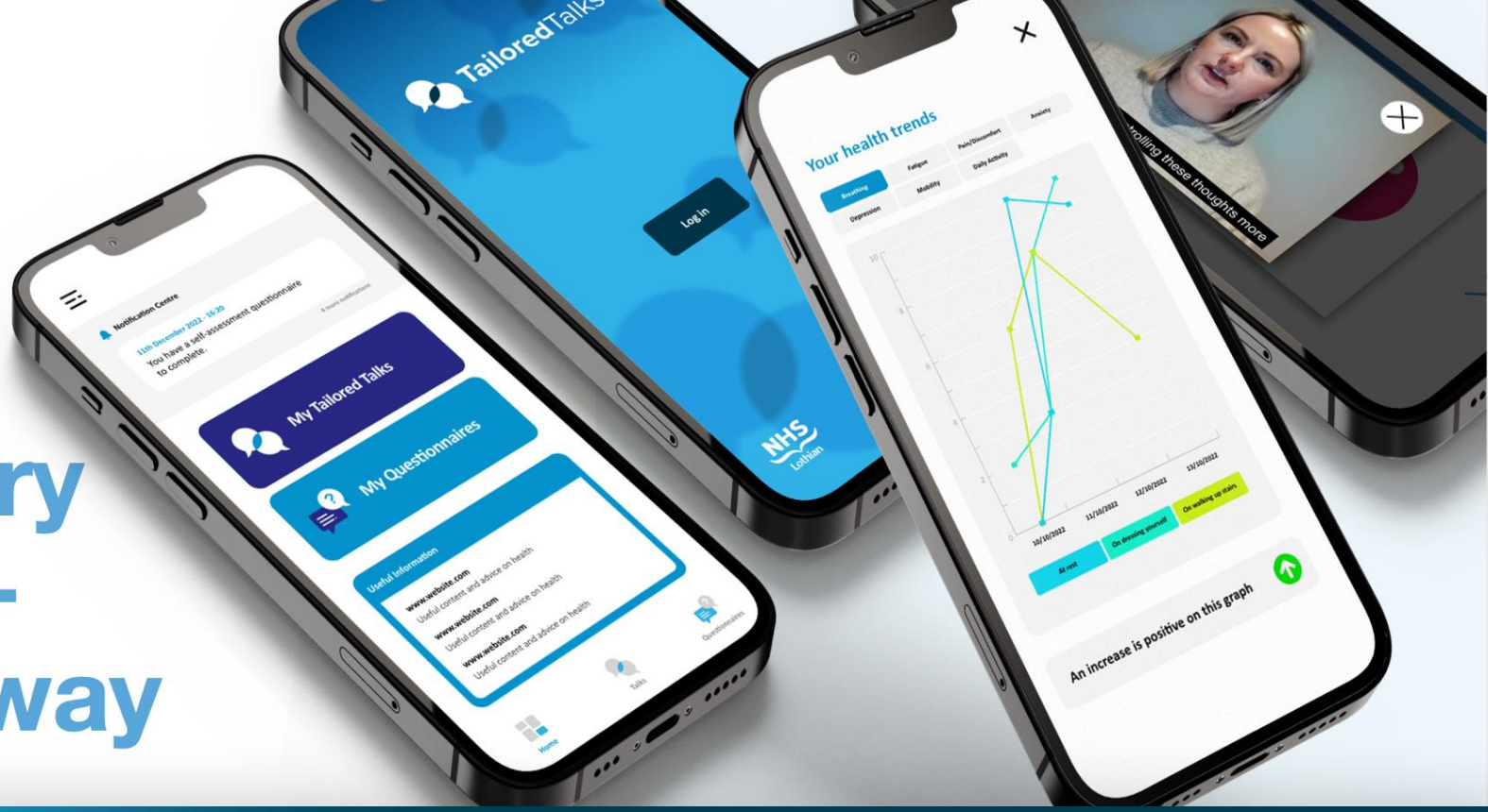
WWW.WELLOLA.COM

TailoredTalks

Supporting recovery from Long COVID - a digital care pathway

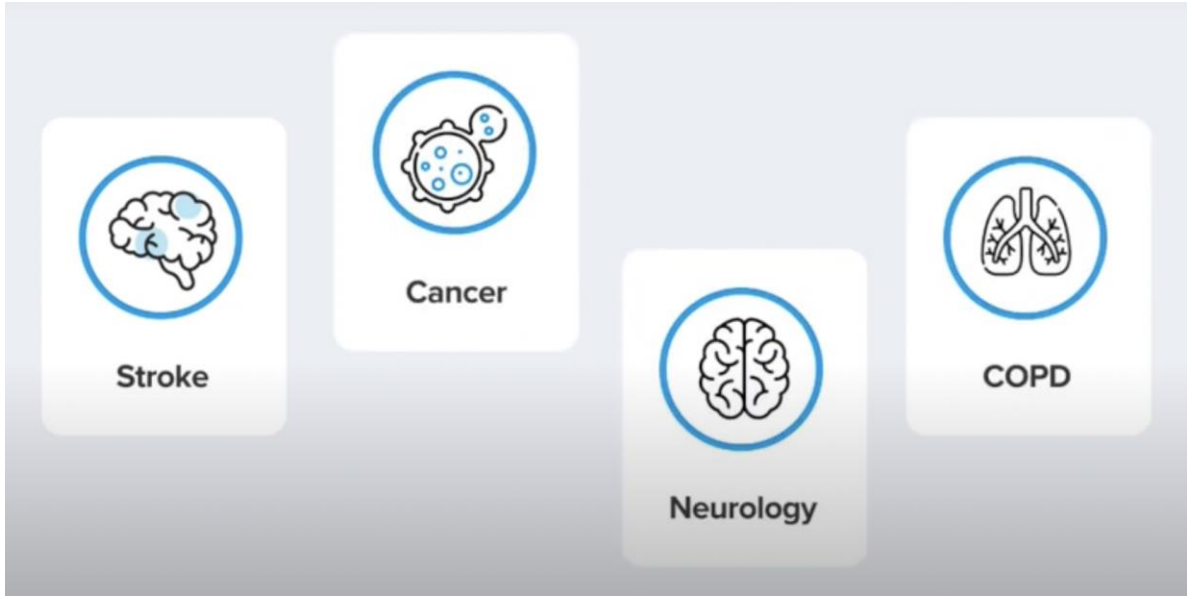


Zoë Strong, Account Director, Pogo Digital Healthcare
zoestrong@pogo-studio.com

Pogo Digital Healthcare – a bit about us

Sharing the right information, in the right way, at the right time

Solving primary care challenges through digital



Some of our partners

Microsoft

THE UNIVERSITY of EDINBURGH

NHS Lanarkshire

NHS Lothian

NHS Lothian Charity
Making healthcare better, together

Chest Heart & Stroke Scotland

pdh

Hey girls

The problem – Long COVID

A quick and trustworthy referral pathway for GP's

Tailored Talks Long COVID Digital Pathway

1. Your GP refers you onto the pathway
2. You receive an email with log in details
3. Log in and complete self-assessment questionnaire
4. Receive tailored information to help with long COVID
