



Progress
HEALTH PARTNERSHIPS

NHS England and NHS Improvement



Digital First Primary Care Support Programme Evaluation

NHS England South East Region

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1. INTRODUCTION

There is a clear drive for digital transformation across the health care system, providing a step change in the way the NHS communicates with, and cares for its citizens. Digital First approaches are outlined within national policy documents such as ‘*NHS Five Year Forward View*’¹ and the NHS Long Term Plan,² which underpin the importance of technology in the future NHS and in setting out the critical priorities that will support a digital transformation.

The 2019 GP contract³ includes a commitment to support practices to deliver digital-first primary care, with the intention that all patients should have access to digital primary care services as rapidly as possible.⁴ This contract has made the introduction of more technology within primary care inevitable and has led to a profound impact on primary care services. At the outset there was limited enthusiasm for a Digital First approach, however, the Covid-19 pandemic forced general practice in England to transform the way they delivered care. GPs rapidly adopted digital approaches to communicating with patients, triaging and consulting at a speed that would have been unthinkable just months before.

Whilst it is clear that the use of digital technology affords people new possibilities for interacting in general practice, the rapidly evolving possibilities in the use of digital mean that evidence of effectiveness is limited with evaluations of e-consultations describing an average increase in workload for staff, although this tends to vary between practices⁵ and is dependent on a range of factors including the type of patient and problem they need to address.⁶ This raises questions about how to ensure technology provides benefits for both patients and staff as we move out of the Covid-19 pandemic. A report by the Kings Fund⁷ highlights that there needs to be high-quality local support to practices and local health systems to support implementation of digital tools moving forwards. As such, policy and investment from national and regional health bodies has been directed towards expanding the range of technologies and is being put to widespread use in general practice.⁸

¹ NHSE. Implementing the General Practice Forward View. NHSE, 2016. www.england.nhs.uk/gov

² The NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

³ NHS Digital (2019b) General Practice Workforce, Final 31 March 2019, experimental statistics. <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/final-31-march-2019-experimental-statistics>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

⁵ Rosen R. Delivering General Practice with too few GPs. Nuffield Trust (2019) <https://www.nuffieldtrust.org.uk/files/2019-10/general-practice-without-gps-v2.pdf>

⁶ https://www.nuffieldtrust.org.uk/files/2017-06/1497259872_nt-the-digital-patient-web-corrected-p46.pdf

⁷ What enabled rapid digital change in primary care during the Covid-19 pandemic? The Kings Fund (2020) <https://www.kingsfund.org.uk/blog/2021/02/rapid-digital-change-primary-care-covid-19-pandemic>

⁸ Baird B, Reeve H, et al. Innovative models of general practice. The Kings Fund (2018)

https://www.kingsfund.org.uk/sites/default/files/2018-06/Innovative_models_GP_Kings_Fund_June_2018.pdf

1.1 About the Digital First primary care support programme

In December 2020 NHS England South East region commissioned Redmoor Health⁹ to work with digital and primary care leads within six¹⁰ Integrated Care Systems (ICS)¹¹ across the South East region. The commissioned delivery included a series of training webinars, workshops and development of online resources to meet the support needs of general practices, with a particular focus on optimising online services during a period of increased pressure and demand. The support offer included flexibility to meet local training requirements and specific local support requests for individual ICS or GP practices. The overarching offer was wide ranging and included:

- Digital training for front line GP Practice and PCN staff
- Support with online services via a production of a toolkit and webinars
- Support with digital marketing services via webinars and one to one sessions
- Support with business intelligence and analytics to better understand 'current provision' for further planning
- Support with improvement planning with webinars and one to one sessions, to improve digital services for practice and patient needs
- Support with engagement strategy to better manage patient expectations
- Identify skills gaps and training needs to support staff training in practice
- Inspecting holistic infrastructure to determine training needs
- Development of bespoke training packages for front line staff

The support was underpinned by the Redmoor Support Centre – a coaching telephone and email helpdesk for practices to utilise on an ad-hoc basis.

