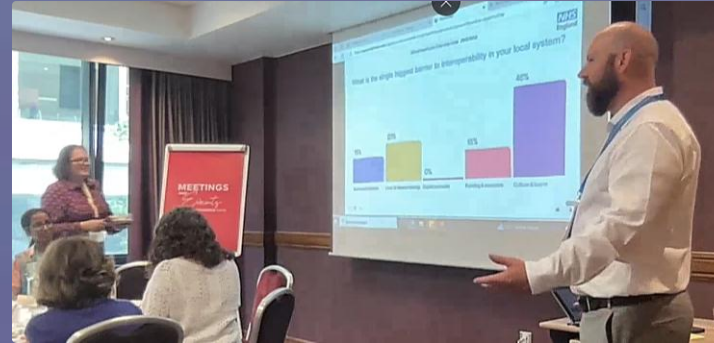


Integrated Care Roundtables: *Improving Digital Transformation*



All content was captured at two Convensis' conferences:
(Primary care event in Manchester and Integrated care event from Milton Keynes)

Roundtables facilitators were Andy King and Tom O'Sullivan respectively

Both roundtables occurred in June, 2025

Lively discussion with diverse groups of NHS attendees

NHS Contributors from:

Planning and performance

Virtual Wards

Population health

Digital Leadership

Finance & Commissioning

Community Partnerships

Acute care

Nursing Directorate

Transformation

Mental Health

Regional Partnership

Integrated Clinical Directorate

PCN Directorate

GP Partnerships

Primary care participant examples

Primary Care Director responsible for 50 practices serving half a million people

Chief Operating Officer for Integrated Primary Care in inner city region, covering 9 PCNs, 50 practices, and 450,000 patients

Associate Director for Primary Care, responsible for several practices and Director of GP Federation, of 50 practices. Also, Clinical Director of a place-based partnership

GP and Primary Director for regions Combined Healthcare, consisting of a mental health trust with three integrated practices. Also Training Program Director for the GP VTS scheme across the region

Valuable insight, opinion & recommendations captured

NEWS HEADLINES 2027
THE 'SAM RUSH' IS FINALLY OVER
AN INTEROPERABLE H...

