

# HEALTH TECH DIGITAL MAGAZINE

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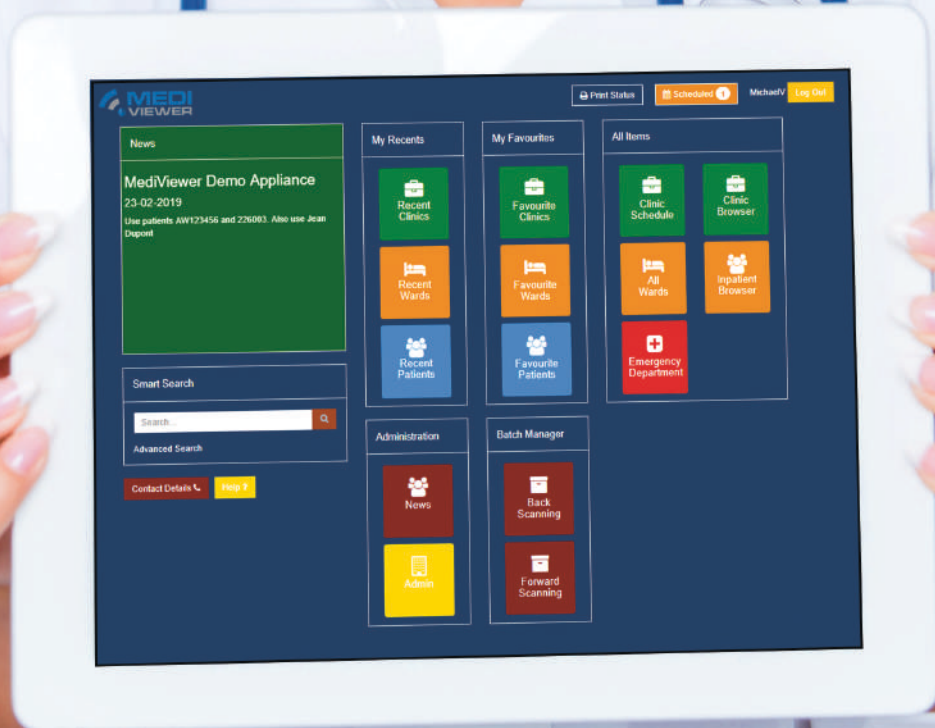
## COVER STORY:

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July 2019

## ABOUT US

### HEALTH TECH DIGITAL

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Health Tech Digital brings healthcare professionals, thought leaders and healthcare technology companies together by providing a comprehensive online and print magazine, e-newsletter and Health Tech TV covering every aspect of the healthcare technology sector in the UK. We make it easy for healthcare professionals to find solutions, read case studies and connect with companies who are pioneering the digital transformation of healthcare in the UK.

### SIGN-UP TODAY

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Health Tech Digital covers the entire digital transformation journey, from learning about a solution, hearing about new funding and health-tech news, reading case studies, learning about integration, interoperability, security, infrastructure, hardware, equipment, commissioning and procurement. Join over 30,000 healthcare professionals by signing up to our newsletter today.



# WELCOME

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In this issue of Health Tech Digital Magazine we cover industry news and hot topics from the month of June/July providing you with a full month view of the sector in the UK as a whole.

Matthew Gould delivered a talk about his new job he started last Monday with NHSX as Chief Executive Officer and his plans. Chris Whitty has been appointed as the new Chief Medical Officer for England and the UK government's Chief Medical Advisor. Professor Whitty is responsible for the National Institute for Health Research (NIHR), the department's research and development, and is currently the Chief Scientific Advisor for the department of Health and Social Care.

We write about how the NHSX works to drive technological improvements within the NHS to improve the experience for NHS staff, clinicians and patients.

Linda Watts, GDE Programme Manager & Head of Health Records at Imperial College Healthcare NHS Trust, shares the Trust's paperless journey to date, and explains how deploying an electronic document management system (EDMS), has resulted in reduced costs and faster patient care.

We cover three intuitive healthcare technologies in our "Technology in the spotlight section". MediViewer™ a leading EDM solution transforming patient records, Verto: Supporting Integrated Care Systems by providing a structured approach to establishing and managing a project and the DrugStars app - making it meaningful for patients to take their medication.

We had a fantastic time at the Digital Healthcare Show (part of Health + Care) the other week and watched excellent presentations which were planned throughout the two day event. All in all it has been another exciting month for healthcare technology in the UK and prepare for it to get even faster as hospitals and healthcare establishments assess and continue to digitalise our healthcare system.

**Tracy Williams,**  
Editor and Marketing Director



## Would you like to get involved?

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There are many ways for you to get involved with Health Tech Digital. Health Tech TV, our new YouTube channel is where we will be sharing healthcare technology information on key topics relevant to the digital transformation of the UK healthcare sector. If you are a healthcare professional and you would like us to film your talk about the digital transformation of your trust or if you are a professional who has knowledge on a particular aspect of digital health, we would like to hear from you.

If you are a healthcare technology company, we are always interested to hear any news you may have or a solution overview and case study. Contact us today if you would like to get involved.

**Email:** [info@healthtechdigital.com](mailto:info@healthtechdigital.com)

**Website:** [www.HealthTechDigital.com](http://www.HealthTechDigital.com)

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## Matthew Gould, the new Chief Executive Officer of NHSX

**M**atthew Gould delivered a talk about his new job he is starting on Monday with NHSX as Chief Executive Officer and his plans.

In the last month he has been on a journey right across the health and care system visiting hospitals, dentists, care homes, hospices, some of the most digitally advanced sections of the system and others which still run almost completely on paper. The idea of NHSX is that it is a new single lead point for the NHS and for social care working closely with NHS Digital to make things happen from a single place, pulling together the Department of Health and Social Care's ability to set policy, NHS England's links to the whole system, NHS improvement's spend controls and much more. Gould doesn't believe that he will be starting from scratch and things that went before were not worthless. Gould will inherit a brilliant team with excellent programs in flight.

### What is different in 3 key points:

1. NHSX will not go for big bang projects, sitting at the centre and trying to impose single solution systems on 240 different hospital trusts or every CCG. There needs to be freedom for the systems to work out their own answers which we can learn from and share lessons across the system. Gould's focus is going to be on standards and the most important thing he plans to do will be to set rules so that our systems can talk to each other, be secure and keep patient data safe. Within those rules Gould plans to let local NHS organisations buy or build whatever they need as they know the needs of their staff and patients far better than he could at the centre, enabling each local NHS organisation to control the technology they use. Ideally there shouldn't be a need for a single

giant NHS patient database because all the different databases will be able to speak to each other.

2. NHSX does not plan to try and do everything on their own, the goal is to keep the centre thin and create platforms on top of which other people can innovate from inside and outside the system. Some functions make sense to do centrally, for example screening and booking. There will still be a role for the centre lead by NHSX to procure or build those central functions. Not everything that happens in technology has to be dreamt up and paid for from the centre but rather that the centre provides a platform for innovation, and then doctors, technologists and managers in hospitals can see the needs and opportunities. These are the people who can innovate in ways that we won't be able to even dream of and do so using the platform that NHSX creates.
3. There will be a focus on capability across the system so that all its component parts have the ability to do the things we are talking about, skills, equipment and the money they need to transform. Incremental improvement and not grand digital projects will be a focus with standards and platforms at the forefront, trying to divert resource to the front line where better technology can make the most difference.

### What does this mean for the work of NHSX?

Gould has set 5 missions for what NHSX will do based on real world outcomes to deliver on:

1. To reduce the burden on clinicians and staff so they can focus on patients.
2. To give citizens the tools they need so that they can access services and information directly.
3. To ensure that clinicians can access information safely from across the system where it is needed.
4. To aid the improvement of patient safety.
5. To help improve productivity using digital technology.



## Chris Whitty: New Chief Medical Officer

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**T**he Cabinet Secretary has publicized that the new Chief Medical Officer is Chris Whitty. Professor Whitty will also be the UK government's new Chief Medical Adviser.

Chris Whitty has been appointed as the new Chief Medical Officer for England and the UK government's Chief Medical Advisor. Professor Whitty is responsible for the National Institute for Health Research (NIHR), the department's research and development, and is currently the Chief Scientific Advisor for the department of Health and Social Care.

