Digital, Data and Technology (DDaT): Scoping review

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About the Integrated Care Academy

Integrated care is essential to improve outcomes for people requiring coordinated health and care services. To address the key challenges in the wider health and social care system, it is crucial that we enable working across multi-organisational boundaries to bring together all the components of care and support that a person needs.

The Integrated Care Academy (ICA) brings together the four pillars of higher education, an integrated care board, local authority, and the voluntary and community sector, from which our team of experts and programme leads are drawn.

Our goal at the ICA is to enable the best possible person-centred and integrated care, responsive to the needs of individuals in the context of the people who care for them and the community they live in. We do this through co-production, education and learning, leadership transformation, workforce development, research and innovation. We strive to make our work practical, useful and useable, grounded in the realities of the challenges faced by our people, communities and workforce on a day-to-day basis.
For more information about the ICA please visit our website.

For further information about the report please contact Caroline Angus, Director of the ICA. Email: ica@uos.ac.uk.

Overview

Funding was received from Health Education England to support digital upskilling. The work was developed through coproduction and feedback from community pharmacy teams. A steering group comprising of representatives from SNEE ICB, Healthwatch Essex, Community Pharmacy Norfolk and Suffolk guided the project, and aided project co-ordination and delivery.

We conducted a rapid review looking at digital transformation in the NHS across the UK, aligned with the NHS Long Term Plan and links with other digital initiatives such as the WHO Global Digital Strategy for Health. We then explored digital gaps in primary care, highlighting the Primary Care Access Plan and digital health targets in Suffolk and North East Essex Integrated Care Board (SNEE ICB) through its annual digital report.

Aim and objectives

Overall Aim: To review the current and local academic and grey literature in the context of digital upskilling in healthcare.

This rapid review was conducted in 2023/24

Review

Digital upskilling in healthcare

Digital approaches and technologies are rapidly transforming healthcare. The NHS Long Term Plan established the importance of technology in the NHS and outlined steps to support digital transformation (Alderwick, et al., 2019). NHS England is now responsible for delivering national data infrastructure and digital systems following its merger with NHS Digital in early 2023. As part of this merge, NHS England pledged to support local systems to embrace digital to work in more efficient ways and improve services, diagnosis, and treatment.

'Digital health' is an umbrella term encompassing the use of digital technologies to improve health care services and systems, population, and individual health (WHO Global Strategy for Digital Health 2020-2025). In the UK, digital health includes the use of electronic systems for patient records, appointments, and prescriptions, as well as telemedicine and patient-facing applications. These digital services are designed to change the way people engage with healthcare, giving people more control over their health and wellbeing, with the overall intention to increase the coordination and efficiency of care.

NHS England has demonstrated recent investments in increasing implementation of digital health tools, for example through the launch and expansion of the NHS app, online GP registration services and commitment to creating a federated data platform to improve data sharing. It is worth noting that legal frameworks and safeguards for data protection, security and usage are not evolving as fast as digital advances. Current fragmented NHS systems are inefficient and have led to the proposal of a federated data platform to help NHS Trusts manage data and connect with other Trusts to give population help insights to drive improvements. The upcoming federated data contract, which is set to be granted to US company Palantir, has been met with concerns surrounding the storage and use of medical data. As the NHS undergoes digital transformation and enhances the interoperability of patient data, data governance must be robust to ensure patient protection is not compromised.

Although digital technologies are advancing in the health space, the success of these tools is dependent on how usable and accessible they are for the intended users. Historically, tools have been designed for the perceived needs of patients and clinicians, while excluding them from early design processes, leading to gaps in training, understanding and motivation to use the tool. This disconnect decreases the uptake and usage of digital tools, wasting resources and leading to additional frustration and workload. Digital tool development is shifting from traditional top-down models to a user-centred approach to incorporate more clinicians and patients from the beginning, however, there is still work to do to support staff to use existing technology and digital processes. As healthcare is boosted through digital technologies, investments should be made to widen digital inclusion and provide alternative non-digital pathways to help mitigate widening health inequalities.