Analogue

③ TRAINING & SKILLS DEVELOPMENT

④ TIME & CAPACITY

⑨ RESOURCES & FUNDING

⑤ LEADERSHIP & GOVERNANCE

⑧ CULTURE + CHANGE MANAGEMENT

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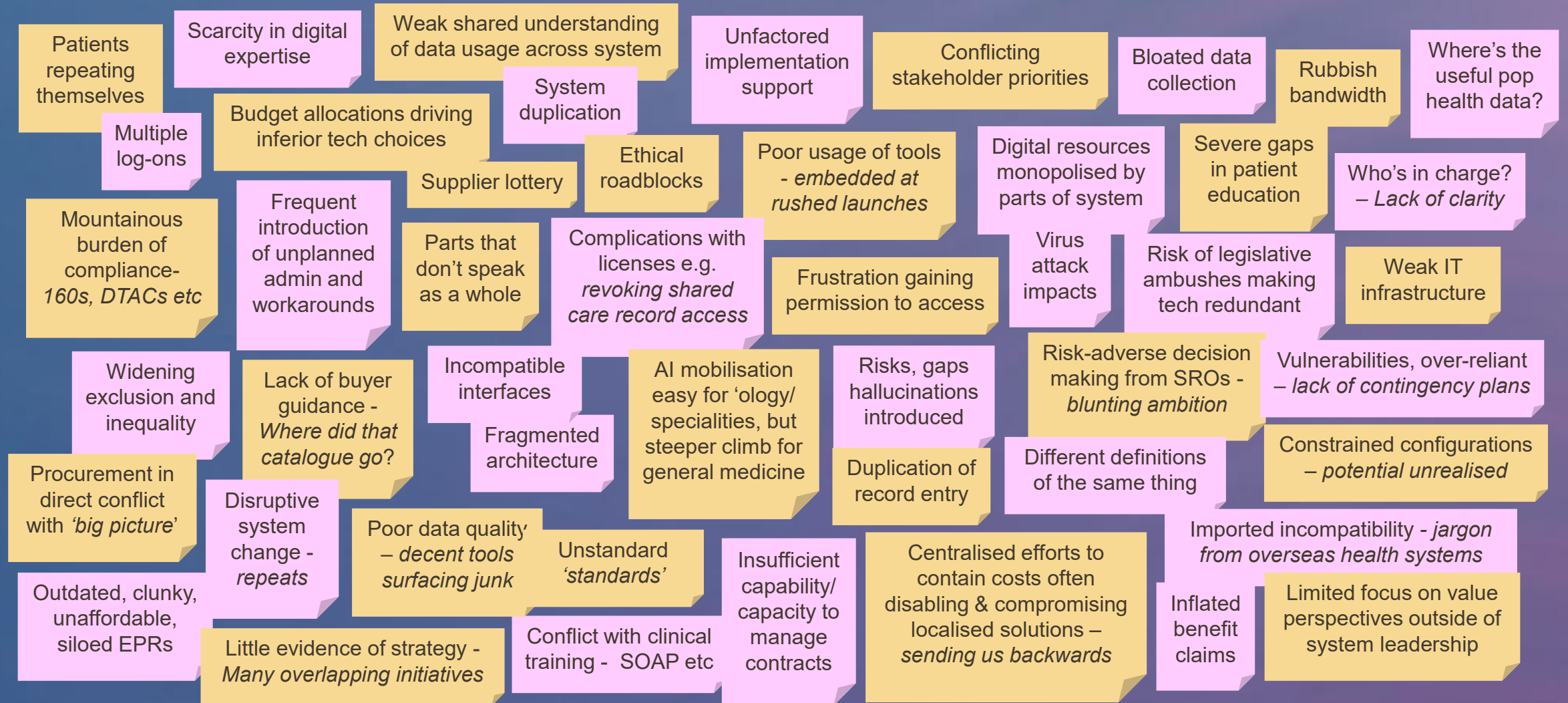
XYTAL

Digital

+

AI transcripts
&
Live voting apps

Shared experiences of the digital challenges



Digital experience limited by infrastructure

“

...we haven't got the right bandwidth to do video consults. I mean, it might be good, and it could be a cohort of patients we could do that for ...but with all this information and all this co-working and everything going out and up, then somebody logs off to have a video consultation, and it's like one of those really bad WhatsApp calls. An absolute complete waste of time. Means you've got to repeat all the actions afterwards.

...And with our creaky infrastructure, we also experience intermittent power failure and system reboots. Each time this happens we're completely paralysed.

...While in the past, you have the doctor, you have the patient, you have a paper, and you can get on. But now we're very reliant on technology and exposed.

...Only a few months ago, we had a half a day with all systems down and you're a bit stuck because you might not know the history or the medication your patient is on...

”

Some realities of digital red tape

“

Very often as a general practice, you are on your own, and a lot of us, you know, start out as independent businesses. It's intimidating trying to make decisions around data protection on your own and not get it wrong.

...And you've got all of these Acute Trust providers going, Oh, we've got experts, we've got this. We're very lucky. Fantastic tech compliance resources. They'll sit there and pull a paperwork apart and go: absolutely not, or yes, that's fine.

Well it's not like that for practices. We're on our own and struggling. Systems come back saying, actually, it's within your gift. This isn't okay really. In my own experience, I ended up using a little company in town, who work with quite a lot of the population, and actually supported us with queries like police reports and then everything in between.

...Anybody in my practice could contact him and he would make a decision: Yes, do this. Ask for this. We just can't be experts at everything...but at the same time this doesn't feel quite right.

”

A new patient experience in seeking care

“

Patients move quite regularly now. They go from one practice and they're using Accurx and they want everything done by Accurx and the next practice is on Patches. So it then becomes - let's get to grips with Patches. The next one's on Rapid health. And it's - what's going on here now? And now they've been used to all these or whatever, but in the last three years that they've moved and now we want them to go to another system.