5. Request a call back from CHSS
6. Your GP can track your progress

255

patients referred onto the pathway

36

GP practices

44%

Requested an adviceline callback

Patients:

- Felt empowered to self-manage their symptoms Gained access to support quickly -Talks were found to be clear, concise, uncomplicated - Those who used the CHSS Advice Line felt “listened to” and found the advice useful

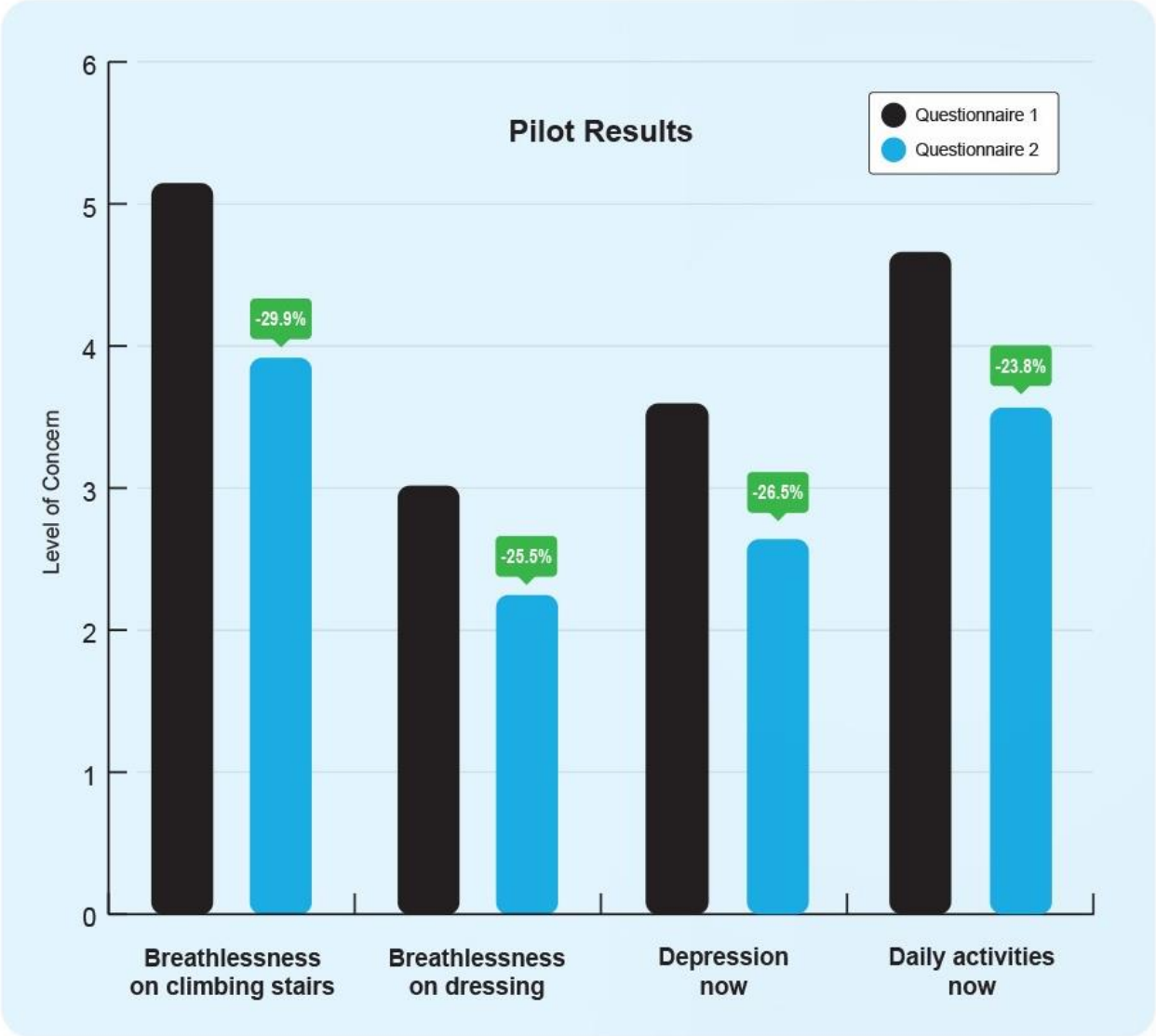
GP Surgeries:

- Some people reported several trips to the GP before being referred to this pathway and identified that this pathway would save time for the GP

CHSS Advice Line - improved referral rate:

- Significant increase in referrals within NHS Lothian

Patients felt less concerned about breathlessness and depression



Patient quotes

"I got great help, especially learning the breathing exercises and how to use my lungs properly. I'd recommend the service to anyone."