The contract initially ran for a 3-month period before being extended for a further 3 months, between January – June 2021.

⁹ Redmoor Health are a private company supplying digital support programmes across the NHS www.redmoorhealth.co.uk

¹⁰ Buckinghamshire, Oxfordshire and Berkshire West; Frimley; Surrey Heartlands; Kent and Medway; Sussex: Hampshire and the Isle of Wight

¹¹ Integrated care systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

2. EVALUATION METHODOLOGY

In May 2021, Progress Health Partnerships were commissioned by NHS England Southeast region's Digital First Primary Care Support Programme, to conduct a rapid, retrospective, qualitative evaluation of the commissioned programme with a focus on exploring the impact of the programme on key stakeholders. The overall evaluation aim was:

'To understand the early impacts of the Digital First Primary Care Support Programme on stakeholders and users.'

2.1 Evaluation objectives

1. To explore how the programme has been developed and implemented across primary care in the region.
2. To assess the reach of each programme element such as webinars, individual support offers for the six ICS areas and the support centre (and others).
3. To conduct secondary analysis of existing output and impact data gathered by the provider
4. To explore the key barriers and enablers to the programme?
5. To understand improvements that could be implemented to develop the programme and assess its potential to be scaled up?

2.2 Evaluation approach

- Review the rationale relating to the programme, including a rapid review of available published and grey literature relating to the work, placing the programme evaluation in context
- Develop and conduct an online survey of wider stakeholders to quantify the main outputs and outcomes from the early implementation, successes, and issues
- Develop and conduct an online survey of participants accessing the online webinars and call centre support to understand the impact of these services on confidence, knowledge, and practice
- Conduct a series of semi-structured interviews with key stakeholders to gather qualitative feedback on the delivered services. The transcripts from the interviews were analysed to draw out the key learning.

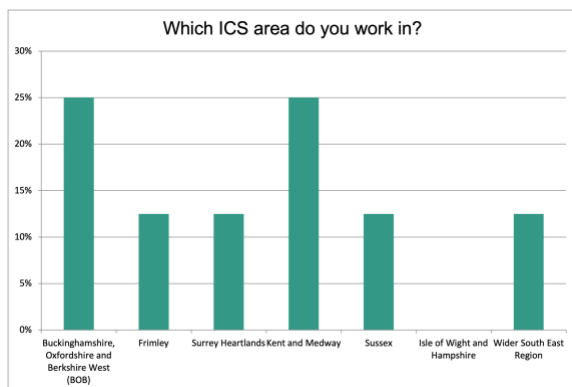
The main findings are presented in this final report with clear recommendations to inform related commissioned support moving forwards.

3. EVALUATION FINDINGS

This section explores the key findings from the independent evaluation and includes:

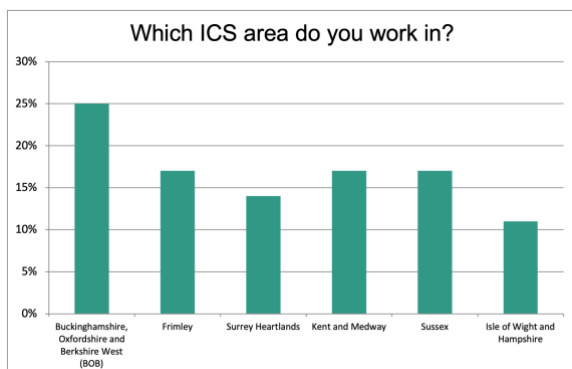
- Secondary analysis of data collated by Redmoor Health
- Qualitative data gathered through interviews with 16 identified stakeholders at a regional and ICS level
- Quantitative and qualitative data gathered through a participants eSurvey, (n= 36 respondents)
- Quantitative and qualitative data gathered through a stakeholder eSurvey (n=18 respondents).

Fig 1: Location of stakeholders



Responses to the stakeholder eSurvey were returned from all ICS areas except for the Hampshire and the Isle of Wight. Three of these eSurvey responders also took part in interview. The roles of stakeholders were wide ranging from commercial directors to clinical leads, from digital IT leads and digital transformation leads to change managers and GP's. 87% of responders worked within a specific ICS whilst 13% worked across the region.