Professor Whitty has other impressive titles like being the Professor of Public and International Health at the London School of Hygiene, a Gresham Professor of Physics and a practising NHS Consultant Physician in acute medicine and infectious diseases at University College London Hospitals.

After an external recruitment competition, Professor Whitty has the support of the Prime Minister as the new Chief Medical Officer. The current Chief Medical Officer, Professor Dame Sally Davies, will be replaced by Professor Whitty, as she will be taking up her new role in October 2019 as master of Trinity College Cambridge.

Many are excited to have Professor Whitty on board, and look forward to the progress that can be made within the NHS and the government. Professor Whitty's expertise and experience in the different sectors of the healthcare system and management, will undoubtedly drive the healthcare system in the UK forward, and make a positive impact on the new improvements and plans being implemented.

Health and Social Care Secretary, Matt Hancock, said:

"Professor Chris Whitty will make an excellent Chief Medical Officer, bringing his extensive clinical experience and a passion for keeping the nation healthy.

I can think of no better person to lead the fight against infectious diseases, public health threats, and lead the medical profession to continue keeping us as healthy as possible".

Sir Chris Wormald, Permanent Secretary at DHSC, said:

"I am delighted that Chris Whitty has been appointed as the Chief Medical Officer for England.

He is doing an excellent job as Chief Scientific Adviser and will bring to his new role a wealth of relevant experience from his previous roles in public health, most recently as Professor of Public and International Health at the London School of Hygiene and Tropical Medicine and as an NHS consultant.

I look forward to working with him in his new role".

Professor Chris Whitty said:

"It is a huge honour to be given the opportunity as Chief Medical Officer for England to be able to support colleagues in public health, the NHS and social care around the country to improve the health of the nation.

I look forward to working within DHSC and across Whitehall to support the government in leading the nation's health and care".

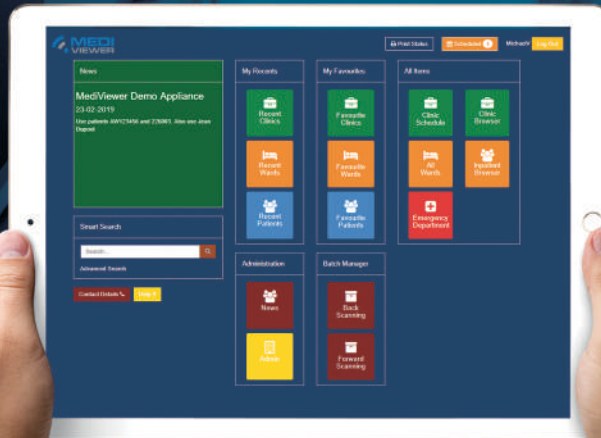
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# Electronic Document Management System

designed specifically for healthcare to deliver a paperless NHS.



## Features

### Secure and Fast

MediViewer™ is extremely fast and intuitively easy to use, the need for patient privacy is fully observed and supported by a comprehensive security model.

### Mobile Enabled

Hospitals can scan, index and archive paper medical records and access them quickly through an intuitive fully mobile, touchscreen enabled user interface ready to use on any device.

### SmartIndex™ Technology

MediViewer™ makes sense of all your clinical information with our built in document classification engine. Applying logic and smartindex processing to enable your users to find exactly what they are looking for, easily and seamlessly.

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# NHS Integrated Care System to help more than 20 million people

The “integrated care system” (ICS) has expanded to 3 new areas which will serve 21 million people and give them improved health and care. Three million people will be serviced in the North Cumbria and North East alone making them the country’s largest ICS.

Health and care organisations in the third new area comprising of Oxfordshire, Berkshire West and Buckinghamshire, will work together to join services. South East London will become the first ICS in the capital.

Each of these areas share a common vision to better health and care, backed up by hefty financial and operational plans. Collective accountability and leadership will also be proposed.

The 12 earliest integrated care systems which were announced in 2018, precede these areas, as well as two delegated health systems in Surrey and Greater Manchester.

Response times and performance are being improved by ICSs, and are also giving people care closer to where they work and live. The ICSs are also helping people stay healthy and independent for prolonged periods of time, and are also improving performance and response times in areas like A&E and cancer.

NHS hospitals, councils, GP’s and care homes are all organisations that have made many changes to the health and care systems possible.

Many of these changes include patients in Gloucestershire receiving 100 000 more GP appointments. Paramedics and physiotherapists will be making extra home visits, and advice about medication will be made available from clinical pharmacists who are based in GP’s surgeries.

Another improvement will be that Dorset’s 800 000 residents will have a single care record. This will allow the health and care professionals to access the same information as it is being updated on the system. With the information being merged in this way, patient’s medical history and records will be visible to all medical professionals they consult. This will

drastically improve the care they receive, and also have their needs met and understood more efficiently and more timeously.

**Cllr Ian Hudspeth, Leader of Oxfordshire County Council said:** “The move to integrated care across the country gives us the opportunity to really make a difference for our residents and communities. Locally, I’m convinced that working together in partnership with the NHS we will deliver huge benefits to the health and care system and will improve the health and wellbeing of Oxfordshire’s residents.”

GP’s, mental health, pharmacists and others will come together and financially invest and contribute to do more in community settings. This will ensure that the systems will be built on primary and community care which will be the foundation of primary care networks which will bring these various teams together.

These professionals in the healthcare industry will lead the way and develop a shared and in-depth understanding of people’s health needs. They will use population health management technology to identify those at strong risk of different medical conditions and support them as early as possible.





# NHSX User Research To Improve Technology And Experience

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**T**he NHSX is focusing on user research in a bid to improve technology within the NHS. Through user research, NHS patients, staff and clinicians can help to improve the healthcare experience for the benefit of everyone. A huge focus for improving the healthcare experience is through technology. However, the NHSX knows that the only way that technology can improve the user experience is through understanding more about the people who use it.

User research is the chance to understand what people do. However, often, people confuse user research with simply looking at what people want. Instead, it should focus on what people do, the ways they go about it, and why they do what they do. Instead of looking for opinions, user research focuses on behaviours, and that is exactly what the NHSX wants to understand.

So, instead of asking individuals to say they want, or what they think would be good, they are seeking out users to use technology. Through this, researchers can see the problems where people get stuck, and in what situations they may use the product or service.

The NHSX is focusing on user research as a way to uncover problems for the NHS and to create solutions that can assist users in the context they are in. By focusing on what the issues are, it becomes easier to design a solution that will work in a particular setting. When NHSX develops solutions, they task users with looking for problems during the initial alpha phase.

## How to conduct user research

Consequently, the NHSX has recommendations for how to conduct effective user research;

### 1. Uncover user behaviour

Typically, users get in touch with a provider when they uncover a problem. It is vital to track and record all customer communication from helpline calls to emails, website feedback to face to face communication.

### 2. Look for evidence

What people say and what people do can be very different. So, it is best to observe users to fully understand what they actually do, rather than what they say happens. You can compare finding between what users say and do to look for patterns in behaviour.

### 3. Focus on disproving rather than proving

When searching for a solution, it becomes easy to have a tunnel vision where you look for information and data that supports what you think. Known as confirmation bias, this may mean you miss valid data that disproves your theory or shows that your solution may not be effective. Try to prove yourself wrong rather than prove yourself right.

### 4. Keep researching

One method of research with one group of users will not be enough data to spot patterns or to find a solution. It is important to keep researching with new and different groups in a range of scenarios to help provide all of the answers that you are looking for. Keep learning, altering, measuring and improving.

### 5. Accept your limits

For most, there will be limits in research, whether its time, money or environment. It is important to be aware that these limits may inhibit your findings but find the solutions that work well within the constraints you have.

Did you know you can join the team of user researchers at NHSX? Email [ben.showers@nhsx.nhs.uk](mailto:ben.showers@nhsx.nhs.uk) to find out more.