"Good to have information directly from the NHS as it can be difficult to get solid information from the internet."

NHS East Midlands
Collaborative pilot opportunities

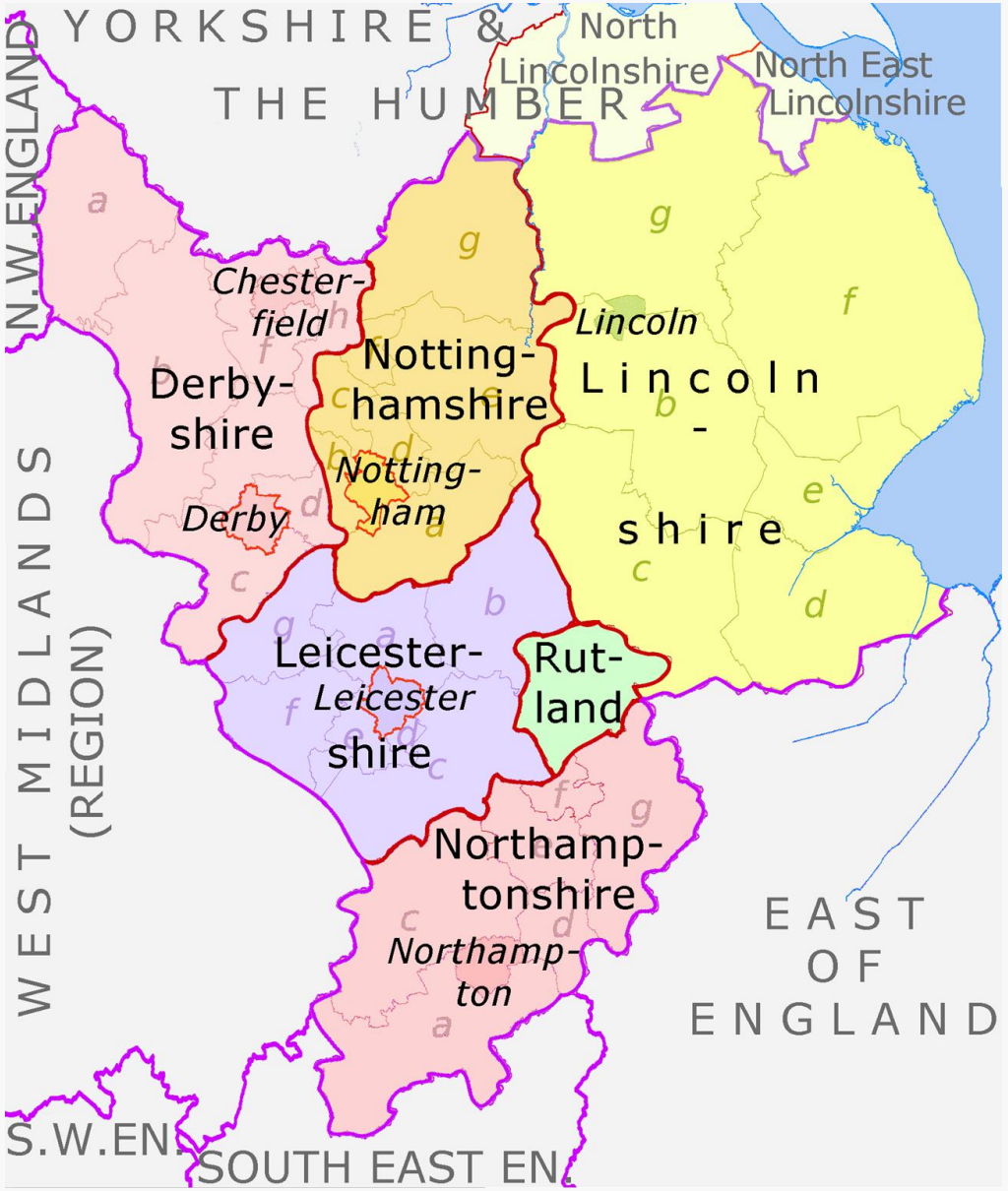
Zoë Strong, Account Director,
Pogo Digital Healthcare
zoestrong@pogo-studio.com
@pogo_health
www.pogodigitalhealth.com

The Healum Personalised Care and Support Enablement Platform

Presentation to:

Eastern Academic Health and Science Network

Innovation Review Panel



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Value Proposition

MARKET

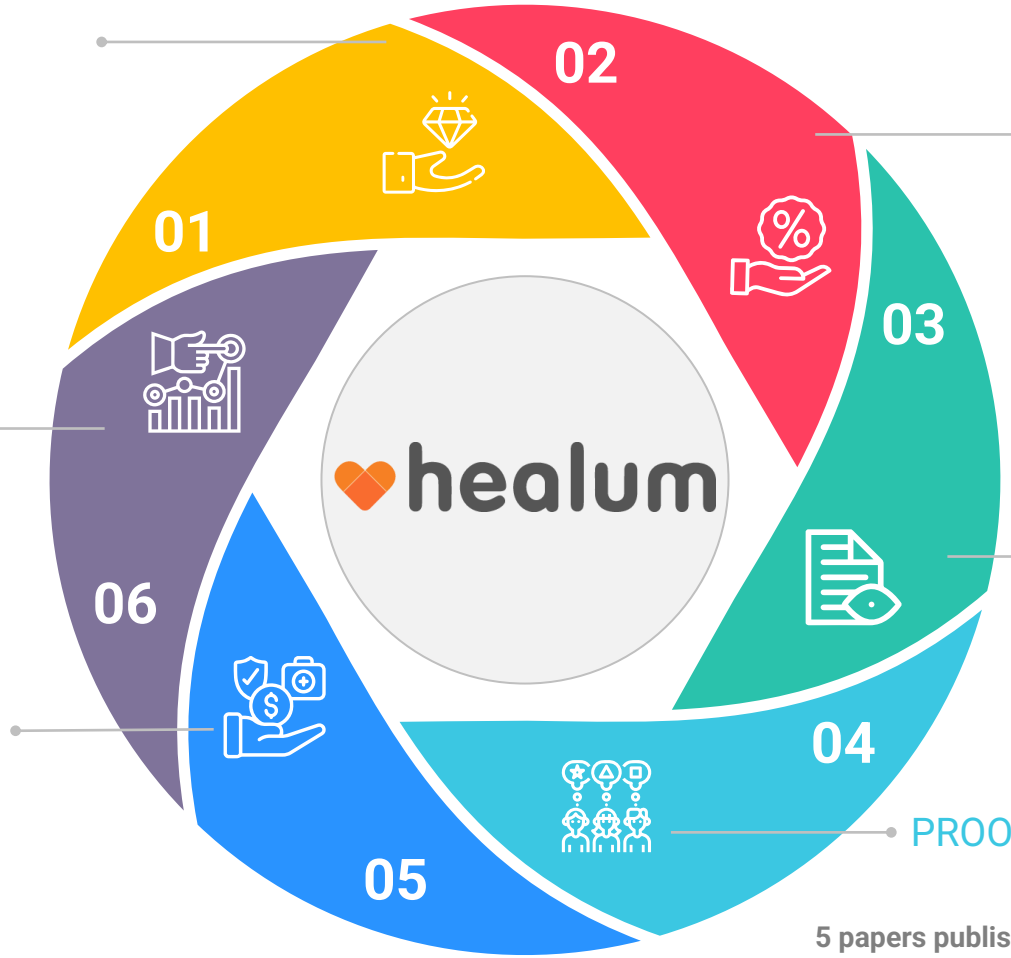
NHS ICBs, NHS Primary Care, NHS Secondary Care, Local Authorities

BENEFITS

1. **Reduces health inequalities** through personalised care
2. **Reduces per patient costs** of education and is effective in retaining patients
3. **Low risk:** Evidence backed in delivering outcomes and QOL

DIFFERENTIATION

1. **Built in** patient self care behaviour change
2. **More cost effective than competing solutions** or services e.g. structured education
3. Use of trusted AI solutions to make **accurate automated recommendations**



DESCRIPTION

A **patient management system and digital tools** that have been independently validated to improve patient outcomes, boost access to care, and streamline support for patients with long-term conditions, enabling healthier, happier lives.

PROBLEMS ADDRESSED

1. **Limited time, capacity and resources in Primary Care** to deliver effective personalised care
2. Patients lack the required motivation to make **sustainable lifestyle and wellbeing choices necessary to improve outcomes**

PROOF

5 papers published demonstrating improved outcomes in Primary and Secondary Care for patients diagnosed with Obesity and Type 2 Diabetes

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The Healum Solution

Personalised self-care support to empower patients diagnosed with LTCs to proactively manage their health

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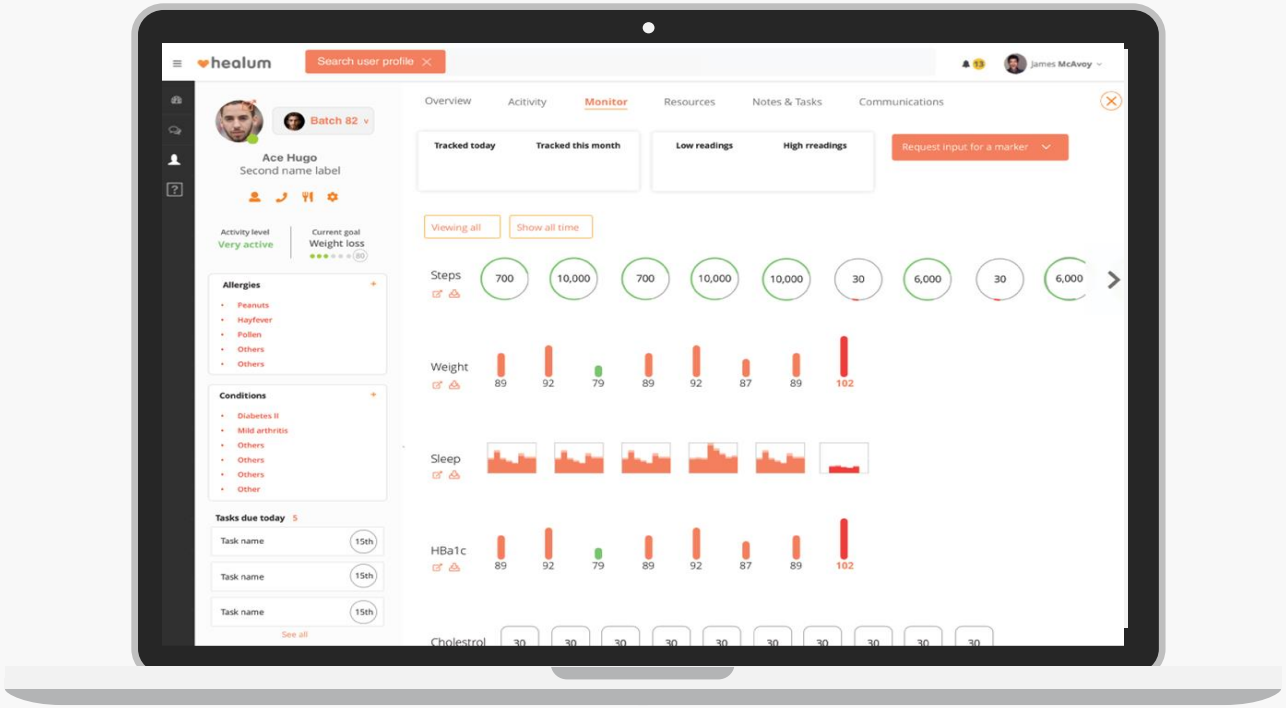
The Healum Personalised Care Planning Solution