Fig 2: Location of participants



The participants eSurvey was sent to all attendees at the webinar training sessions. In total 36 participants (16% of participants) responded to the survey, of which, 78% of work in general practice. The roles of respondents varied widely and included Advanced Nurse Practitioners/practice nurses, digital champions/IT leads, Practice managers, workflow and quality improvement leads, infection control advisors, workforce leads, GPs and public health professionals.

3.1 The commissioning process

The original plans for the commissioned support focused on a quality improvement piece of work, to assess digital maturity within Primary Care Networks and then to develop wrap around support to help develop the digital capabilities - effectively a quality improvement programme. However, due to pressures placed on primary care by Covid-19 and the subsequent vaccine roll out that emerged at the start of the contract, it was identified that more pressing hands-on support was required.

“It was quite clear that we were in the second wave of Covid. The feedback we were getting was that, whilst a QI piece of work around PCN digital maturity would be nice to have, systems were requesting hands-on support to practices” (South East NHS E Region Digital First Primary Care Team)

“As the pandemic continued to place significant strain on the primary care system, there was a feeling that this wasn't the right time to land a QI piece of work ... but they really needed the support, so it turned into almost a primary care rapid response digital change management programme.” (Redmoor)

It is clear, from the stakeholder interviews, that there was consistent support for the commissioned service and that ICS engagement pre-contract ensued that the commission was co-designed by the regional team and ICS areas.

Consistently stakeholders referred to the impact of Covid-19 on the contract deliverables, leading to a rapid implementation of online consultation. This clearly highlighted the immediate support needs of GP practices, but also the impacts of staff redeployment and prioritisation of vaccine role outs, which affected local continuity of staff within the programme.

“We had one meeting at the start of January and then I got redeployed again into the vaccine programme. It’s been really disruptive because every time you think ‘okay, let’s get going’ then you get redeployed into something. And I’ve been redeployed four times during Covid and it’s hard to have any continuity.”
(GP IT lead)

Fig 3: Service need



Stakeholders were asked via the eSurvey if they thought there was a need for the commissioned programme and the support provided by Redmoor Health. Across responders 84% stated that there was a ‘high’ or ‘very high’ need for the programme whilst 16% said there was a ‘moderate need’.

“I wanted to see how to make better use of digital. Previously, there has been little enthusiasm for it in my practice and I see other practices using it regularly.” (ANP)

3.2 The regional offer

A key aim of the programme was to deliver a range of activities that would offer consistent support across all ICS areas within the region. The support delivered over the 6-month period has included:

- 19 live webinars/workshops
- 11 pre-recorded topic overviews
- Regional digital resource webpage
- Online Consultation demand documentation
- Online readiness checklist
- Online resources plan
- POMI / Social care analysis
- GP resilience tools factfinding
- Strategic review of OC/VC and SMS messaging
- Lloyd George documentation sharing
- Regional website report

3.2.1 Regional webinars

The contract delivered a series of live workshops on a range of digital topics, with the aim to improve the confidence and capability of practice teams in the use the digital tools. These workshops were accessed by staff from each of the six ICS areas. In total **19 webinar sessions** were held during the 6- month contract, supporting **334 individual participants**.

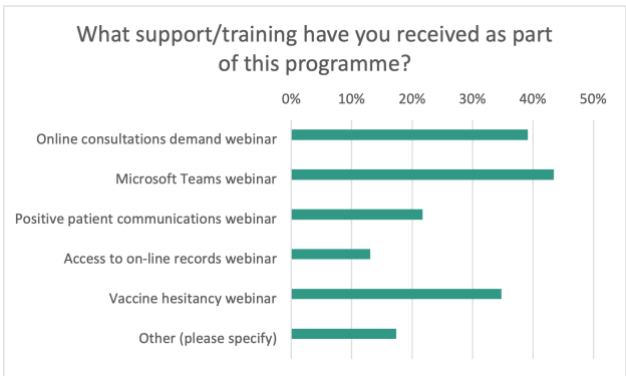
Table 1: Webinar topics

Webinar	Number of webinar sessions
Positive Patient Communication	2
On-Line Consultation Demand	5
Microsoft Teams	2
Access to Online Records	3
Online Toolkit	2
Vaccine Hesitancy	3
Patient communications and social media	2

A skills assessment was undertaken by Redmoor at the start and end of each session, to capture the impact on attendee subject knowledge. The pre-post survey showed an average **increase in knowledge from 5.89 to 8.52** (out of 10).