The Bexley Health Limited Referral Management Service ensures patients are seen:

AT THE RIGHT TIME, IN THE RIGHT LOCATION, BY THE RIGHT CLINICIAN



# REFERRAL MANAGEMENT

- ▶ Optimises patient experience and choice
- ▶ Improves referral outcomes
- ▶ Delivers savings to the Healthcare Economy
- ▶ Fully compatible with the NHS e-Referral Service
- ▶ Assists Organisations in meeting the needs of the NHS Five Year Forward View & Paperless 2020
- ▶ Ensures compliance with local referral guidelines
- ▶ Delivers detailed reporting and analysis of local referral trends to drive improvements

## Who We Are

We are an established GP led, patient focused company with 10 years experience. We specialise in patient administration from point of referral into eRS right through to appointment, navigating choice and appointment availability.

We work closely with CCGs, hospitals and GPs in the development of clinical pathways, standardising referrals and providing clinical triage to improve and optimise referral outcomes & patient experience. This saves the health economy time and money through clinical, operational and administrative improvements.

## What We Do

Our journey at Bexley Health Limited (BHL) over the last 10 years has enabled us to grow into a company that confidently offers referral triage, patient administration, GP Education and a number of community facing services.

## Patient Administration

BHL contacts a quarter of a million patients each year providing a single point of contact following referral to enable patients to discuss choice, transport needs, book an appointment, change an appointment or find the progress with a referral. We support practices to focus on the needs of same day and chronic patients by diverting secondary care related appointment calls to our centre and support patients to navigate the health system.

## Referral Clinical Triage

We have seen a downward trend in referral volume across the 5 CCGs we have been working with across the last 10 years with reports that outpatient demand has fallen to levels not seen since 2008. We work hard to support CCGs to realise their savings by focusing our clinical triage efforts on high demand specialties utilising a team of local clinical triagers, implementing national best practice and optimising referrals so that a patient is seen in the right outpatient clinic first time and managed accordingly into an elective pathway. Resources are also better used across the health economy because a patient is attending having been appropriately managed within primary care and community services, referrals have adequate and appropriate information to facilitate correct triage and duplication of effort is minimised.

## GP Education

Working closely with clinical triagers and hospital consultants, BHL run a number of education events aimed at GPs. Themes and trends from referral triage are identified from which appropriate trainers are invited to run case study sessions or provide a lecture followed by questions and answers.

## Service Provision

Bexley Health Limited now offer a range of community services including:

- Referral Optimisation Service/Referral Management Service
- Anticoagulation Service
- Community Minor Surgery Service
- Community Dermatology Services
- X-PerT Diabetes Service

## Reporting and Clinical Audit

Using our database and clinical resources, BHL undertakes a variety of audit projects on behalf of CCGs to underpin service redesign or to inform commissioning and decommissioning decisions.

We develop reliable referral data and identify trends in referral patterns that we communicate to commissioning colleagues and member practices to aid decision making and to support the development of innovative solutions to healthcare problems.

## Find Us @

Bexley Health Limited is based at River House, Bexley High Street, Bexley, DA5 1JX.

Here you can find our operational managers and core administrative team Monday to Friday 8am to 6pm and Saturday 9am to 12noon.

As we use eRS and are therefore web based our physical location does not hamper our ability to offer referral optimisation services.

## Why Work With Us?

Our focus is patient experience. We ensure that the challenges potentially facing patients following a GP referral, are minimised through our understanding of local hospitals and community services and our navigation of their referral through them on their behalf.

By working in this way we can

- Assist with dependant populations
- Support patient choice
- Enable referral tracking at any stage
- Reduce 'Did Not Attends' due to patient choice of date and time
- Ensure compliance with locally agreed pathways
- Optimise local resources and increase transparency which enables effective and efficient commissioning
- Ensure highest levels of e-RS utilisation
- Deliver savings to the local health economy
- Optimise and standardise referrals
- Free up valuable clinical time due to reduced administrative duties



**Bexley Health Limited**  
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## NHSX: Providing Patients With Technology

**T**he NHSX works to drive technological improvements within the NHS to improve the experience for NHS staff, clinicians and patients. Consequently, NHSX has just undertaken a review of technology spending across the whole NHS to determine three critical factors for the future of technology in the NHS. The three review questions are;

1. What are the technology priorities?
2. How can we live within our means?
3. How can NHSX align with the NHS Long Term Plan and Tech Vision?

The result of the review is that one of the main priorities for the NHS is interoperability. Currently, there are many systems in use across the NHS, but that cannot communicate with each other or share data and information. This means that a patient's journey throughout multiple medical settings could be challenging. For example, the patient may have to continually repeat their medical history, wasting time and it means that changes in medication can't be seen by all stakeholders, such as paramedics, surgeons and the regular GP.

The issue with data that the NHS is not sharing is that it can put the lives of patients at risk. This is because many clinicians treat patients without full information.

Another priority for the NHSX is to improve systems that are currently painfully slow and wasting time for all of the already-stretched NHS staff. Similarly, the NHSX also needs to focus on improving the digital experience for patients, too, such as receiving test results or booking appointments.

From these discussions, the NHSX has created their priority delivery missions which include;

- Providing individuals with the direct access tools they need
- Allowing the information to be safely accessed throughout the NHS
- Reducing the pressures on NHS staff and clinicians
- Improving patient safety
- Enhancing digital technology to improve NHS productivity.

### Digital transformation programmes

The NHS review has resulted in several different digital transformation programmes. There are currently ten in progress which include a citizen ID and NHS app, digital child health, primary care and urgent and emergency care. These will all help to determine smarter, more cost-effective ways of working that can benefit the patients and staff of the entire NHS system.

# Key Learnings From NHS Hack Day

**R**ecently, a diverse group of clinicians, designers, developers and programmers met up for a weekend to hack the NHS. This fully supported project was a chance for people to use NHS data and its technology alongside new technology and systems as a way to come up with prototypes that may help the NHS.

The NHS Hack Day used only publicly available data, so not private and confidential information was shared. Secondly, only open source tools were available too. Throughout the weekend, the group created a range of demo products to show just what can be achieved through open data and tools.

One demo was a voice technology system like an Amazon Alexa that can help users to find out key NHS information such as the waiting times at the nearest A&E department or information about parking at hospitals and the rating scores and systems for the hospital.

## An NHS Voice Assistant?

Through feedback from Twitter, the NHS Hack Day began to uncover the needs and abilities of what a voice technology system can do, alongside any problems that people may face.

For example, it is quite difficult to determine the waiting times at A&E as it depends on the symptoms the patient has. As a person suffering a heart attack will be seen much more quickly than a suspected fracture. Instead, the hack team posed the question differently as 'how many people are currently waiting in A&E?'. This type of question gives a quantifiable amount.

Other feedback came back that makes a voice assistant quite a complicated system. Problems such as NHS hospitals with the same name can cause confusion. Similarly, there is a lack of data; for example, the number of car parking spaces currently available, which can mean a voice assistant isn't particularly helpful.

The researchers found that while users may be asking a voice assistant a simple question, this can quickly manifest into a long conversation and a complicated decision tree between the device and the user. As a result, it may be too difficult to use when the information may be better obtained elsewhere.

For a voice assistant to be useful for NHS users, it is essential for data to be shared so that users can get the information they are looking for. Currently, many NHS providers do not share data, or there are different access requirements for specific data sets.



# Medicine Procurement Exercises To Test No Deal Brexit Plans

**T**he government is conducting a range of procurement exercises to help plan for freight capacity in the event of a no-deal Brexit. These exercises, led by the Department of Health and Social Care, will be a bid to secure an express freight service. The goal is to transport medical supply consignments within 24 hours into the UK if Brexit without a deal occurs.

The focus of the procurement exercises is to ensure and support an uninterrupted medical product supply when there is an urgent need. It can also help to limit the risk if a supplier's logistic plans are interrupted.

Further plans for a freight capacity framework are also being introduced as a way to secure critical supply chains. Medicines and medicinal products are considered a priority for all procurement and supply chains.

This procurement exercise is part of a wider government plan to improve supply chains and minimise any potential

disruption, such as the implications of a no-deal Brexit. The focus is not only of freight capacity but also creating buffer stocks where they are needed. These buffer stocks will be for medicines, blood and transplants, vaccines and clinical consumables. They will also include supplies for clinical trials and medical devices.