Opens within EMIS or standalone

Cloud based



Assign goals and track progress

Create & view previous care plans

View test results

Share relevant resources (articles, videos, recipes, local services)

Assign actions and record obstacles for patients

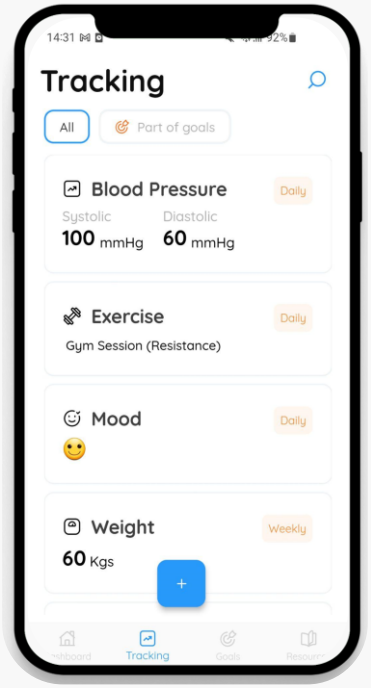
Monitor patient engagement with the accompanying mobile app

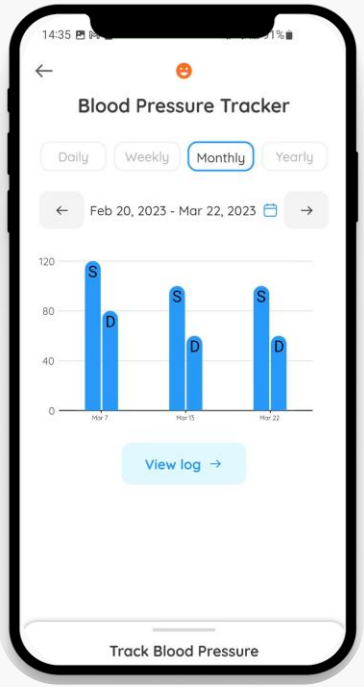
The Healum Personalised Care Planning Solution

Goal setting and tracking

Educational resources

Communication with HCPs





Tracking metrics

Digital Care Plans

On-demand health services

Patient form-fill

Health Challenges in the East Midlands

Obesity and Lifestyle-Related Health Issues

Obesity rates have been a concern in many regions, including the East Midlands. This issue is linked to an increased risk of chronic diseases such as type 2 diabetes, cardiovascular diseases, and certain types of cancer.

Mental Health and Well-being

Addressing mental health issues, including anxiety, depression, and stress, is a significant challenge. Ensuring access to mental health services and reducing stigma are essential components of tackling this challenge.

Ageing Population and Chronic Conditions

The East Midlands has an aging population, leading to an increased prevalence of chronic conditions such as hypertension, arthritis, and dementia. This places pressure on healthcare systems to provide effective care and support for elderly individuals.

Health Inequalities

Reducing health disparities among different socioeconomic groups, ethnicities, and geographic regions is a crucial challenge. Ensuring that all individuals have equitable access to healthcare services and addressing the social determinants of health is vital.

Preventable Diseases

Promoting preventive healthcare measures, such as vaccination campaigns, smoking cessation programs, and efforts to reduce alcohol-related harm, are important to minimize the burden of preventable diseases in the population.

Main benefits for ICBs in procuring Healum for Primary Care in the East Midlands

Aligned to Core20PLUS5
Use of multilingual content and local services that are relevant to patients from different ethnic and socioeconomic backgrounds as part of care.

Reduce variation in treatment delivery
Through a care pathway that consistently involves staff routinely recording and delivering standardised care processes

Improve clinical efficiency across PCNs
By providing digital solutions that reduce the barriers for multidisciplinary teams in primary care to provide self-care support

Improve patient experience and motivation
By providing patients with a useful set of daily actions agreed as part of a shared decision making process with different members of the primary care team

Patient-Centred care
By enabling patients to easily access educational content and local services that will support them in achieving the goals set with the primary care team

Prevention and Population Health
Through population health dashboards that share insights around patient health objectives, self-care strategies, and uptake of local services

Main Benefits for Primary Care Providers in the Midlands

Reduce unnecessary appointments

By patients monitoring and tracking their health at home, and HCPs being able to view this on the software

Improved health outcomes for patients

By providing personalised care plans and behavioural change tools for patients to make healthy self management choices

Empower patients to self manage their health

By enabling patients to easily access educational content and incorporate recommended and custom goals into their lives through the app

Greater team efficiency and collaboration

By allowing multidisciplinary teams to work together to support patients with their self management

Easier method for achieving QOF and IIF

Through patient self-reporting solutions and software functions that encourage referral and process adherence amongst staff

Insights and patient reported outcomes

Through Healums software that reports on patient engagement, progress against goals and self-reporting health outcomes

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Healum partners and how we serve them

Primary Care

Personalised Care Planning System

Personalised care plans with goals, actions, educational information and local resources to improve health outcomes and reduce clinical dependency.