They eventually reach the point where they say - I'm completely confused. What should I be doing?

”

Headlines imagined, after a *digital revolution*

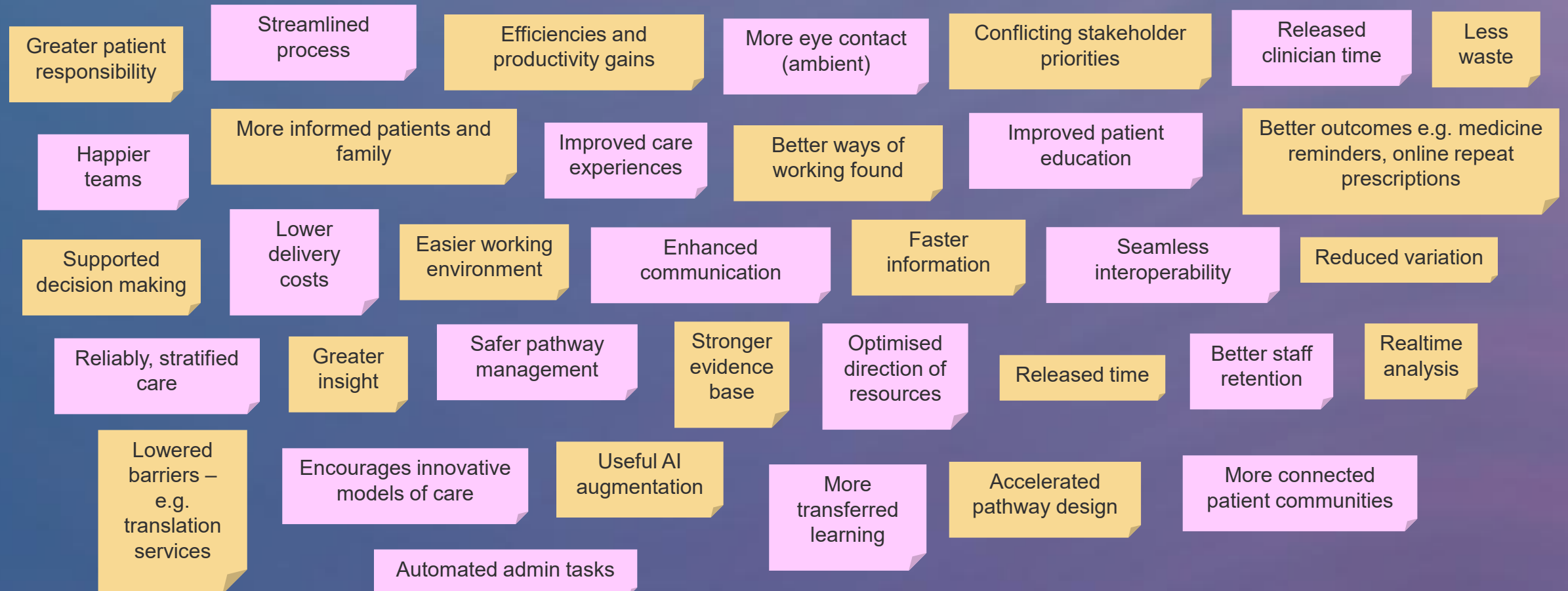
8am surgery rush is finally over!