As well as buffer stocks, the government also has to consider the additional warehouse space they require, the readiness levels of suppliers and traders in the industry as well as any changes in regulatory requirements that may occur through a no-deal. Another risk factor is shortages, and the government is planning the necessary arrangements and protocols should shortages arise.

The government continues to state that obtaining a deal when leaving the EU remains a priority. However, the Department of Health and Social Care are continuing to coordinate contingency measures to ensure patient care is not at risk.



# Mental Health at the top of the agenda as PM launches new mission

**O**n 17 June, the Prime Minister revealed a new prevention plan which states that all new teachers will be taught how to identify the signs of mental health issues.

Better access to training, support and education will be made available across communities to revolutionise society's approach to mental illness. These skills will ensure that people will have the confidence and know-how to identify mental health issues in young people.

Extra support will be given to social workers, schools, local authorities and healthcare services. They will be trained to promote good mental health the same way physical health is being encouraged.

Prime Minister Theresa May said:

"Too many of us have seen first-hand the devastating consequences of mental illness, which is why tackling this burning injustice has always been a personal priority for me.

"But we should never accept a rise in mental health problems as inevitable.

"It's time to rethink how we tackle this issue, which is why I believe the next great revolution in mental health should be in prevention.

"The measures we've launched today will make sure at every stage of life, for people of all backgrounds, preventing mental illness gets the urgent attention it deserves."

A new campaign called "Every Mind Matters" will be launched in October. This will increase public awareness and educate people on how to look after their mental health. From next year, parents will also receive education through the campaign and will learn how to deal with issues like online bullying, self-harm and stress.

Financial difficulties are a major contributing factor to mental illness, so the government will launch a



scheme to assist people with problem debt. The scheme will provide assistance by postponing debt collection while people look for support and this will prevent mental health problems.

The Prime Minister announced that as part of this prevention agenda, £1 million will be given to the Office of Students who can compete to find new ways to support mental health at colleges and universities. New evidence will also be found for the best ways to support children who have been abused and neglected.

Action against the unequal and undignified treatment of those in mental crisis will be included in the overhaul of the Mental Health Act. Banning of keeping people suffering from mental illness in holding cells as a place to detain them will be included in the legislation.

The Prime Minister stated that a White paper will be published before the end of 2019, following Sir Simon Wessely's review of the Mental Health Act. The steps that will be taken to eradicate the unfair treatment faced by ethnic minority groups will be set out in the document.

Professor Sir Simon Wessely, Chair, Independent Review of the Mental Health Act, said:

"Theresa May deserves credit for drawing attention to those with the most severe mental illnesses yet who are the most overlooked.

"The recommendations of the review of mental health legislation that she commissioned have been warmly welcomed from all sides but now need to be acted on.

"Today's announcements are a further welcome step towards that goal".



## Digital records – just what the doctor ordered

**L**inda Watts, GDE Programme Manager & Head of Health Records at Imperial College Healthcare NHS Trust, shares the Trust's paperless journey to date, and explains how deploying an electronic document management system (EDMS), has resulted in reduced costs and faster patient care.

Imperial provides care for around a million people over five hospital sites across north-west London every year, and the Trust has a long track record in research and education, influencing clinical practice nationally and worldwide.

The digitisation of paper health records is a challenge that every healthcare organisation has to face as it moves towards greater use of digitised workflows and electronic access to patient records.

As the NHS moves towards greater digitisation of

processes, we all go through an awkward period of hybrid working, where we've got to marry old paper-based processes with new digital ones. In addition to our new electronic patient record (EPR), there is a huge legacy of paper-based patient records, many of which remain critical to care as we digitise. The longer this hybrid working continues, the more challenging it becomes to the whole programme of digital working within our hospitals.

I joined Imperial in 2016 as the Head of Health Records, and my main remit was to manage the complete digitisation of the Trust's patient records. It soon became apparent that we were spending around £500,000 per year – far too much – on storing paper. We also had three main record libraries that were occupying prime floor space. These were mainly records of active patients: anyone who had had an appointment in, say, the past 18 months.



We had in the region of one million records in total on-site. We also had 113 records staff to manage these libraries across all locations, as well as the continual movement of files around our hospitals and regular interaction with our offsite store for all other records that were located there.

This came to about 111,661 boxes of physical records, with each box holding an average of 12 sets of records each. That's in the region of 1.3 million records offsite, with around 150 pages per record on average. That's more than 350 million pages in total to scan. Our plan is to scan the first 500 thousand records, around 75 million pages, including all on-site records, and then review and work out the best process for handling the remainder of our archive after this period. As we achieve more clinical adoption with our electronic systems the need to scan more of these notes may subside over time.

I knew there must be a more efficient way to store our offsite records, and my instinct was confirmed when I reached out to Xerox for advice. I'd worked with Xerox during my time at another Trust, and they really stood out for their responsiveness and care, as well as their knowledge about document digitisation.

With their expertise to back me up, we moved from box-based to open-rack storage.

**In the summer of 2019, we will begin using MediViewer by IMMJ Systems. MediViewer's primary goal is to enable hospitals to scan, index and archive paper medical records and access them quickly through an intuitive user interface. It is fully integrated with our Cerner EPR, and provides a complete view of a patient's health record. In fact, MediViewer is integrated to the point where not only are patient records loaded in full patient context, but with an embedded window from within our Cerner EPR.**

For Imperial, IMMJ Systems MediViewer EDMS was the best solution offered in terms of value, speed, functionality, ease of use, mobility, and technical architecture, coupled with the company's ability to support our change and transformation needs. It's a software-as-a-service system, which we specifically wanted because it avoids infrastructure investment

and is natively designed for scalability and ease of access. It's accessible via our HSCN networks and is hosted by UKCloud, a specialist provider of hosting services to the UK public sector. So it meets our security and data sovereignty requirements. In fact, when we complete the first phase of scanning, the MediViewer EDMS will host the most amount of scanned digital records from a cloud-based platform in the UK.

### **Why do we need an EDM?**

When we started this paperless journey, we were driven by the fact that implementing MediViewer equated to less than the price of storage for our records over the course of five years, but also provided a unique and intuitive platform for our clinical and non-clinical users to retrieve and access records.

We were not initially focused on the additional features and functionality that an EDMS can provide to clinicians. I was actually told time and time again by some of our clinical staff that we didn't need an EDMS, and that there is no value in what we are scanning.

Today, however, we can see that the case for investment in an EDMS solution is compelling to clinical staff. It can offer significant improvements in operational efficiency, and improve decision making, as well as associated cash-releasing benefits.

We've had very positive feedback from our clinicians. **The technology is intuitively easy to use and its speed means response time between pages is almost instantaneous.** It provides a greater oversight of case notes, regardless of location, ensuring that the documents can be found easily.

Our ambition at Imperial is to get to zero paper records. We have a five-year strategy to achieve this and we're now very confident about our progress.

We are currently deploying MediViewer, with a planned go-live date of mid-July.

*At the next Healthcare Partnership Network, taking place on the 16th and 17th July, at Oulton Hall in Leeds, Linda will be sharing the paperless journey to date of Imperial College.*



## Five steps before killing your healthcare idea

**H**ealthcare, as an industry, is in urgent need of innovative, yet robust business models. We present a 5-step framework for getting from whiteboard to boardroom. “With a robust and structured process in place, innovation in healthcare can re-emerge,” said Frederik Bohn, Venture Developer at FoundersLane.

### A 5-step healthcare innovation framework

With a robust and structured process in place, innovation in healthcare can re-emerge. The following framework is tailored to participants who are already active in the healthcare sphere and aim to create new innovative digital solutions.

In healthcare, many great ideas run out of oxygen, simply because they fail to understand the multifold challenges manifest in the industry. Therefore, the first three steps of this framework provide a system to gain a thorough understanding, before deciding whether to proceed with your idea.

### Step One: Healthcare Ecosystem & Value Chain

In the beginning, it is essential to identify valuable insights along a tailored value chain. Map out the activities in your targeted field from end-to-end and be as specific as possible. Medical devices, for example, start with prototyping in research and development, before they move to preclinical testing to obtain approval and so on. Map out the relevant stakeholders in each of the steps. Who is doing the preclinical testing, who is needed for tests, who is signing a potential approval?