Per Practice: £2,000
Per PCN: £9,000
Per ICB: £75,000

Secondary Care

Patient Management System

Digital health patient management solution to support elective recovery (Home based support including post-surgery recovery and early discharge).

Per Dep't: £50,000

Community Providers

Social Prescribing

Provide personalised recommendations and signposting to local services and resources that can be tracked and monitored against health outcomes.

Per Team: £50,000

Local Authorities

Integrated lifestyle & wellbeing service

Deliver evidence-based behaviour change programmes, and support participants to adopt healthy behaviours, lose weight, become more active, improve mental wellbeing and achieve health goals.

Per Prog.: £75,000

Local Authorities

NHS Health Checks

Healum's web based system and connected patient facing app deployed to support NHS Health Checks and personalised care plans across Local Authorities, Primary and Secondary care (NHS Trusts), Pharmacy.

Per Org: £25,000

*Excludes Customisation Costs

Published research

Results and conclusions

5	59	1,269	5	26,030
Papers published demonstrating outcomes	Healthcare organisations involved	Patients involved with research	Years of R&D across the innovation pathway	healthy choices maede

NIHR | National Institute for Health Research

Randomised Control Trial in primary

- Improved health outcomes for patients with diabetes
- Improved quality of life
- Improved patient engagement
- Improved efficiency for Healthcare professionals
- £33:1 ROI for system

Control group (usual care)

1.75% avg increase in HbA1c

Active group (app access)

7.37% avg reduction in HbA1c

NHS Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Tier 2 and 3 Medical Weight

- Higher weight loss
- Improved patient experience
- Higher motivation
- Improved health literacy
- Lowered delivery costs
- Reduced health inequalities
- Better understanding of patient needs

Non-Healum users

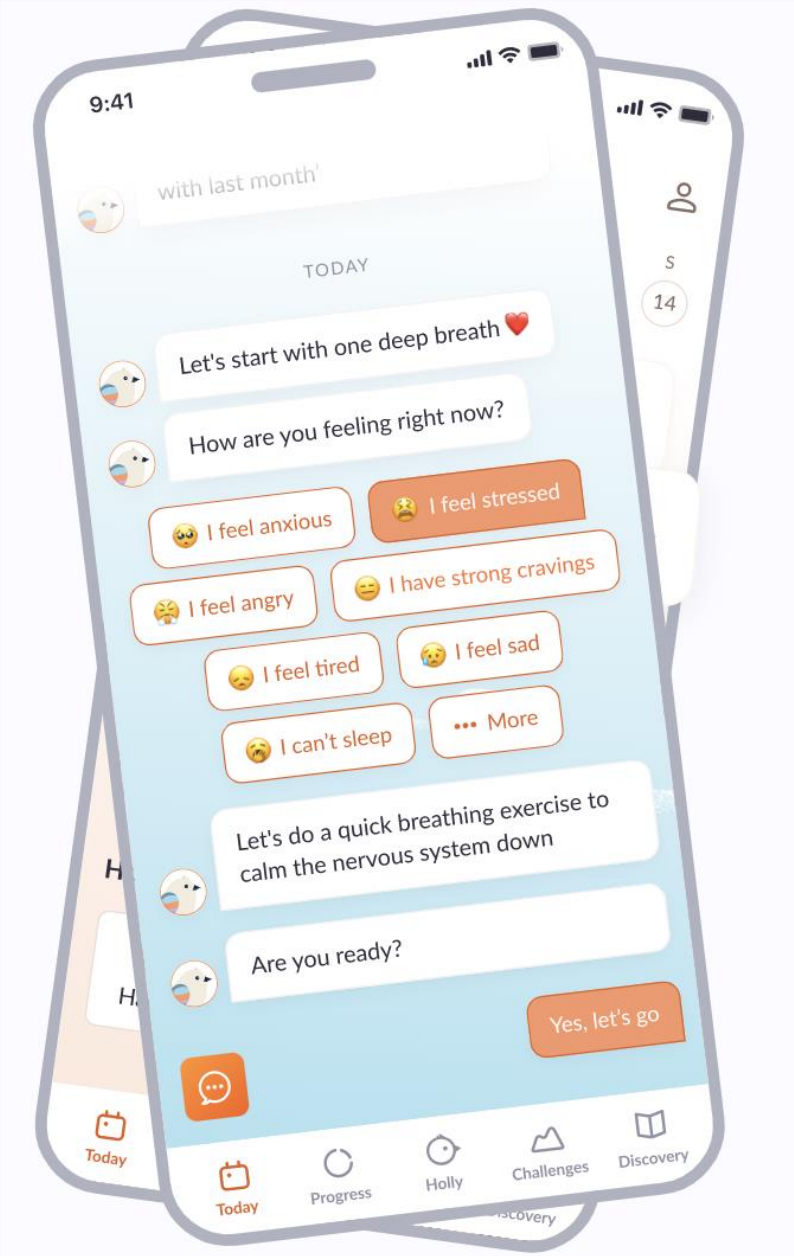
15% lost weight

Healum app users

75% lost weight

Holly Health

Personalised health coaching platform, supporting patient self-management for long term conditions and multimorbidity

