Connected Health Cities &
Great North Care Record

Professional Engagement Report

Document information

Introduction

Connected Health Cities (CHC) was a project that explored the idea of a Learning Health System (LHS) and the role of connecting local health data and technology to improve care, planning and research for people in Northern England. Better use of data and informatics technology has been described a key enabler to supporting citizens' health and wellbeing (Wachter 2016), and supporting the transformation of services delivering care.

Achieving the vision of making the North East and North Cumbria (NENC) the best learning health system in the world requires game-changing engagement. Connecting and collaborating with professionals – frontline practitioners and leaders, all experts in their own domains – was a core element, contributing to the overall CHC NENC and Great North Care Record (GNCR) programmes aims in the North East and North Cumbria.

Purpose

The aim of the professional engagement work-package was to lead the design and implementation of a learning community strategy for the Connected Health Cities programme, including the Great North Care Record, in the North East and North Cumbria:

> ***Design, deliver and review of a robust engagement, learning and peer support framework to enable practitioners working across the North East of England to shape, deliver and lead the CHC NENC and GNCR vision.***

This included liaising with key stakeholders in the co-design of an initial 2.5 year programme, to produce interactive learning resources for the programme, develop and promote innovative learning community and practice development methods (where necessary adopting appropriate technologies).

This workpackage was written following a range of conversations with the CHC NENC team and partners from a varied roles and organisations including leaders, experts and front-line practitioners. The themes of *Inspire, Connect, Collaborate and Evaluate* emerged from those conversations.

It's also based on the principles of practitioners and clinicians as agents of change (Deming) and enabling peer-to-peer inspiration and learning (Wenger, Lowe 2016, Wilson & Lowe 2019):

INSPIRE	CONNECT
COLLABORATE	EVALUATE

Fig1

This work-package excluded public, advocate, citizen, family and carer engagement, and also excluded workforce development. Risks and assumptions were identified early in the work-package development:

- Objectives of the work-package too broad or too narrow
- Insufficient capacity to deliver the programme
- Too many meetings and networks – pressures on time affecting practitioners' ability to engage
- Communication becomes fragmented due to scale of engagement

These were monitored and managed pragmatically and iteratively throughout the programme through work-package 'RAG' reporting into routine team meetings.

Aims

	AIM	Method
INSPIRE	▪ To help create an environment where practitioners see trusted information sharing as an essential component for safer care and better outcomes ▪ To work with communications colleagues to increase practitioner awareness of the benefits of the Learning Health System model and Great North Care Record	▪ See Communications Strategy *Includes*: Short films Twitter Primary Care TiTo
CONNECT	▪ To create a mechanism for professional advisory function and steering as part of the governance of CHC and GNCR ▪ To support leadership development and digital skills capacity through enabling participation in vibrant professional networks and peer communities of practice, engaged in shaping delivery, practice and leadership	▪ Great North Care Record Network ▪ Northern CCIO Network ▪ Informatics in the Pub ▪ *Caffe Informatica* ▪ Collaboration platforms and online communities
COLLABORATE	▪ To develop and test the Amy's Page approach in an information sharing context ▪ To actively involve and collaborate with professionals to gather insights about information sharing practice to inform the CHC and GNCR programmes	▪ *Amy's Page* workshops
EVALUATE	▪ To enable reflection, improvement and publication of the work-package and, where appropriate, the wider programme, defining and agreeing metrics ▪ To evaluate and review of the effectiveness of communities of practice in order to enable improvement and the publication of two peer-review papers	▪ Mixed methods and mentor support

Delivery

Short Films

Two series of short captioned films were initially produced capturing practitioner views about different aspects of the CHC NENC and GNCR programme and specifically, information sharing and consent and their relation to key themes of safer care, better outcomes and shaping the future.

These short captioned films:
- Captured real practitioners stories – motivations, benefits, uncertainties, ideas, learning, thoughts and advice - to share with peers for support and inspiration
- Positioned the programme that amazing people are involved - 'ordinary' practitioners and domain experts who want to make a difference
- Shared learning and extend the communication of key messages
- Were transparent and accessible, made available openly on YouTube.

The films were used in a range of ways including on-line, on social media and in presentations to share information about the programme of work. The primary audience was practitioners from across sectors and organisations but not limited to these groups – patients and public had access to the CHC and GNCR websites too.

Thirty films were produced in phase 1 – these have been viewed 2423 times.

Twitter

A component of the CHC NENC communications strategy, the majority stakeholder audience on Twitter is professional. The engagement and communications work-packages worked closely together, establishing a Twitter channel as a means to showcase CHC NENC activity and create connections with practitioners locally, nationally and internationally. The @GreatNorthCare account had 2397 followers at 31.7.19, with an average of around 45K impressions per month.