By carefully analysing the existing ecosystem—vertical and horizontal stakeholders—you can begin to map out the entire value chain.

### Step Two: Bold Health Challenges

Creating and implementing a new innovative idea is challenging. But, the hard graft of finding a solution is worthwhile if you have the intrinsic motivation to solve a certain problem in the world. Healthcare is not without

its fair share of challenges: pushing new healthcare systems into action, reducing inaccessibility, and driving the adoption of precision medicine. Be bold, but be specific. In the end, your focus should narrow to a few challenges that you would be eager to solve.

One such challenge is improving accessibility to healthcare, which according to Zebra's The Future of Healthcare: 2020 Hospital Vision study, new mobility tech will attempt to solve. In their study, nearly three-quarters of the survey's respondents said mobile technology resulted in better patient care, with more than half suggesting that patient care also costs less when mobile tech is used.

### **Step Three: Inner Strengths**

The essence of this step is to explicitly formulate your strengths and expertise. A useful approach here is the resource-based view: Resources of the firm can include all assets, capabilities, organizational processes, firm attributes, information, and knowledge. But, they must be valuable, rare, inimitable, and organised (VRIO.)

As a medical device producer, you might know how to produce MDR approved devices, have a production-line in place, or have a dedicated sales team ready to push a new innovation into the market. As a clinical operator, you might have the capability to run clinical trials at speed, can generate large-scale patient data, or know the requirements for clinical objects from bedding, lights, or rehabilitation products. Become clear on what you can offer to accelerate innovation and to focus your resources on areas where you hold a distinct advantage.

### **Step Four: innovation tactics**

Innovators, above all, must have a vision. One approach is to define the goal and from there to pull back and plan how to get there. By working backward from the goal, innovators can focus on customer needs and testable steps, but with a defined outcome in mind. The mission is to identify a potential gap in the ecosystem, and to create a pathway that ends up filling that gap and solving a problem.

One vision revolves around leveraging healthcare mobility to solve access inequalities in healthcare. Those living outside urban areas, increasingly lack

the opportunity to receive adequate care when they need it. Knowledge of treatments could be leveraged with technology. Kinderheldin, for example, addresses this issue for midwives.

### **Step Five: Evaluation**

When it comes to the evaluation stage, the idea innovation process combines the trifecta of desirability, feasibility, and viability, as identified by IDEO in the early '00s. What is most important for each of the pillars? Think of the most relevant criteria and rank these from 1-10. On top, a weight can be added to fine-tune each characteristic.

Criteria used to evaluate ideas range from user side factors: the intensity of existing problems to the impact on people's health, business side factors: market size or growth potential, and company side factors: building on core strengths such as utilizing production, treatment knowledge or employees. Watch out if any metric rings an alarm bell when analysed. When an idea makes it this far, the goal then becomes, ironically, to kill it.

### **When to kill it**

Often, it is the case that strategies never take any shape at all, condemned to see out their days as lowly scribbles on a whiteboard. To bridge the gap to the real world, your job is to try to kill your innovation idea—in a structured way. At this point, you have a business case to build on. However, typically it is built solely on assumptions. Assumptions are the mother of all mistakes, but in the case of an innovation strategy, it can mean sudden cardiac death for your idea. Get a pen and paper and write down a maximum of ten assumptions, that if proven true will be a flatline for your idea. Following entrepreneur Steve Blank, graph them out based on your current level of uncertainty and the potential impact on the business case and address the most prescient ones first.

In brief, this framework is just one approach to overcome the unique obstacles in the healthcare industry. But it is a proven concept to carve out a functioning business built on solid foundations.

# Hampshire Hospitals launch new way of working with community pharmacists

**H**ampshire Hospitals NHS Foundation Trust has launched a new way of working with community pharmacists to help patients who have been discharged from hospital with their medicines.

Transfer of Care Around Medicines (TCAM) is a process that ensures patients who need support with their medications after leaving hospital, are supported by their community pharmacist.

This joined-up care means that patients have the support they may need in order to continue to take their medicines correctly, stay well, and avoid any re-admissions into hospital based on avoidable medication errors.

Nationally, it is estimated that 60 per cent of patients have three or more changes to their medicines during a hospital stay. This sometimes makes it difficult for patients to keep track of their new medicine routines once they are discharged from hospital, and they may not realise that they are taking their medicines incorrectly.

TCAM works by the hospital pharmacy team identifying patients who may benefit from closer contact with their community pharmacist and referring them to the patient's chosen local pharmacy. The community pharmacist will then contact the patient to arrange for them to go in for a consultation, which could result in a number of different services or interventions being offered to support them.

Taryn Keyser, deputy chief pharmacist at Hampshire Hospitals, which runs Andover War Memorial Hospital, Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital in Winchester, said: "We are incredibly excited to bring this collaborative way of working to our Trust, so that we can provide the best possible care and experience to our patients.

"Pharmacy is often seen as behind the scenes, but medicines are the most common intervention in healthcare and we see first-hand how our pharmacists make a difference to our patients. By working closely with our brilliant community pharmacy colleagues, we can ensure patients experience the best possible care, even when they leave hospital."

Pharmacy staff are trained to identify patients who may need additional support with their medications and will be making the referrals to the community teams, but patients and family members are also being encouraged to talk to the hospital staff if they feel they would benefit from the TCAM process.

Debby Crockford, chief officer of Community Pharmacy South Central, which supports and represents over 350 community pharmacies in Hampshire and Isle of Wight, said: "We have seen elsewhere the positive difference the TCAM process can make, and all of our community pharmacists are welcoming this new way of working in the region.

"There is a great relationship between hospital and community pharmacies, and it is wonderful to see how TCAM will bring us even closer together to support the best possible outcomes for patients."



# Patient diagnostics in a heartbeat- using connected electrocardiograms to improve patient safety

According to the Royal College of Nursing an integrated electronic care system can have benefits for both patients and caregivers alike. With a single, comprehensive electronic health record system, patients can be confident that high quality, accurate data is available to their clinician, wherever they access healthcare (1). Investment in wirelessly connected devices that transmit tests to electronic patient records can improve clinical workflow, reduce admin burdens and enhance accuracy of patient data in order to improve patient safety(2).

As part of a wider project to replace the aging technology in the cardiology department at the Antrim Area Hospital, Northern Ireland; investment was made in five Welch-Allyn ELI380 ECG machines that could connect to the hospital's existing electronic systems. The devices were equipped to wirelessly transfer results to the hospital's Cardio Vascular Information System (CVIS) and onto the Northern Ireland Electronic Care Record (NIECR)(3).

Data integrity is a key patient safety issue, as possible implications of data inaccuracy can include delayed or missed diagnoses or incorrect treatment, which puts caregivers at risk of patient harm. In a 2015 report of 7,149 cases in which communication failures contributed to patient harm; 12% of these were estimated to be as a result of poor documentation, including breakdowns in documentation timing, accuracy and legibility (4).

When Welch-Allyn electrocardiographs were introduced at Antrim Hospital, instances of data inaccuracy were significantly reduced. The hospital performs around 200 ECG readings every single day, and results showed that 'failures' due to errors made by mistyping were virtually eliminated, reduced from around 30-40 daily to almost nothing (5). Admin burdens were also reduced, with benefits including:

- Utilisation of barcodes on patient's wristbands, allowing patient demographics to be instantly transferred to the Patient Administration System, preventing mistyping errors.
- Turn-around time between patients was

reduced, with a timesaving of around five minutes per patient, allowing staff to meet increasing demands on their service efficiently.

- Wireless data transfer to the electronic care record so consultants can access it from any location, out-of-hours. This enabled staff to seek out more senior involvement and escalate at-risk cases when necessary.

The ultimate goal of the project was to introduce fleet of advanced ECG devices which could wirelessly communicate with the existing hospital patient systems. Interoperability to existing hospital systems is key to the success of these projects, and with the expertise and experience of the Connectivity Project Management team; Hill-Rom has been able to fully connect Trusts in as little as six weeks from start to finish. This creates a platform which caregivers can use confidently from the outset.