To ensure digital services in healthcare are used most effectively, staff should be equipped with the appropriate skills and training, as outlined in the Topol Review in 2019 and reinforced through the HEE Digital Readiness Programme report (https://www.hee.nhs.uk/our-work/building-our-future-digital-workforce/data-driven-healthcare-2030). But the digital skill gaps and barriers faced by health professionals originally identified through the NHS Widening Digital Participation programme (Stone, et al.,2020) remain prevalent today. As part of the 2022 plan for digital health and social care, the Department of Health, and Social Care (DHSC) committed to supporting the workforce through training programmes and resources to support embedded digital ways of working (NHS England, 2022).

Despite the launch of the new digital skills assessment developed by Health Education England (https://digital-transformation.hee.nhs.uk/digital-academy/programmes/digital-skills-assessment-tool) it remains challenging to identify the current digital skills gaps in the NHS workforce.

Gaps in primary care

Despite its growth, there are vast gaps in the digital health landscape of the UK. By the end of 2023, current targets state that 90% of NHS trusts should have integrated electronic patient records (EPR). However, a staggering number of these trusts still rely upon legacy technology, with the BMJ revealing that 71% of NHS trusts still use paper notes (Best., 2023)

Recovery from the COVID-19 pandemic and ageing populations with increased multi-morbidity are putting primary care systems under more stress than ever, further widening digital gaps and healthcare inequalities. During the pandemic, the inaccessibility of services meant that early intervention opportunities were often missed. Resulting late presentations of more complex and serious conditions hampered the productivity of healthcare services, lengthening hospital stays, surgery times and worsening patient health outcomes. Expanding and streamlining digital processes for individuals who can, and wish to use them, will not only help individuals be treated faster through these pathways but will also give healthcare professionals time to deliver face-to-face care to those who need it most, such as those digitally excluded, at higher risk of decline, or with complex conditions.

Digitising primary care services has long been an ambition of the NHS, as seen in the UK Digital Strategy (Department for Digital, Culture, Media, and Sport., 2022) and the promotion of the Digital-first primary care models as part of the NHS Long Term Plan (Alderwick, et al., 2019). Extraordinary pressures have reignited the drive to transform the NHS into a more proactive, than reactive service through digital tools.

This year the government declared digitising primary care crucial to help capacity needs keep pace with growing demands and relieve primary care services from care backlogs (House of Commons Health and Social Care Committee., 2023). A delivery plan for recovering access to primary care was published (NHS England., 2023). This plan stated that expanding digital services in primary care must be implemented before the integration of primary care services as per the Fuller Stocktake report, (NHS England., 2022). The Fuller Stocktake report detailed how integrated primary care could be accelerated through the incorporation of the four pillars of general practice, community pharmacy, dentistry, and optometry. It promoted the evolution of integrated neighbourhood teams (INT) from primary care networks (PCN) to improve the health and wellbeing of local populations and create relationships between primary care, system partners and communities. It highlighted issues in continuity of care for patients at higher risk or complex needs and the potential for primary care to address this gap through increased community access pathways.

As part of the drive towards digital access to primary care, NHS England outlined four commitments in the delivery plan (NHS England., 2023):

1. **Empower patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on general practice.

2. **Implement Modern General Practice Access** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.

3. **Build capacity** to deliver more appointments from more staff than ever before and add flexibility to the types of staff recruited and how they are deployed.

4. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

The National General Practice Improvement Programme (GPIP) was initiated as part of the delivery plan (NHS England., 2023) to support practices and PCNs (Primary Care Network) to deliver the 'modern general practice model' within the next few years. The GPIP aims to support training and digital transformation improvements through intensive, capability-building, and universal offerings. This programme is in the preliminary stages of implementation (2023-2025) but demonstrates an effort to address some of the gaps in primary care, especially in general practice. The other three pillars of primary care in the Fuller Stocktake report have arguably had less attention.

To initiate real-world changes in primary care, schemes such as the Digital-First, Digital Boards and most recently the Digital ICS (Integrated Care System) programmes have aimed to increase digital knowledge and representation on integrated care boards (NHS Confederation, 2023). These programmes recognise that digital solutions should be designed with local resources and needs in mind, to ensure they are useable by the professionals using the service, can support the entire patient journey and use existing technology to its full potential.

To nationally integrate digital upskilling into primary care in the most sustainable way, recommendations promote including modules on digital health technologies within clinician training and education, but this will take time to implement and see benefits (Neve *et al*., 2020).