Waiting lists now measured in hours rather than weeks

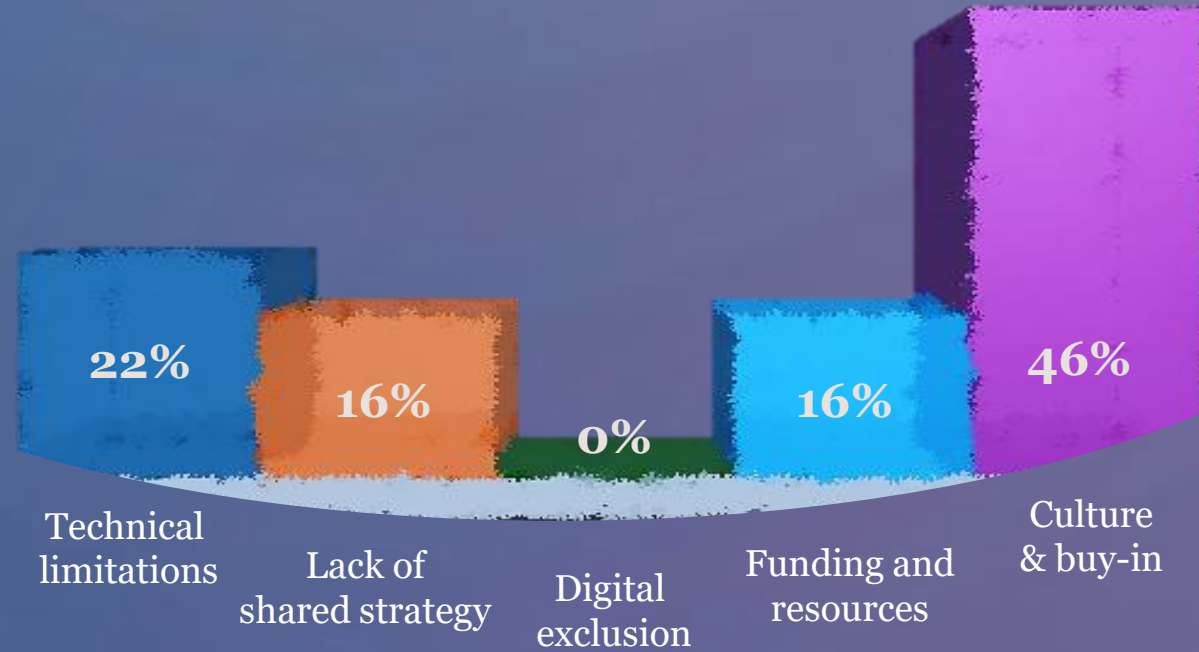
Care in 2030 – Beds aplenty with A&E's empty

NHS not broken anymore

Digital aspirations towards objectives



Priorities to remove interoperability barrier



Voting captured using Mentimeter

How poor culture in digital leadership can feel

“

...I work across a large number of system programs. We manage much of our communication via the Teams app. Each agenda item is discussed by the program leads in relevant sequence and captured using Teams transcripts. Each workstream update feeds across to the program plan and to allow review of critical delivery path and status. We're proud all is systematically structured and tracked using the best digital tools available to us, linked seamlessly to avoid rework or wasted input.

...Then you talk to your digital leader. You brief them on latest position and propose link to Teams as in structured format ready for further interrogation. The leader immediately breaks that cultural chain by their response: *just put it on an email for me*. The subtext: I'm showing my lack of respect for you by expecting you to input that all over again. And don't care about you, your program colleagues and your digital approach. I'm basically not interested. Motivation wise - it takes the wind out everybody's sails.

In a better culture, a better leader will say. I don't understand the Teams process, but can you teach me in 3-4 minutes. To add further insult to injury, often the same bad leadership proponents, when stood in front of a stage, talk about innovation, embracing digital and improving processes.

...For a bold transformation to happen. From my perspective you must have people at the top walking the walk, not just talking the talk. Especially only at particular forums when it suits them.

”