Caregivers were keen on the devices' ease-of-use and wireless ECG patient cable, which eliminated trip hazards from trailing wires and enabled use of the device in space-limited areas. Sean Armstrong, head of IT networking and security commented, "The device's use of Linux operating software makes it less susceptible to security attacks, which made connection to the hospital's wireless network much more straightforward".

Gavin Richards, Marketing director at Hill-Rom comments; "Hill-Rom is dedicated to developing cardiology solutions that combine Welch-Allyn's rich heritage of pragmatic knowledge with a visionary spirit of innovation and continuous improvement. Hospitals are under increasing demands; by developing innovative solutions to improve workflow and enhance data accuracy we can ensure healthcare providers get the best value from technology and improve patient outcomes."



# Paramedic pair launch locum network in a bid to save the NHS time and money

**A** pair of paramedics have joined forces to launch a national network of locums, in a bid to save the NHS time and money sourcing and managing locum clinicians.

Rob Gorringe and Gareth Bennett, who are both still practicing paramedics, have created the 'MyMedic Network', after recognising a need for a more efficient locum management service in the UK.

The online platform uses artificial intelligence (AI) to match registered practitioners to placements that match their qualifications, skills and experience, as well as pre-defined criteria set by the locum including preferred locations of work, their day-to-day availability and holidays.

Equally, the software will help ensure compliance documentation is up to date, with all locums' documentation stored on the platform and reminders issued when compliance renewal dates are nearing.

Rob Gorringe, said: "We're really excited to be officially launching the MyMedic Network. "When it comes to locum provision, both Gareth and I have worked on both sides of the fence, at service providers – juggling shifts and locums; at agencies – helping clients find the best locums to suit their

needs; and as locums, too. It's our deep understanding of this market that has led us to create MyMedic."

Gareth Bennett, added: "Between our team, we've got a wealth of NHS experience, so we know the importance of getting the right person in the right place at the right time.

"However, the current systems out there are clunky and expensive. We've consciously made a move away from the traditional agency model, which brings with it high cost margins and low efficiency.

"We're confident we've combined the right technology with all the knowledge and expertise of our careers to date, to create something different that will undoubtedly save both clients and users time and money."

Based in Doncaster, the MyMedic Network has already been trialled at multiple NHS service providers.

Since signing up to the network, one service provider has saved approximately £1 million in locum management costs in two years, and more than 1,200 admin hours.

For further information about the MyMedic Network, visit <http://www.mymedic.network> or call 0330 043 2464.



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# Global health accelerator returns to MediaCityUK

**A**pplications open for groundbreaking accelerator that hopes to find the next health start-up “unicorn”

A week after it was announced that the UK is home to more billion-dollar technology companies (“unicorns”) per capita than anywhere else in the world, a global health accelerator has announced that it is returning to the UK to search for up to 15 fast-growth start-ups and scale-ups within the health and medical sectors.

The *GM Future of Health Challenge* accelerator – run by tech investment and accelerator specialists UP Ventures delivered in partnership with Novartis, Push Doctor, Google, The Landing at MediaCityUK, Salford Royal NHS Foundation Trust, Salford Digital, Health Innovation Manchester and Apadmi – is now open for applications from health technologists and entrepreneurs.

The first *Future of Health* accelerator, ran in partnership with PwC in 2017 was deemed a huge success; with every participating firm securing investment or new business opportunities off the back of the 12 week programme. Investment in the cohort companies ranged from £500k – to £17 million.

This year’s 12-week accelerator commences on 10th September and will be held at dedicated technology hub, The Landing at the heart of MediaCityUK.

The programme is designed to help up to 15 fast-growth start-ups and scale-ups within the health and medical sectors to drive innovation, create new business opportunities, attract investors and have an impact on the lives of residents in the Greater Manchester area.

It includes a comprehensive package of Masterclasses, coaching, mentoring, introductions and pitching opportunities. Companies taking part will also be provided with help setting KPIs aligned to increasing revenue growth and advised how to secure market traction through engagement with

corporates and commissioning bodies.

Participating companies will enjoy executive-level introductions through an extensive network of thought leaders, industry executives and HealthTech specialists. Those taking part will also have the opportunity to pilot their new technologies, and pitch their proposition, to healthcare organisations and potential investors.

Programme partner Google has further enhanced the offering with a series of awards available for the participating companies with the leading start up being given the chance to win \$100,000 in Google cloud credits, including access to Google Healthcare APIs and expert support and technical enablement through architecture and design sessions.

**Paul Billington, managing director at The Landing said:**

“This really is a game-changing accelerator if you are a start-up or scale-up in the healthcare space. The Landing has developed a specialism in digital health and we are fully geared up to help drive this programme. Applicants are welcomed from the local area but given that the last cohort included companies from London, Cambridge and Sydney, we are also excited to welcome businesses from further afield to join us this year.”

**Danny Meaney, CEO of UP Ventures said:**

“This is a fantastic opportunity to gain unrivalled access to the HealthTech ecosystem through our close partnerships with industry, the NHS and intelligent, engaged investors. Unlike other accelerators, our programme is free for participants. We’re not looking for cash or equity – just highly committed teams with the potential to really make an impact.”

**Karen Fox, Strategic Partnerships Lead for Novartis said,**

“At Novartis, we are committed to reimagining medicine for the benefit of patients and crucial to this is how we work with digital technology and data science. We want to work smart and innovatively to deliver meaningful results. The best way to achieve this is to work collaboratively with innovative companies. This partnership offers Novartis an opportunity to not only establish a strong presence in, and bring value to the field of health technology but also learn from and collaborate with entrepreneurial partners to rapidly test and validate potential new solutions, ultimately



delivering innovations with the potential to reimagine medicine with data and digital.”

To apply to the GM Future of Health Challenge accelerator:  
<https://www.upventuresgroup.com/liveprojects/futureofhealth/>

Deadline for entries is 18th July 2019, successful applicants will be notified by 20th August 2019 and the programme begins on the 10th September 2019.



# TECHNOLOGY IN THE SPOTLIGHT

## DIGITAL HEALTHCARE

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Each month we cover healthcare technology that is revolutionising the healthcare sector. This month we cover three intuitive technologies for healthcare: MediViewer™ a leading EDM solution transforming patient records, Verto: Supporting Integrated Care Systems by providing a structured approach to establishing and managing a project and the DrugStars app which is actively engaging in the pharmaceutical conversation – amplifying the voice of the patients around the world.



**IMMJ SYSTEMS**  
MediViewer™



**TMI SYSTEMS**  
Verto

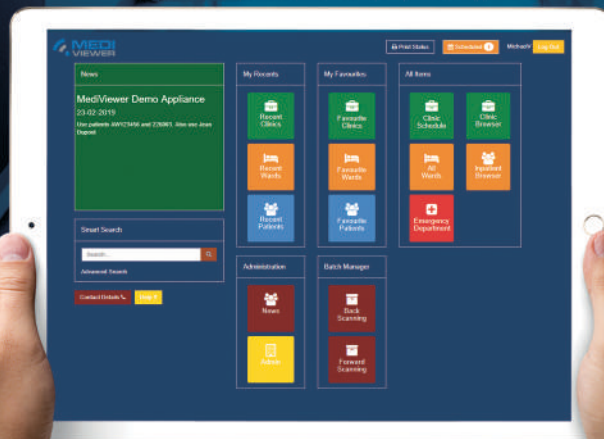


**DRUGSTARS**  
DrugStars app

# Electronic Document Management System

designed specifically for healthcare to deliver a paperless NHS.

 **MEDI  
VIEWER**



## MediViewer™ from IMMJ Systems is an electronic document management (EDM) solution built specifically for healthcare

**T**he business case for investment in an EDMS solution is compelling, with the potential for significant improvements in operational efficiency, associated cash-releasing benefits as well as improving clinical decision making. IMMJ Systems are the provider of MediViewer™, which has been designed and built on the collective experience of their senior management team following many years in healthcare, supporting and delivering clinical systems. Having been involved at the 'sharp end' of delivering

healthcare solutions involving the digitising of patient records, we have acquired extensive knowledge and understanding of the operational challenges facing NHS organisations who are beginning their paperless journey.