Suffolk and North East Essex (SNEE) digital offer

Suffolk and North East Essex (SNEE) Integrated Care Board has a strong digital focus within its latest Joint Forward Plan (2023-2028), with two of the twelve core functions of the ICB (integrated care boards) aligned to digital transformation. The plan outlines targets to develop a sustainable digital skills approach for frontline staff by 2025 (NHS SNEE ICB, 2022).

The SNEE 5-year strategy plan showed very low uptake of the NHS app in West Suffolk (0.23%), Ipswich and East Suffolk (0.36%) and North East Essex (0.10%), with aims to increase usage to 30% of the population in 2023/24 (SNEE ICS., 2019).

Healthcare users reported poor experiences related to limited transport options to attend appointments, lack of integration of patient records, fragmented systems, and repeated diagnostic testing, all of which could be aided through efficient and integrated digital systems. To tackle digital barriers identified through the Healthwatch Essex report, the five-year plan proposed a whole neighbourhood approach with care navigators and pharmacists as enablers to support digital self-care, as well as more flexible GP and outpatient services for the area (Healthwatch Suffolk., 2021).

The SNEE ICS Digital, Data and Technology (DDaT) strategy 2022-2025 (NHS SNEE ICB, 2022), which corresponds to the ICS Strategy and Live Well outcomes, The Design Framework and Suffolk and Essex Health and Wellbeing Strategies aims to deliver the following:

• Leading system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put people at the centre of their care.

 • Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation and health inequalities and drive continuous improvement in performance and outcomes.

The eight digital principles for the ICB DDaT are outlined in Figure 1 and have been developed from the measures in the *What good looks like* framework (NHS England-Transformation Directorate., 2021). As part of this strategy, it looks to invest in core digital technologies and convergence pathways offered to the population, while supporting the workforce to adopt these digital resources through skills development network and training.

Figure 1: SNEE ICB DDaT digital principles taken from the joint forward plan (2023-2028) available at: https://www.sneeics.org.uk/wp-content/uploads/2023/10/15427-SNEE-ICB-Joint-Forward-Plan-2023-2028-PROOF_20.pdf.

These strategic principles are supported by the Digital Strategy for Essex published by Essex County Council (2022) which outlines commitments to faster connectivity to update care records and maintain virtual desktops for primary care staff. The report also sets out targets to drive digital inclusion and development of digital skills in the Essex workforce to ensure people can take advantage of digital services and reduce healthcare disparities driven by digital access barriers. The DDaT strategy priorities are also supported through strategic plans from the five NHS Trusts and three alliances within SNEE.

SNEE ICS annual digital reports help to track the digital maturity of the ICS and show the impact of digital services towards local, regional, and national ambitions. It combines contributions from senior ICS staff, digital and programme leads with statistical data to show current and ongoing outcomes (SNEE ICS.,2022).

SNEE Primary care

The SNEE ICS digital report 2021/22 section 4.7 details the progress and plans of digital health in primary care. It acknowledged the impact of electronic prescribing services (EPS), video and online consultations, SMS messaging for patients and GPs, and developments in mobilising and supporting the use of digital devices within primary care. At the time of publication, although all GP practices offered telephone or video consultations with good uptake, only 50% of all prescriptions were transferred electronically (current target is to eliminate all paper prescribing in hospitals by 2024), indicating a future area of improvement (SNEE ICS., 2022).

It outlined the development of a new secure access platform to GP systems from personal devices. Provisioning varies within primary care areas across the ICS, but core service support and IT stabilisation were identified as future areas of development. The digital programme, which works across the three ICS alliances looks to provide a flexible range of digital support services across SNEE. The broad differences in digital capabilities, maturities and needs across the five trusts present an ongoing challenge to digital developments in SNEE.

SNEE has a strong training hub established through HEE to support the primary care workforce through a local education and training infrastructure (https://www.sneetraininghub.org.uk/). The training hub works with educational providers to offer a range of resources and events directly, and externally through its e-learning platform. The hub has a dedicated resource bank for digital and IT upskilling which covers help with SystmOne and EMIS, e-consult and Microsoft training, however an audit of digital upskilling gaps and the impact of this work has not been documented.