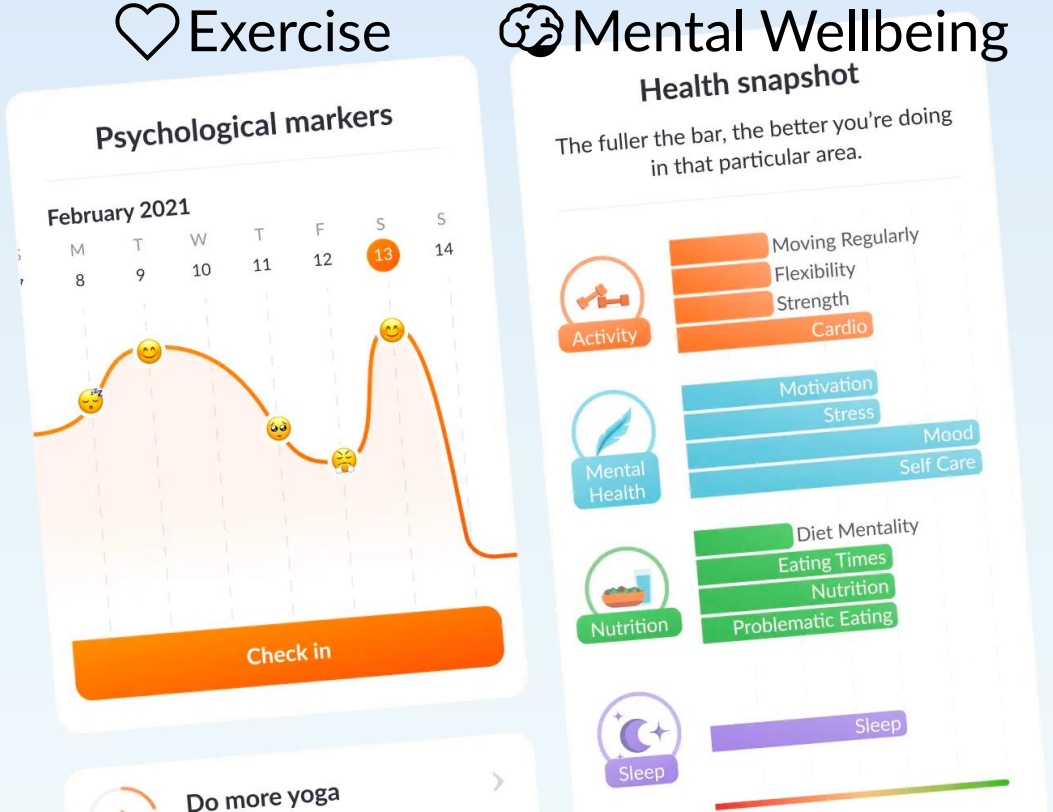


grace@hollyhealth.io

Holly Health offers personalised health coaching for the ‘unsupported middle*’ (*not health optimisers and not severely unwell)

Hol-istic habit support areas:

- Sleep
- Relationship with food
- Exercise
- Mental Wellbeing



User Journey:

- Invitation to use Holly (from doctor or provider)
- ‘Behavioural health check’
- Personalised habit setup
- Daily nudging, compassionate coaching, gamified habit tracking
- Health outcomes tracking (mental health, blood pressure, energy, Hba1c etc)

>30,000 users

>25 Partner PCNs

WWW SMS

The AHSN Network NHS England
NHS Innovation Accelerator

4.4 app store rating

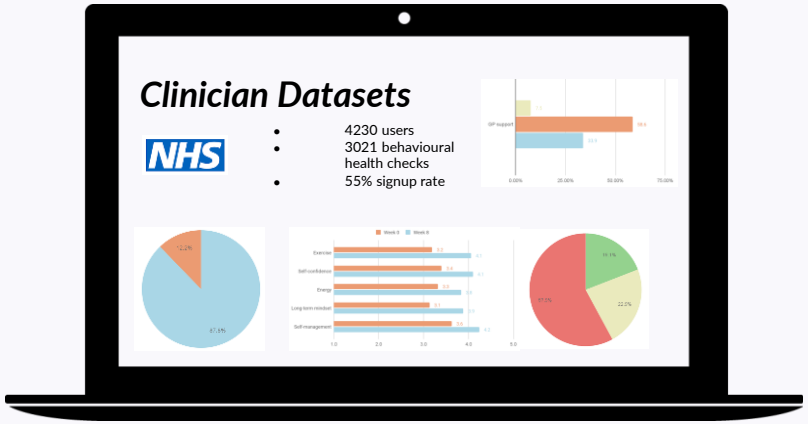
Built for clinical adoption.

Enabling self-management in the patients that clinicians don't have time to support.

Both General and Targeted Condition Support

- Anxiety, depression
- Hypertension
- Reduced mobility/ healthy ageing
- Weight management/ type 2 diabetes
- Women's health/ perinatal