Responses to the eSurvey were evenly spread across all six ICS areas, indicating equitable reach. The largest response from Buckinghamshire, Oxfordshire and Berkshire West ICS (25%) and the fewest from Hampshire and the Isle of Wight ICS (11%). This is perhaps reflective of ICS engagement with the programme overall, with some regional stakeholders and service providers suggesting that the programme was underutilised by the Hampshire and the Isle of Wight ICS in particular.

Fig 4: Webinar training received



Out of the 36 responders, the most frequently attended training webinars were Microsoft Teams (43% of responders), Online Consultation Demand (39%) and Vaccine Hesitancy (33%).

Participants were asked to reflect on their reasons for attending training. It was clear that the majority were looking to increase their confidence and knowledge in using digital technologies for both demand management and patient communication.

“I wanted to understand how to better utilise digital in our patient communications and get some tips on managing demand” (Practice Manager, Surry Heartlands)

Fig 5: Impact on knowledge and confidence



Participants rated the impact of the training on their knowledge and confidence (0= no impact 10= significant impact).

Reflecting the findings of the Redmoor Skills Score, participants clearly found the training had a significant **impact on knowledge (average 7.6)** and significant **impact on confidence (average 8.1)**.

“The webinars really helped me and the practice to move forward with confidence in making better use of digital. There is still a lot to do but it has been great so far” (Practice Manager)

It is worth noting that the webinars did not meet the expectations of all participants, which was to be expected with such a broad spectrum of participant experience. Four survey respondents (11%) reported very little impact on either knowledge or confidence (score of 3 and below).

Interestingly those scoring a low training impact, either stated that the training required an organisation with more in-depth knowledge of the specific topic, *“These are complex subjects [vaccine hesitancy] and I felt that other people have more expertise and are better placed to deliver these sessions.”* (Consultant in Public Health) or the opposite, in that the training was too complex to absorb knowledge. *“There was too much information in the webinar, so I have not had time to review it all yet.”* (Practice Manager). These two extremes may reflect on how the webinar was promoted rather than the content delivered, however one participant did highlight that perhaps too much time was afforded to introductions and that as busy professionals the webinars should get straight into the topic.

Asked the extent to which participants achieved what they required from the webinars, (0= not at all and 10 = fully), over two thirds of participants **(68%) scored the training as highly meeting their needs**, with a score of 8 – 10. Conversely one in ten **(11%) scored the training as not meeting their needs** with a score of three or below. The **average response rate across participants was 7.6** demonstrating the overall success of the training.

“Their support has helped to inspire my practice to engage on the digital agenda, when previously I feel it was lagging behind a little” (Advanced Nurse Practitioner)

Finally, participants were asked about future webinars and the types of training they would like to receive over the coming months. This elicited a strong response and indicated a high demand for future regional training webinars. The table below are the most frequently occurring training requests.

Table 2: Future webinar training needs

	Additional Training Requirements
1	Social Media training for practices (Facebook, Instagram, Twitter, LinkedIn)
2	Online consultation and demand management, including balancing patient expectations
3	EMIS Training – a fresh look at functionalities (not the training given by the PCN)
4	General use of Microsoft 365, including powerpoint and Excel spread sheets
5	Using digital to support managing long term conditions, (Video Group Clinics etc)
6	Mapping pathways for patients and clinicians
7	Primary Care Digital Literacy
8	MS Teams and Zoom
9	Advance Digital Skills for Practice Nurses
10	E-consult toolbar
11	Digital telephone solutions

3.2.2 Call Centre support

The call centre **received 21 calls** during the 6-month contract period, averaging out at 3.5 calls per month. This was significantly lower than original expectations and perhaps raises the need for such support in the future. The provider suggested that this low demand was due to support requests being channelled through other avenues.