Great North Care Record - Network

The Great North Care Record is the result of hundreds of conversations with and between many partners. This project is not top-down delivery of a piece of technology, it is a collaborative piece of work to deliver a shared vision of better, evidence-driven coordinated care for all residents in North. The GNCR Network provided spaces and occasions for some of those conversations, ensuring practitioners receive the information they need about and they in turn can inform future GNCR developments.

Connecting practitioners, sharing experiences and providing a collective view via the vibrant Clinical Health Informatics Network (CHIN) was a feature of the NE digital transformation landscape for many years. The Great North Care Record Network rejuvenated the CHIN with an additional focus on the information sharing and Learning Health System agenda. Having ascertained the appetite from former CHIN members for an evolution of the group via stakeholder survey, the new GNCR Network was launched.

Networking and bringing stakeholders together so developments are informed by technical and practice expertise has been an important component for CHC NENC, and this work built on that to support effective conversations, trust, problem solving and relationship building. The Network supported bringing a regional cohort of CCIOs together, mirroring the national CCIO network approach but with a NENC focus.

The Network's aim was to enable collective digital transformation and accelerate the development, use and impact of information sharing in the North East and North Cumbria through a community of interest network. It brought practitioners together to:

- Enable mutual support, encouragement and inspiration
- Shape the future by providing a collective advisory voice in wider GNCR strategy
- Facilitate learning, showcasing and knowledge exchange
- Collective problem solving
- Build leadership capacity and capability
- Identify issues and focus for improvement
- Promote and support knowledge cascade

A steering group of representative stakeholder organisations was established under whose direction, two networking events were convened. The first Network meeting, in November 2016, was attended by 250 delegates from a range of sectors and organisation. The second, in July 2017, was attended by nearly 300 people with a focus on privacy preferences. A full report on the findings is in development.

Northern CCIO Network

Chief Clinical Information Officers (CCIOs) have a crucial role to play in shaping , influencing and leading the digital and information sharing landscape of the North East and North Cumbria, both within organisations and collectively.

Building on the success of the national CCIO Network, a regional CCIO group was established and continues as the Great North Care Record Network Professional Advisory Group, to help CCIOs connect for mutual support and collaboration, and provide a forum to advise on clinical content specifically.

From a launch meeting in November 2018, the PAG has met 3 times and has 24 members representing NHS Trusts, primary care, clinical networks and social care.

Informatics in the Pub

Communities of practice have a valuable and established role change and improvement. The 'Informatics in the Pub' meet-ups are in place in order to forge connections, share knowledge and build the confidence and capacity for digital leadership. The approach is informed by Wenger's communities of practice model and Learning Communities (Wilson and Lowe, 2019).

The format evolved iteratively: a volunteer speaker leads the discussion with a fifteen minute verbal briefing followed by questions to the group and discussion. The group is organic, growing from an initial core group of interested informaticians who have a standing invitation to 'bring an interesting friend'. Coordination was primarily via a WhatsApp group. Free venues are used and participants buy their own refreshments.
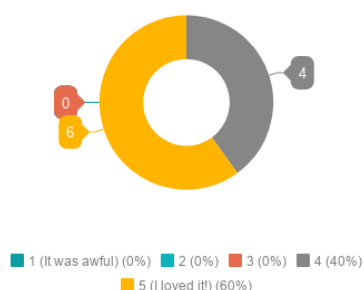
Twenty five 'pub' sessions were convened between September 2016 and May 2019. There are 51 members of the WhatsApp group and 76 members of the Discourse pub group. A 'how to' guide was published and made available to Network members via the Discourse platform. The group continues independently, convened by volunteer clinicians.
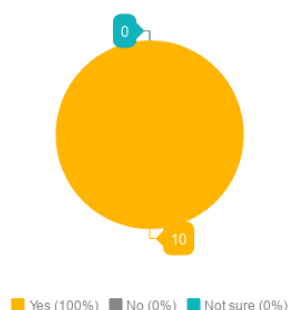
Caffe Informatica

Building on the same Wengerian ideas as the Pub programme, the *Caffe Informatica* series aimed to support communities of practice with an interest in data and information for social change, but in a café, day time setting. This was a joint initiative with the Newcastle University Social Leaders Network. Three pilot sessions were held in Darlington. Evaluation from the first session showed:

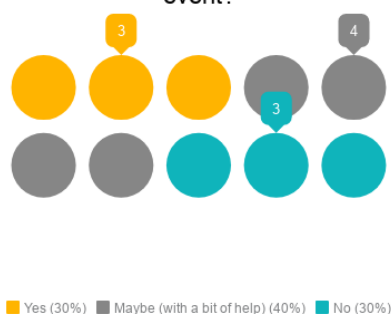### Caffe Informatica 001 feedback

How was it for you?