MediViewer™ enables the rapid digitisation of clinical content for use at the point of care and provides structure to patient paper records – inherently unstructured information.

MediViewer™ has been built specifically for healthcare providers and designed around the needs of healthcare professionals. MediViewer™ provides a device agnostic web-based platform for a true clinical mobile working experience. This intuitive EDRM solution provides niche functionality to support BS10008 compliance and a highly advanced document classification engine to make sense of large historic paper based medical records. It can also fully integrate with your EPR and provide a complete view of a patient's health record. MediViewer™ provides a best of breed eforms and workflow application as well as utilising a completely open product architecture and API's to support integration with other clinical applications including the MESH and the MIG to receive and export information (for example discharge summaries) into the primary care setting with ease.

IMMJ Systems provides complete end to end digital transformation, consultancy and implementation support services and operates as an agile business with the ability to adapt precisely to customer needs, allocating the resources each project requires. The IMMJ Systems delivery team is comprised of experienced NHS clinical and IT professionals who can respond quickly to customer needs and the rapid achievement of healthcare policy targets. One of the reasons IMMJ Systems deployments are so successful is the in-depth experience of the impact and challenges associated with delivering an EDMS to the NHS.

Thanks to our implementation methodology and new intuitive technology called MediViewer™, the Isle of Man is well on track to achieving its paperless digital

milestone. The Isle of Man Department of Health and Social Care set a target to achieve the removal of paper records. The programme – which formed part of the Government-wide Digital Strategy - was a major commitment, building on the work already undertaken across many parts of their hospital.

**“MediViewer™ is intuitively easy to use and its speed means response time between pages is almost instantaneous. Using MediViewer™ enables me to quickly surface the exact clinical information I need at the point of care and has definitely made my job much easier!”** Dr Gregor Peden MBChB AMBCS, Chief Clinical Information Officer (CCIO), DHSC Digital, Isle of Man

The project enabled faster access to patient information, resulting in massive time savings and better care, a reduction in the space used to store paper notes by 100%, enabling multiple healthcare workers to view different records from almost any web-enabled device simultaneously and eliminating more than 16 million sheets of paper.

If you need help or advice on replacing or upgrading your existing EDMS solution we would be happy to advise. Take advantage of our complimentary options appraisal now by contacting us.

To arrange a demonstration or for further information please contact us on the details below:

Call: +44 (0) 203 790 7901

Email: [info@immjsystems.com](mailto:info@immjsystems.com)



## Features

### Secure and Fast

MediViewer™ is extremely fast and intuitively easy to use, the need for patient privacy is fully observed and supported by a comprehensive security model.

### Mobile Enabled

Hospitals can scan, index and archive paper medical records and access them quickly through an intuitive fully mobile, touchscreen enabled user interface ready to use on any device.

### SmartIndex™ Technology

MediViewer™ makes sense of all your clinical information with our built in document classification engine. Applying logic and smartindex processing to enable your users to find exactly what they are looking for, easily and seamlessly.

**CALL US: +44 (0) 203 790 7901**

Website: [www.immjsystems.com](http://www.immjsystems.com) | Email: [info@immjsystems.com](mailto:info@immjsystems.com)



# Verto: Supporting Integrated Care Systems



**N**HSEasternCheshireClinicalCommissioning Group (CCG) is one of 195 CCGs across England responsible for the commissioning of healthcare services for its local area and is a key partner in the Cheshire East Integrated Care Partnership which is joining up the area's health and social care services.

## What NHS Eastern Cheshire CCG wanted to achieve

The backdrop to NHS Eastern Cheshire CCG's operations was a challenging if not unusual one. Its financial Plan forecast an annual deficit of approximately £15m and, to balance the budget, there was a strong drive to deliver Quality, Innovation, Productivity and Prevention (QIPP) schemes to achieve £9.4m of savings.

The CCG identified that its Programme Management Office (PMO) approach required redesigning as projects had previously been managed using a combination of Microsoft Project, Word and Excel.

Version control was problematic and, even though there was a shared drive in use, there was no visibility on who was working on which version.

Similarly, reporting was laborious and, although the CCG had developed an in-house database, it still required manual data collation from multiple sources in order to produce the reporting required, which was hugely time consuming.

The CCG recognised that it needed a cloud-based approach for its programme delivery which would offer:

- Ease of use
- Collaborative working
- Version control and visibility of updates
- Easy and accurate reporting to enable planning with confidence and deliver efficiency savings.

Importantly, Eastern Cheshire wanted a tool that allowed it to get the most out of its collaborative PMO working across all four CCGs in Cheshire on proposals to establish a single commissioner and two Integrated Care Partnerships (ICP).

## Verto as the solution

Verto was built in line with how the CCG works, mirroring its workflow and processes, and able to see all its project data and documentation in one place. Once the CCG build was complete, we undertook the second stage of joining up Eastern Cheshire with its neighbouring CCGs: South Cheshire, Vale Royal and West Cheshire using the powerful functionality of VertoGrid.

This created a Cheshire-wide network of CCGs, providing each CCG with a customised version of Verto.

Joint projects can now be shared and, for the first time, all the project information across multiple sites can be aggregated into a single report.

*"Working with the Verto team has been brilliant – they have such a great 'can do' attitude. They are so responsive, listening to our ideas and challenges and finding solutions so the system really works for us. In the early stages we spoke to NHS West Cheshire CCG who were very impressed with the system and support.*

*We could see how using VertoGrid would enable us to run programmes and reports cross-organisationally whilst retaining all the individual configuration of our own system. For us this was the best of both worlds and, combined with its ease of use and depth of functionality, it wasn't a difficult decision".*

Adam McClure, PMO Manager for NHS Eastern Cheshire CCG





## The Benefits

Verto provides a structured approach to establishing and managing a project, making it easy for people to follow project management best practice.

Eastern Cheshire particularly liked the fact that Verto was simple to use, with a clear dashboard that made it easy to see all its project information in one place.

The CCG had instant visibility of its project performance and the ability to generate high-quality reports, including its Board Assurance Framework, with one click of a button.

The Cloud-based system, coupled with the VertoGo App, gives CCG staff and stakeholders 'on the go' access to their data, supporting collaboration and flexible working. Verto also gives individual commissioning managers and the PMO a bird's-eye view of their projects meaning they can manage risk, and monitor and report on projects in a much more robust way.

*"One of the mainstays of Verto is its ease of use. For us, the user interface was a major selling point – we just found it so easy to navigate around"*

**Adam McClure, PMO Manager for NHS Eastern Cheshire CCG**

The time saving benefit to the PMO has been significant: reporting processes that used to take more than a week are now completed in less than a day, and having all their project information in one place has produced a noticeable saving in time spent on PMO admin.

The PMO is now working on integrating Verto as a 'business as usual' tool across the wider organisation, and the information coming out of the system is enabling it to plan and track savings and benefits more accurately.

Verto gives the PMO reliable and current data, one system to plan, track and manage the delivery of QIPP projects and to enable future planning with confidence.

Verto<sup>Plus</sup> is an out-of-the-box project management software solution which enables you to:



Have interactive live dashboard reporting



Launch your projects faster



Work in one organised space



Keep everyone in the loop



Spend less time in meetings catching up on 'where we are'



Manage all your risks, issues and milestones in one easy to use system



## UNLOCK THE SECRET INGREDIENT HIDING INSIDE YOUR MEDICATION

# The DrugStars app is actively engaging in the pharmaceutical conversation – amplifying the voice of the patients around the world.

**C**laus Møldrup, a former professor at the University of Copenhagen, and his 12-person strong team have created and launched a scientifically validated app that actually makes it meaningful for patients to take their medication (1). Patients are rewarded with the opportunity to donate money to patient charities for free. All they have to do is take their meds as recommended by their HCP and share their experiences and opinion of their meds in the app. This collected data is then utilised – in anonymous form – in scientific studies. Pharmaceutical companies can also purchase this anonymous real-world data, enabling them to help them create better and more user-friendly products. DrugStars uses the revenue from the sale of this anonymous information to pay for the donations made by the patients.