Community pharmacy

The University of Suffolk and its partners (sponsors are Dr Andrew Kelso, Medical Director of the NHS SNEE ICS/ICB) and Dr Dave Cargill (GP Lead for ICB PC Trg Hub) propose community pharmacy as an area for interest for this digital upskilling project following scoping conversations.

Community pharmacy is at the heart of enacting the first commitment to empower patients to manage their health. There are around 11,400 community pharmacies in England, dispensing approximately 606 million prescriptions each year on the high street and supermarkets of often deprived communities (NHS Digital.,2022). Despite this, community pharmacies have long been neglected, under-resourced and subjected to severe funding cuts.

Community pharmacist roles have rapidly evolved and expanded in response to changing legislation and public health needs to cover more clinical patient-facing services.

The Community Pharmacy Contractual Framework (2019-2024) was agreed by the Department of Health and Social Care (DHSC), NHS England and the Pharmaceutical Services Negotiating Committee (PSNC) to detail how community pharmacies will support the delivery of the NHS Long Term Plan (DHSC and NHS England., 2019). It launched electronic prescription services and proposed developing new clinical services for community pharmacies as part of the commitment. The Pharmacy Integration Programme (PIP) was established alongside this commitment to pilot and evaluate the success of these services. The PIP has supported and continues to support numerous workstreams including Smoking cessation transfer of care, 111/GP referral pathways into the NHS Community Pharmacist Consultation Service (CPCS) and workforce development for pharmacy professionals in collaboration with Health Education England (HEE.,2021; Janković, 2023).

In 2021, commitments between NHS England and the PSNC were agreed to support community pharmacy roles in more clinical services, healthy living support (E.g., minor illnesses) and support demand in general practice and urgent care (DHSC, NHS England, PSNC., 2023). Over the last year, training and development of community pharmacists have been accelerated through the launch of NHS-funded pharmacist independent prescriber training 'pathfinder' sites, and pharmacy educational supervision training courses delivered by ProPharmace (HEE., 2022).

The Pharmacy Access Scheme (PhAS) within the CPCS was created to help maintain access to community pharmacies in remote areas, where dispensing needs may be low but highly valued in an underserved population. Due to increasing operational costs and the fixed nature of funding behind PhAS, many are facing closure. This is further compounded by the fragility of the community pharmacy workforce influenced by work patterns, high vacancy, and recruitment into PCNs through schemes such as the Additional Roles Reimbursement Scheme (ARRS) (CCA., 2022). The Community Pharmacy Workforce Survey 2022 showed an increased vacancy

rate in all pharmacy roles, and a total workforce reduction of 6% from the previous year (HEE., 2022).

Why is digital upskilling in community pharmacy important?

The role of the community pharmacist is key to joined-up patient care and improved patient access and is being recognised in the aforementioned training, recent funding, and recovery plans. In May 2023, NHS England pledged up to £645 million to expand community pharmacy services over the next two years to achieve the following points, which may be points of development (NHS England, 2023):

- Enable patients in over <u>90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.</u>

The NHS App was an area that community pharmacists discussed with us within informal conversations. Although more than 30 million people has signed up to the NHS App around the UK (NHS Digital., 2023), the SNEE Annual Digital report showed that its use by patients in SNEE is very low, limiting its application in primary care such as community pharmacies. The use of the NHS App in community pharmacies within SNEE may currently be limited, however, evidence to support this is lacking (current dashboards do not allow such specific analysis: https://digital.nhs.uk/services/nhs-app/nhs-app-dashboard). The SNEE ICB recently conducted a patient survey on the NHS App, with results yet to be released (https://suffolkandnortheastessex.icb.nhs.uk/news/past-engagement-projects/nhs-app-survey/).

SNEE covers a rapidly ageing population, with pockets of deprivation, which may contribute to its limited uptake in the area. Further exploration is required to investigate how many pharmacies in SNEE are signed up to NHS App, the demographic details of patients already signed up, and the barriers to the use of the app by patients and pharmacy staff in the area. As part of the widening of NHS App features, NHS Digital released extensive training information for staff, including a promotional toolkit to help teach patients about the services it offers (https://digital.nhs.uk/services/nhs-app#related-news). Additional NHS App training has been offered through PMA (https://pma-uk.org/pma-launch-free-of-charge-nhs-app-training-module/) and E-learning courses as well as the launch of the NHS App digital ambassador scheme (https://digital.nhs.uk/services/nhs-app/become-an-nhs-app-ambassador) to ensure the workforce is equipped to use and upskill patients on the tool.