- 1 (It was awful) (0%)
- 2 (0%)
- 3 (0%)
- 4 (40%)
- 5 (I loved it!) (60%)

Was it a good use of your time?

- Yes (100%)
- No (0%)
- Not sure (0%)

Will you come to another one?

- Yes (I'll make time) (90%)
- Yes (only if I'm free) (10%)
- No thanks (0%)
- Not sure (0%)

Would you like to speak at a future event?

- Yes (30%)
- Maybe (with a bit of help) (40%)
- No (30%)

(10 out of 10 people answered all questions about event 001 on 27 March 2018)

The third meeting was poorly attended (two people) and the 'beyond the meeting room' (Garrity, 2017) requirement evolved into a *Caffe Informatica* podcast pilot in July 2019.

Collaboration platforms, online communities and database

Collaboration platforms are on-line tools which enable conversations, collaborative work and networking 'beyond the meeting room' (Garrity, 2017). On-line discussion and information sharing tools also offer the opportunity to reduce email traffic, support improved governance and better version control. There is a plethora of tools available which meet the CHC/GNCR principles and considerations for delivering an on-line offer. Experience gleaned from other projects and organisations is that 'one size often doesn't fit all'.

Five clusters of CHC/GNCR groups were identified where a collaborative platform offer may be of benefit:
1. Core CHC programme delivery team (*delivery responsibility with team administrator)*
2. CHC project groups, e.g. TRE management group
3. CHC and GNCR communities of practice, e.g. pub and café groups
4. The GNCR Network e.g. membership model
5. The public (out of scope)

A list of principles, an analysis of functional requirements and a summary of cost/capacity was produced which resulted in the following implementation:

Group	Includes	Primary tool	Additional tool
Core CHC programme delivery team	CHC Steering group CHC Core Team CHC Executive	Basecamp	Whatsapp (informal)
CHC project groups	TRE Management Group CCIO NE Forum	Discourse	None
CHC & GNCR communities of practice	Informatics in the Pub *Caffe Informatica*	Whatsapp/ Discourse Discourse	None
The GNCR Network (membership model)	Broad membership base	Discourse	None

Over 700 practitioners had joined the Discourse platform (July 2019), generating 366 topics, 1,700 message posts and 7,100 user visits: noting this impact metric does not include those posts viewed as emails.

A members' survey in 2018 showed was broadly positive although a variation in perceptions of 'too many' versus 'too few' messages: to this end, a training webinar was delivered in June 2019 with a recording of the session being made available on YouTube afterwards.

Amy's Page

Understanding the information sharing insights, struggles and needs of practitioners is key to ensure the voice of the information informs the CHC programme, including the Great North Record, direction. The Amy's Page model is a participatory design approach, developed at Newcastle University (Wilson et al, 2020 [unpublished]) designed to surface those insights through a series of workshops run in partnership with local organizations and project teams to better inform the wider architectural, technical, skills and privacy approaches. This work-stream aimed to test the Amy's Page method in the context of information sharing and commoditize the approach as a possible offer in other contexts.

Twelve workshops were held across five care settings – frailty, palliative care, vulnerable families, Healthy New Towns and mental health. The sessions produced a set of understandings about the detail of practitioners' attitudes and insights to information sharing in order to inform both local improvement work and the Great North Care Record and Connected Health Cities' development.

Findings were disseminated via a workshop led by Professor Mike Martin and Louise Wilson on 5 July 2018. While the method was robust, it is hard to assert the impact the approach had in directly informing the architecture or strategy of the overall technical landscape of CHC NENC and further work would be needed to explore the degree of impact.

One aim of the Amy's Page approach was to enable people to get to know each other - and identify partnership gaps - to network and build connections, a basis for learning communities to evolve. Participants were asked to complete a feedback form and consistently reported the value of the workshops in providing an opportunity to learn from peers and space to reflect on information sharing practice.

Northern England Clinical Networks

The Northern England Clinical Networks (NECN) are hosted by NHS England and convene advisory groups to support improvement work in a number of key domains, including maternity, dementia, diabetes and cancer through the Cancer Alliance. The Clinical Networks are a key stakeholder in health and care.

Digital is a common theme across NECN and synergies with the challenges being addressed in CHC NENC and Great North Care Record were identified. This part of the work package sought to build relationships with NECN programme members, understand their challenges and collaborate in realising the benefits that CHC and GNCR can offer. This was done by recruiting NECN members to the GNCR Network, through platform presentations and briefings to NECN teams, and through *Amy's Page* workshops.

CONCLUSION

The engagement programme generated two main outcomes:
1. The establishment of engagement infrastructure to connect with stakeholders
2. The generation of insights and learning to inform the programme

The performance metrics reported here are a proxy measure for impact, but the continued adoption of infrastructure such as the Discourse platform and communities of practice might suggest a more profound value and impact.