“A lot of the support requests for this programme came out of the weekly project meetings we had with each ICS, or from the weekly regional calls we had” (Redmoor)

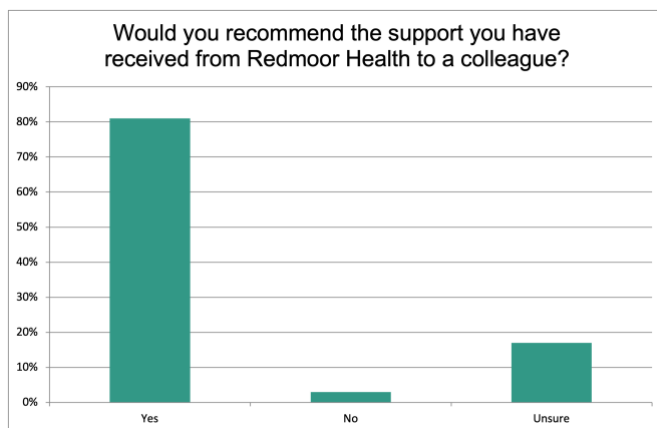
Support requests included: help with Outlook; setting up a PCN virtual café; Microsoft Teams; revamp of social media platforms; creating social media presence; website audit; queries on accuBook; communicating with patients; redaction training; online consultation support; and general enquires. **Average response times for queries was 0.5 days** and hands on support was provided in **100% of cases**.

3.2.3 Impact of webinars and call centre support

Whilst a retrospective evaluation like this cannot accurately record the impact of these services, the eSurvey asked participants to reflect on the impact of the Redmoor training and call centre with qualitative responses.

Eighty eight percent of responders provided positive impact statements. The most frequently recurring impacts related to improved communications with patients, *“It has enabled me to communicate very effectively on social media with my patients”* (Medicines Manager), making better use of digital in general *“It’s really helped me and the practice to move forward with confidence in making better use of digital. Still a lot to do but it has been great so far”* (Digital Champion), and more efficient management of patient needs *“I managed to implement a Virtual Group Clinic in my practice and we are ready to run Long Term Conditions part of the QoF via virtual clinics”* (HCA).

Fig 6: Would you recommend Redmoor?



To gain a final reflection on participants views on the webinars and call centre support provided by Redmoor the eSurvey asked participants if they would recommend Redmoor training to a colleague. Encouragingly **88% of participants would recommend Redmoor** with just one participant stating that they would not recommend.

“They’ve been amazing. Fast, reliable, responsive, very knowledgeable and keen to help” (GP)

The final aspect of the regional wide support offer was the production of resources to support practices across the region. The resources were often co-produced by Redmoor with one or more identified regional expert.

Case Study 1: 'Dealing with Increasing Demand for Online Consultations guide'

A resource developed in partnership with Dr Karl Bennett from Frimley ICS and the Digital First team. The resource was developed to support practices and share good practice in dealing with increasing demand for on-line consultations and making online consultation work better for practices and patients.

"Frimley ICS were sharing feedback that their practices were getting a lot of patient demand coming through online consultations and Dr Karl Bennett was really willing and forthcoming to be the sort of clinical sponsor for the work"

Recognising that some practices across the region were 'behind the curve' in relation to managing online demand, the final resource was a pragmatic helpful guide, breaking down the challenges of online consultations and helping all practices to better manage demand.