The recent release of prospective patient records through the NHS App may complicate this further and could present additional work for pharmacists. Some individuals talked about problems faced by community pharmacists not being able to access patient data, especially through GP Connect and SystmOne. One individual expanded on this saying that patients have more access to their records than the community pharmacists, limiting the support that community pharmacists can offer.

Patient pathways through the NHS App have started to be mapped on a broader scale (Figure 1), but the primary care clinicians, such as community pharmacist perspectives are missing. It would be useful to map the patient touchpoints involving digital tools and technologies, to help identify inefficient processes. Many challenges seem to relate to data flow, and lack of integration of community pharmacists into primary care EPRs but overcoming these barriers may require system-wide changes.
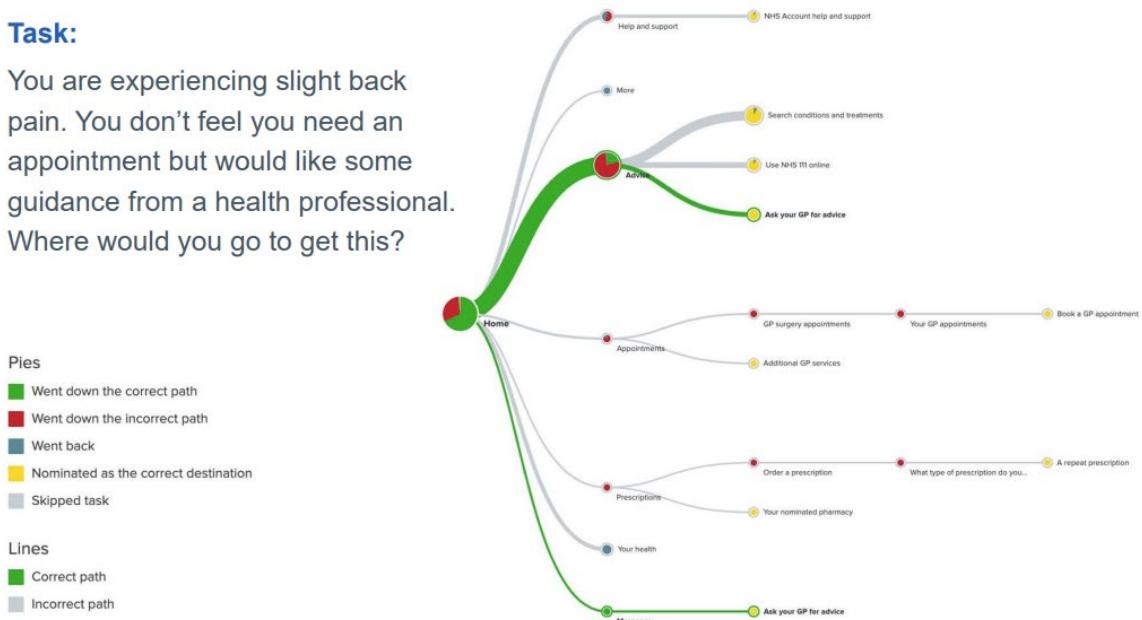
Figure 1: NHS App process map of patient pathways, presented in the NHS Digital Health and Care conference, 2023

Empower patients by rolling out tools they can use to manage their own health, and invest up to £645 million over two years to expand services offered by community pharmacy.
1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024. 2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance (https://www.england.nhs.uk/publication/2023-24-priorities-andoperational-planning-guidance/).
3. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.
4. Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription-only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.
Taken from NHS England Delivery plan for recovering access to primary care 2023
https://www.england.nhs.uk/long-read/delivery-plan-for-recovering-access-to-primary-care-2/

Prescribing pilots in community pharmacies were discussed in scoping conversations and may present additional processes, alongside additional blood pressure and oral contraceptive responsibilities that could be streamlined through digital or data upskilling. SNEE ICS was one of seven areas involved in the Oral Contraception Management Service pilot before the National Pharmacy Contraception service launched in January 2023. To meet these ambitions and support the expansion of community pharmacist roles, it is key to ensure that community pharmacists have been equipped with the necessary digital skills and resources. This is a timely matter while the sector is facing a shortage of staff to help retention and present new progression opportunities.