Another view on culture and change

“

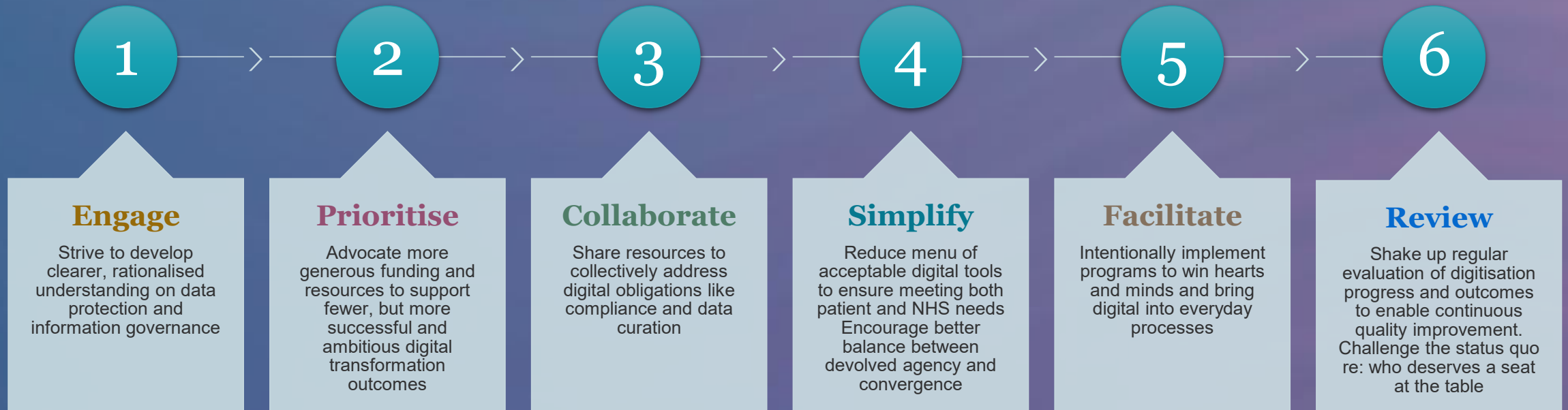
...So I always think culture needs some kind of facilitation to challenge and nurture it, with things like organisational development happening. Heard it said that should factor close to 50% of your total implementation budget on the human capital bit. Seems like a lot, but if you don't do that, from my experience - everything really does seem to go to pot.

...There's often examples of huge programs that get trotted out, but the same mistake keeps impacting smaller projects too. Funds get allocated to the tech and integration partners. Then as an afterthought there's a scramble token effort on the people and change part. Too little too late.

...I think of it like this: If you have 10 pounds and buy five pounds worth of stuff, but put the rest on the leadership and culture then that five pounds brings your return. If you spend 10 pounds and put it all on tech – then you've just thrown that money into the wind, as the project becomes worthless. I've seen this happen on many occasions, with colleagues enduring a system that everyone's mentally resigned to the bin as an unwanted 'lemon'.

”

Conclusions: Focus for activity



Red flag feedback: Mismatches highlighted

Digital Leader view:

- Our planned initiatives complement each other perfectly making the strategy for the system self-evident

On the ground user/patient experience – a communication gap:

- Why won't they explain the overlap, duplication and conflict between apparent competing programs?

Digital Leader view:

- This AI stuff is straightforward – just look at what we've already done in Radiology and Ophthalmology

On the ground user/patient experience – a workload perception gap:

- Why don't you get that areas like imaging are simply not comparable with broader care categories?

Digital Leader view:

- We've published the lessons learned and case studies and are funding the tech to drive success

On the ground user/patient experience – investment polarised to 'what tech' vs 'people how':

- Why don't you see it's support engaging / discovering personalised '*what's in it for me*' that dictates success?

Digital Leader view:

- Data quality just '*is what it is*' and shouldn't slow the pace of digitisation. Pushing forwards will mean this problem will just come out in the wash and go away

On the ground user/patient experience – a failure to recognise critical dependencies

- The garbage in and out undermines any value and its biases train models towards a legacy to put patients at risk. Why don't you see the need to sequence the *foundational upgrades* required ahead of the *technology implementation* step?

Tantalising glimpses into the future

During the roundtables we heard:

Digital value is possible for certain populations

- Example: Excellent record access and interoperability for prison populations in Wales
- Frustration: Rules and consents prevent similar practice for other patient cohorts

Digital value is possible at certain times

- Example: Momentary impressive single patient record in London
- Frustration: Quickly compromised to *read only* and *restricted access* due to containment of license cost with various parts of solution required to be switched off across the system

Digital value is possible applying combined knowledge

- Example: The roundtables themselves demonstrated the answers are there in our NHS teams
- Frustration: The top tables of decision-making put up barriers to greater diversity of membership

Recommendation: Seek to relax the rules a little, redesign the commercials and bring new faces to take more seats at the forums of influence

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