"That's a huge piece of work. It sounds quite straightforward, in terms of if you've got a GP that's willing to help and share their thoughts and experiences, etc., but actually bringing that together, going through the process of drafting it, iterating. I mean I think we had something like 12 sort of revisions of this document. Then getting that and taking it through the regional systems. It was a really big piece of work that I think having the Redmoor support with was really, really valuable and I think it's probably a shining example of the value that they brought"
(NHS South East Region, Digital First Primary Care Team)

Case Study 2: Audit of practice websites and social media

Redmoor Health undertook an audit of all websites and social media sites across the region with recommendations for improvements which send to the ICS teams for them to action. This support and advice included: Advice on websites and active social media presence; key website metrics and meta-analysis of social media; GDPR compliance; recommendations for improvement etc.

"We've audited all of the websites of all the practices around GDPR compliance, WCAG [Web Content Accessibility Guidance] compliance, social media have they got social media, social media activity, what are the websites like in terms of comms and imagery and stuff like that. They've got quite a detailed analysis of all their web reports for the whole region" (Redmoor)

These resources were hosted on a south east regional [webpage](#) established by Redmoor, alongside a range of other support resources. The webpage was set up to encourage and support staff in adopting and embedding online services in their practices and to increase competence and confidence in practice. These resources included: how to guides; bite size videos and case studies, often linked to the webinar training sessions. At the end of June 2021, the website had received **532 unique visits**.

"So rather than attending a training session going away and thinking I really enjoyed that but I'm not sure what to do with it. There's a link there directly to the supporting resources and the call centre. We'll have a one-to-one with them, to be able to help guide them through it because people pick up a lot of information at the webinars but they're there to trigger people's thoughts and ideas in their head for them to take away and say, yeah, I'm going to do this now actually and there's somebody there to support me."
(Redmoor)

3.3 Individual ICS area support

“I have tried to utilise the resource available to me. I think Redmoor have been very responsive locally and captured most of what I have asked them to deliver”

(Digital First and Digital Transformation Lead)

In addition to the regional support outlined above, Redmoor were commissioned to work with the six individual ICS areas to offer hands-on support above and beyond that regional offer.

There was a mixed response to this support, with four areas requesting and receiving significant support, namely Buckinghamshire, Oxfordshire and Berkshire West, Frimley, Surrey Heartlands and Kent and Medway. A fifth area, Sussex, started requesting support towards the end of the contract and Redmoor are now delivering in the area. Hampshire and the Isle of Wight ICS have not requested any individual support (although they have had staff accessing the regional support offer, via attendance at training webinars).

“I thought that the local ICS support was really good. I was working with that team directly, we received clinical lead level knowledge and experience in the way that they picked up the work that we wanted them to do. They were really efficient, I really rated them throughout that process” (Digital Transformation at PCN)

Stakeholders suggested that responsiveness to the local support offers depended on local internal capacity (are digital leads already in place within an ICS, are they new in post) and if the ICS area had already identified digital priorities. Pressures relating to Covid-19 also had a significant impact on local capacity to prioritise this work.

Table 3: Local ICS support provision

ICS area	ICS support	Brief description of activity
Buckinghamshire, Oxfordshire and Berkshire West	PCN communications toolkit	Showcasing of best practice, including communications strategy and social media strategy,
	ICS Review/scope of online consultation and video consultation	Inclusive of contract reviews and supplier support and engagement
	ICS review and scope for ASK NHS, Klinik, eConsult and Footfall	Including communications plan and case study of ASK NHS app for booking flu appointments
	Video Group Clinic training	Practice specific training including social media training and support and development of PPG online groups
	Website Auditing tool and social media report	Audit of all practice’s website and social media platforms
	Digital Inclusion	Partner workshop with NHS, local government and voluntary and faith sector
Frimley	Online consultation demand toolkit	Toolkit to support demand management of online consultation across the ICS
	Website auditing and report	Supporting practices to meet national requirements and ensure website meet needs of patient population
	Data Security and Protection Toolkit support.	Support for 30 care homes to help meet approaching standard requirements for care home data management
	Change Management training	Training on the integrations of digital services to practice staff