Challenges in community pharmacy in SNEE

Healthwatch has worked with pharmacy teams in Suffolk to help provision of services (co-production of posters and the pharmaceutical needs assessment) and recently published a feedback report on pharmaceutical services in Suffolk (Healthwatch Suffolk, 2023). This report shows that many people face barriers to getting prescription medication in the area, including:

- Shortages of medication
- Increasing delays to receiving medications
- Inconsistent access to medication reviews in primary care
- Queues in pharmacies and dispensaries
- Poor communication regarding prescriptions with people, and between services

Community Pharmacy Suffolk responded to the report with acknowledgement of wider national challenges as part of the Suffolk County Council Health Scrutiny Committee meeting October 2023. It is well established that staff shortages and problems with medication supply have impacted patient experience, but the challenges faced by pharmacists, and their effects on processes and patient touchpoints have not been mapped and analysed. Likely, wider integration of digital health tools such as home monitoring devices and applications such as the NHS App could contribute to solving some of these barriers, for example through repeat prescriptions and instant messaging with pharmacists. However, digital services must be available and useable to those who need them most, especially those at risk of exclusion and widening healthcare inequalities. The SNEE ICS five-year strategic plan aims to help reduce digital exclusion in SNEE by developing digital capabilities and access to technology, however, the implementation and benefits of current digital schemes have seldom been reported. Healthcare staff are often enrolled to help upskill patients (E.g., through the NHS App digital ambassador scheme) but utilising better promotional tools to the public, conducting sessions through community groups and engaging volunteers or expert patients could be more sustainable methods with reduced workload on an already overstretched staff group. More work is required to explore the most appropriate digital upskilling approaches for the population in Suffolk and Essex, especially given the significant growth of ageing communities.

The Pharmacy Workforce Strategy was developed by the SNEE Pharmacy Workforce Collaborative Group in response to unprecedented strain on pharmacy teams to evidence the need for integrated approaches and workforce challenges. It outlines a lack of funding, leading to reduced hours or complete pharmacy closure, especially of Pharmacy within deprived areas. This issue, alongside other evidence submitted by the SNEE ICB (https://committees.parliament.uk/writtenevidence/121349/pdf/) was discussed by the Health and Social Care Committee in *the Expert Panel: evaluation of the Government's commitments in the area of pharmacy in England* in July (2023).

Within this panel, SNEE ICB described IT and referral challenges.

"GP CPCS has been less successful nationally and locally, with only small pockets of practices utilising the service in significant numbers. The referral process is not well integrated into general practice operations/software and the lack of integration with community pharmacy operations and IT is mirrored."

SNEE ICB attributed reduced CPCS uptake and the move from a national IT platform to locally funded systems as the source of service delivery problems.

"[...] the decision to move from a single IT platform to a 'provider pays' model has reduced the visibility of the [Community Pharmacy Consultation] service which is a missed opportunity and represents a backwards step for better digital integration."

SNEE ICB discussed the impact of opportunities which have encouraged the community pharmacy workforce to move away.

"[...] the national drive to increase the pharmacy workforce in primary care working in PCNs has had a negative impact to community and hospital pharmacies across SNEE. Working toward the expectation of 5 to 6 clinical pharmacists per Primary Care Network (PCN) by 2023/24 and pharmacy technicians 1 to 2 per PCN, many of these have come from community and acute sectors."

Interestingly, SNEE ICB stated that holding commissioning power could help facilitate further collaboration between NHS 111 and pharmacies in their system.

The SNEE Pharmacy Workforce Strategy describes the impacts of digital technologies on the pharmacy workforce and outlines the need for collaborative and consistent digital upskilling to diversify the skill mix, attract and retain the workforce and expand roles at the scale and pace required. It proposes modernising SNEEs approach to education and training delivery, especially considering future professional changes which will expect all pharmacy undergraduates to graduate as independent prescribers by 2025/26 and widening of roles to offer prevention and detection services.

To help address this, the ICB is working with the University of Suffolk to develop a business case to help launch a pharmacy school. SNEE is currently developing pharmacy roles which cover both community and non-community pharmacy environments to prepare the workforce for future integration into multi-disciplinary teams (MDTs). One of the proposed outcomes of the strategy is to lead and influence digital and technology advances impacting pharmacy services (SNEE Pharmacy Workforce Collaborative Group., 2022) however there is a gap in understanding how best to initiate digital upskilling in the current pharmacy workforce in SNEE.