Targeted support = habit recommendations, specific content & CBT-based exercises



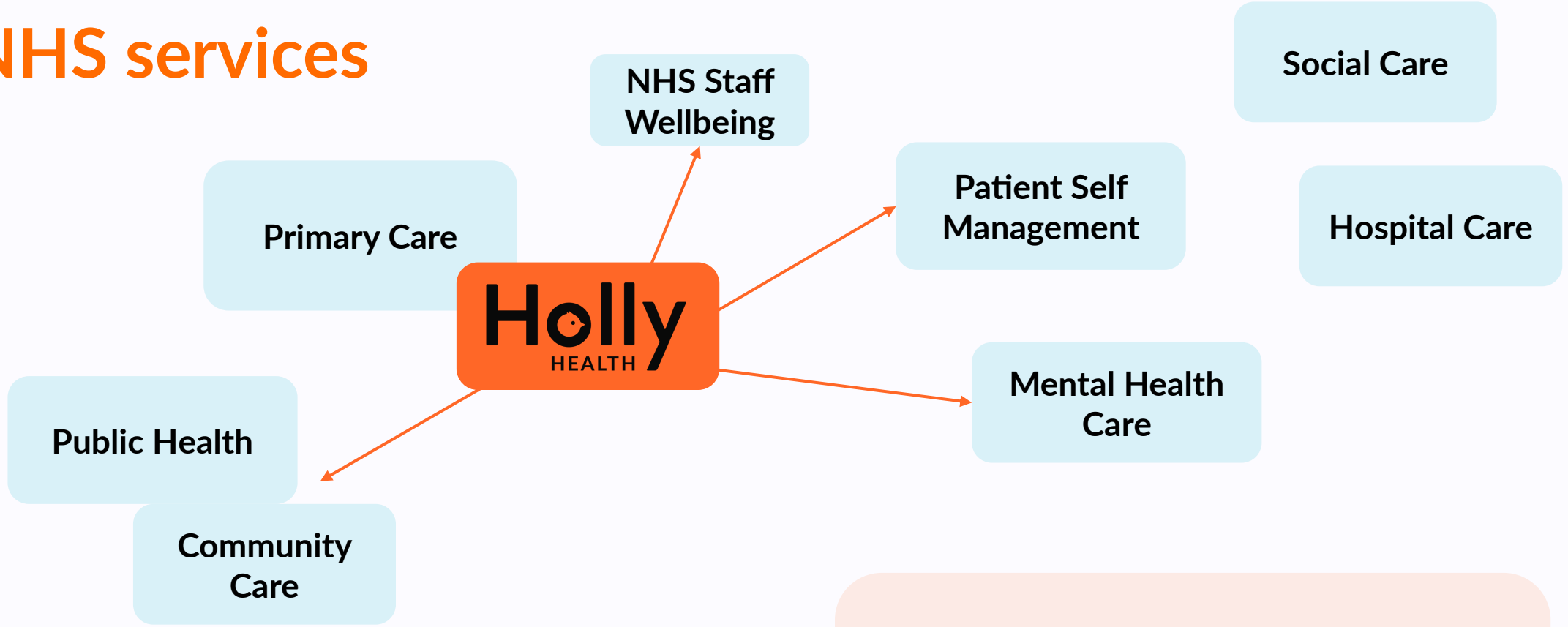
- **Rapid Deployment Model**
  Reaching thousands of patients in little time, using existing clinical infrastructure
- **Enables patient self-management**
  Minimal clinical burden
- **Data-rich clinician dashboards / reporting**
  Supporting population health agenda

Average User

- 'Unsupported Middle'
  - Not health optimiser
  - Not severely unwell
- 55 years old
- Skewed towards women
- Multiple long term conditions

Holly Health Supports an average of 350 people per GP clinic, per year

Where Holly Health fits into NHS services



Supporting you to:

- Reduce waitlists
- Alleviate pressures on staff
- Prevent issues before they need referral

Cost = From 30p per patient per year, for unlimited staff and patient use (around £14,000 per PCN)
Reimbursable via Quality Improvement QOF

Aintree PCN Holly Health Deployment

Key Stats

775
Local patient sign-ups after 1 SMS invite from GP!

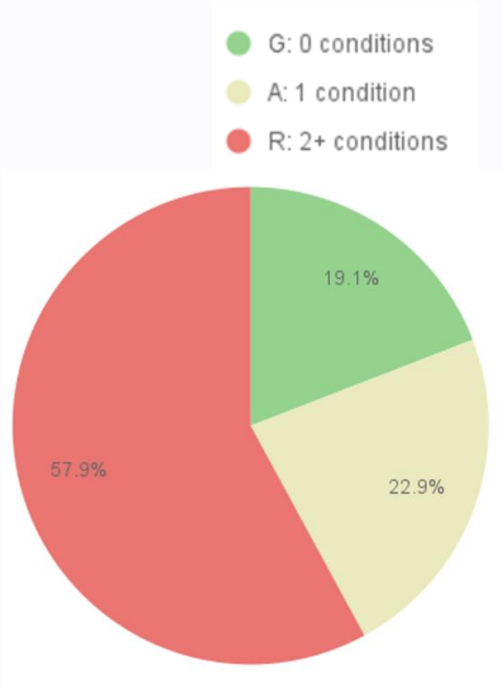
Week 8 Changes

- Average 14% **increase in energy**
- Average 8% **reduction in stress**
- Average 9% **ONS-4 improvement**
- Average 10% **exercise increase**
- **Fewer GP appointments!**

Challenges

58% Aintree users have **2 or more long term conditions**

Top conditions:
Anxiety (33%)
Depression (27%)
Hypertension (24%)



Baseline data:

- 66% not achieving moderate exercise guidelines
- **40% have under 1 fruit or veg portion per day**
- 59% are tired most days
- **47% get under 6 hours sleep a night**
- **44% have high levels of anxiety**
- 35% have high or very high stress

User Feedback

"I have really enjoyed this holly app it has helped me to drink more water twice a day sleep a bit better done some gardening yesterday and to start to feel better about myself and with my confidence"

"The idea of it is brilliant. I'm gonna say I do I do like the sort of the accountability."

"there are so many different things you can locate in one place. You know, it's not just all about, say movement. It's about different aspects of health"

Holly HEALTH

Thanks!

Email: grace@hollyhealth.io

hello@hollyhealth.io

www.hollyhealth.io

Health Innovation East Midlands

Innovator Q&A

Please raise your hand to ask a question or type questions into the chat

Register your interest

Health Innovation East Midlands

- Please open the surveymonkey link from the chat to tell us who you would like to hear more from
- We will be making introductions following today's event
- Remember there is the potential for HIEM support to innovative projects – contact dawn.plummer@nottingham.ac.uk to discuss the opportunity further
- We will send out the link to the recording if you want to watch any of the presentations or pitches again or share with colleagues

Health Innovation East Midlands

Thank you for your time today