The award-winning app DrugStars is expected to reach 1 million patient medication reviews in 2019. DrugStars has already attracted over 200,000 active users, donating more than £200,000 to more than 70 patient charities – including 20 charities in the UK. DrugStars is transforming the everyday experience of taking medication into a more meaningful, purpose-filled and fun task for patients across Scandinavia, the Baltics, the US and, especially, the UK, where the app is currently focusing its efforts.

DrugStars is an example of a new trend in the digital economy, where the ethical monetization of information is integral to the business model, with users being actively rewarded for sharing their information – in this case the reward is in the form of free donations.

“The goal for DrugStars is to transform the taking of medication, from being a necessary evil into a necessary good. For many people, having to take medication remains a daily challenge that most would prefer to be free of. So we thought, why not reward patients for this challenge? Why are most patients only shown the stick and not the carrot?” asks Claus Møldrup, DrugStars CEO and founder.

### Patient insights

Claus Møldrup was previously a Professor of Social Pharmacy at the University of Copenhagen, and it was his research into – and knowledge of – patients’ behavioural patterns and motivation in relation to taking medications that gave him the idea to start DrugStars back in 2016.

“Much of what I did at the university was about improving patients’ treatments based on insights from their experiences with their meds. It’s nice to be academic about it, but my ambitions were to be able to make a real difference for patients and their experiences with medication.” And so DrugStars was born.

Claus Møldrup explains that the initial focus of the DrugStars app was on helping patients who forget to take their medication. Once again, the data was clear, with only 30 percent of non-adherence problems actually the result of the patient forgetfulness. The remaining 70 percent were due to some form of negative experience the patients had with their medication. It quickly became clear that the DrugStars app would need to address both of these adherence issues in order to truly help patients.



And to do this, it was necessary to collect data – real-world data (RWD) generated every day for every medication and in every country around the world.

Today, DrugStars generates very strong RWD sets from real users, and with their full acceptance. This RWD includes whether the patient has faith in their treatment, whether they feel it is even necessary for them to be taking the medication. Whether they are troubled by any side effects. And whether they have complied and taken the medication as prescribed. This information is modelled around the medicine at a brand level, allowing DrugStars to broker and sell insights – in an anonymous form – back to the pharmaceutical companies. Similarly, pharmaceutical companies can also purchase the anonymous user assessments of their competitor's drugs, and thus increase their real-world knowledge.

“DrugStars deliver real-world experiences and real-world evidence and outcomes in the form of data on specific drugs in an anonymous, aggregated format, allowing companies to utilise them to improve their offerings and ultimately benefit patients.”

#### **A voice for patients around the world**

With the high volume of drug reviews, DrugStars aims to offer patient reviews of all medications – like a Trustpilot for medicines, explains Claus Møldrup.

“We hope to see DrugStars develop into a voice for patients around the world. In price negotiations between pharma companies and the paying authorities, we envision our data on user acceptance of a drug being used as an essential and valuable parameter. Pharma

companies' clinical studies and health economics analyses currently don't reflect anything regarding the patient's acceptance of their medicine, for instance whether the tablet is difficult to swallow, whether they give up on their prescribed course of treatment and so forth. This type of data is clearly missing today. But DrugStars can deliver it, making us a growing factor in the pharmaceutical conversation between Payers, Providers, Patients and Pharma,” says Claus Møldrup, adding that the data clearly shows a direct correlation between a patient's acceptance of a product and their compliance with the prescribed treatment.

#### **A tool at the pharmacy and at the GP's office**

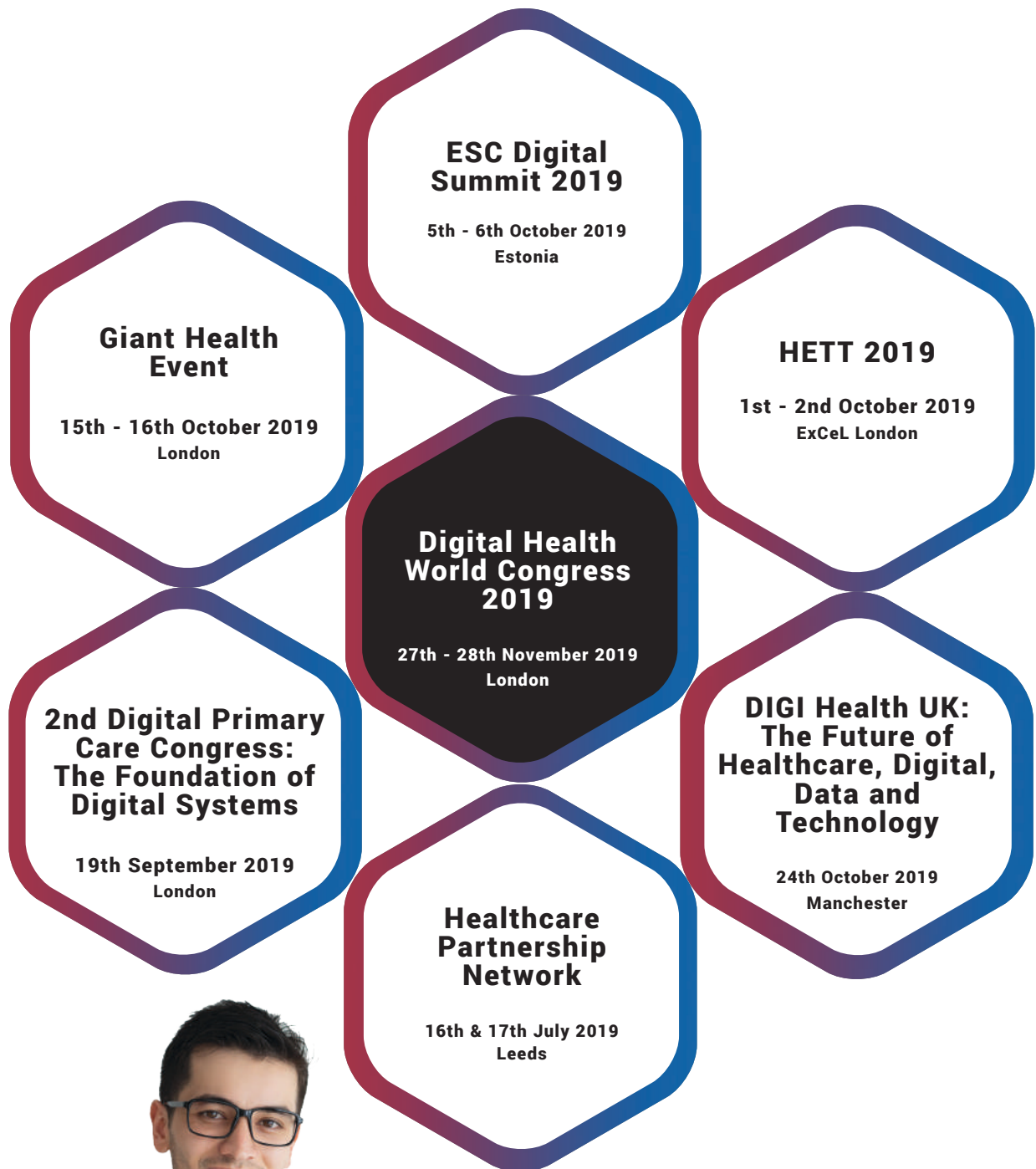
According to Claus Møldrup, it makes perfect sense for pharmacy staff to utilise DrugStars as a dialogue tool with their customers.

“Patients who use the DrugStars app would be able to show their GP and their pharmacist exactly how they are doing with their medication. For example, pharmacy staff would be able to see when a patient isn't comfortable with their current treatment, and they would be able to ask more informed questions, bringing everyone closer to a solution that benefits all parties. Now this dialogue tool is here in the form of our app,” says Claus Møldrup proudly.

DrugStars is currently in negotiations in the UK to promote the app directly to pharmacies. Allowing DrugStars and the pharmacies to give something back to the health service in the form of more empowered and confident consumers.



# DIGITAL HEALTH EVENTS



# What to look forward to in the next issue

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In the August issue we will cover the news highlights for the month of July and more ground-breaking healthcare technology in our spotlight section.

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