Summary

Potential Key areas to develop in co-production

Six main areas were highlighted through the rapid review and presented to community pharmacy teams.

1. **The NHS App**

   Uptake in SNEE remains low, despite a target to reach 30% of the population. While digital resources and ambassador schemes exist, questions remain about how well the app currently works within community pharmacy settings.

2. **Electronic Prescription Service (EPS)**

   There is a system-wide drive to increase EPS usage, but further understanding is needed around current functionality and areas for improvement.

3. **System interoperability and communication**

   Access to and communication through systems such as GP Connect, SystmOne and warm handovers were identified as potential areas where improved interoperability could support more effective working.

4. **Additional services and pathways**

   As services such as Pharmacy First continue to develop, digital gaps associated with these pathways were highlighted as an area for consideration.

5. **Day-to-day digital inefficiencies**

   Routine digital issues were noted as contributing to delays, medication supply challenges and administrative inefficiency.

6. **Fit with existing workflows**

   A recurring theme was whether current and future digital tools align with the realities of day-to-day community pharmacy practice.

Next steps

1. **What system need will the Digital Upskilling Project address? To include but not be limited to:**
   a. **Who**: Community Pharmacy
   b. **From where:** SNEE
   c. **Why**: Community Pharmacies would benefit from digital upskilling support to meet the demands of service expansion under the primary access delivery plan, especially considering limited funding and workforce pressures.

      Contextual challenges: Changing and expanding pharmacist roles linked to 2-year primary access targets, staff shortages, limited development opportunities, upcoming federated data platform, expansion of NHS App, digital exclusion

      Local challenges: Patient complaints concerning delays, shortages of medication and poor communication, threats to close Pharmacies within deprived areas, lack of community pharmacy operations and IT integration (linked to the move from national to locally funded systems)

      Ideas generated through scoping conversations with community pharmacist representatives, presentations at the Digital Health and Care Congress 2023, as well as the challenges raised by Healthwatch reports, Community Pharmacies Suffolk/Essex and SNEE ICB to the Health and Social Care Committee have highlighted needs and opportunities:

      - NHS app
      - Electronic prescription services
      - GP Connect, SystemOne access and training (may be affected by upcoming federated data platform) to increase interoperability
      - Pharmacy oral contraception and blood pressure service expansion
      - Pharmacy First- prescribing under PGDs
      - Patient barriers to medication which could be mitigated through digital access or tools (shortages, delays, access, and communication issues)

   d. **Focus:**
      The focus of this project is to ensure primary care services utilise digital tools in the most effective ways to improve the patient journey and outcomes. A focus on community pharmacy will contribute to the patient empowerment strand of the access to primary care delivery plan by NHS England.

      Community pharmacies are at the heart of delivering primary health services to communities, especially in areas of deprivation. By supporting service pathways that link people to the medications and the clinical services they need such as flu vaccination, smoking cessation, hypertension monitoring and contraception through the community pharmacy, this project aligns with the ICA priority of supporting the best quality of life. There are many knowledge gaps surrounding existing patient pathways in community pharmacies within SNEE, however, the evidence shows that patients and staff are impacted by current inefficiencies.

      Through consultation with stakeholders, it would be beneficial to map the patient journey, identify touchpoints between pharmacies and patients, and highlight points where digital tools could be implemented or strengthened to advance integrated patient care.

e. **Underpinned by research:**
Scoping the needs and opportunities for digital upskilling in primary care within SNEE through rapid review and informal discussions has helped to uncover community pharmacy as an area of interest. By identifying national policies, upcoming changes and local challenges which influence community pharmacy, we have shown areas of opportunity to discuss within co-production sessions. Fundamentally, we need to explore further with community pharmacy teams in SNEE what is currently utilised, and whether current digital resources are being used in the best way.

The research shows that there are a wealth of resources available to support digital advances, such as the NHS App, however, it is unknown if staff are aware of the resources available, or if there are usability issues which could be resolved through this project.

f. **Coproduced with relevant ICS stakeholders:** This is the next stage of development.

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