	Deep dive into website reporting with IATRO	Review to better explore the practices that require immediate attention and resource to support platform management
Surrey Heartlands	Website reporting	Identifying practices that require website support
	Lloyd George support	Support documents and frequently asked questions and procurement information to assist procurement and delivery
	1:1 coaching	Supporting practices with footfall management
	IAPT Mental health campaign	Support for campaign targeting age groups and directing to online support for mental health and wellbeing
	Case Study	Development of case studies for individual GP practice
	Online consultation	Series of OC supplier events and reception training
Kent and Medway	SMS business case	Reviewing use of SMS messaging, product road maps, costs and support with contractual renewal
	Lloyd George Records	Support documents and frequently asked questions and procurement information to assist procurement and delivery
	MS Teams	PCN virtual café
Sussex	Data Security and Protection Toolkit support.	Support for 15 care homes to help meet approaching standard requirements for care home data management
Hampshire and the Isle of Wight	No requests for ICS support received	

In some areas, it was reported that Redmoor may have been seen as an external competitor to the local system or a duplication of existing provision. It was noted there were multiple layers of support being offered by different organisations across the system and that greater clarity in the service offer across the system would have been helpful.

In other areas, they agreed to engage and agreed the type of support they required but then the ICS area did not follow through the actions – often down to a lack of internal capacity or competing pressures within the system.

“Meetings were set up with all of the ICSs. One came back and said yes, absolutely, we want this. This is what we’re going to do. But it just never came to fruition. So, areas were agreed but never followed by the ICS due to workload and demand pressures within individual areas” (Senior Officer NHS England South East)

As the growth in Redmoor delivery commenced in the early adopter ICS areas, other less engaged areas started to come on board. This showed the positive impact and recognition of the support provided by Redmoor, but it also raised challenges due to the short-term nature of the contract, in that as support requests from less proactive ICS areas are made late in the contract cycle, with little time left to deliver.

“I feel like maybe we didn’t utilise Redmoor as much as we could’ve done, but I think that is partly because we do have that implementer team in place. But the lack of longevity of contract is obviously a key in terms of workload planning” (ICS Digital First Content Engagement Lead)

Stakeholders reflected on the pros and cons of having such flexibility in the local offer, an undefined criterion of support. This led to significant time demand in certain areas, where Redmoor were engaged in large scale programmes such as the SMS audit. This may have restricted opportunity to spend greater time focusing on areas less engaged and perhaps reflects on a need for additional internal support staff within Redmoor team.

“Some areas were taking all the help and support they could get and I think the Redmoor team were fantastic in they didn’t formally just flat out refuse to do a piece of work..... there were a couple of times where they took on a piece of work and maybe was not appropriate within the contract, due to demands on time in turning around pieces of work” (South East NHS E Region Digital First Primary Care Team)

Overall the hands-on support provided by the team in local areas was particularly of value given the current demands and strains on the primary care system. Stakeholders reflect that without the regionally commissioned contract the local system would have had a significant gap in the rollout and utilisation of digital in primary care.

“Just them [Redmoor] being able to pick up and respond to our queries and issues. The real kind of minute detail at times, where we just didn’t have enough hands within our side they were able to provide that real hands-on, sleeves rolled up type support. Redmoor have really plugged that gap and plugged it well I think” (Practice Manager)

Case Study 3: Kent and Medway CCG SMS Business Case

At the start of the pandemic, accuRX were offering their SMS services to practices for free. This was not sustainable and costs needed to be picked up within a system that included other contracts with other messaging solutions.

“The position that we were in was that NHS England and NHS Digital had funded accuRx as a messaging solution nationally as a Covid response. That was taken up by all the practices in the ICS area and heavily utilised throughout the Covid pandemic but there were all sorts of other contracts and bespoke nuances across some of the old CCGs” (Digital Transformation Lead)

Kent and Medway CCG (a merger of 8 CCGs), requested the support from the Redmoor Health to develop an SMS business case through a review SMS message service provision and utilisation data, identifying SMS message costs, identify any overlap of capabilities with the message providers including the consideration of future roadmaps and to recommend options for future message service provision across 199 practices.

“Redmoor helped us to do that audit. They worked with the suppliers, they also worked with practices and PCNs to understand what was being used, they looked at everything that we had a contract in for and the level of utilisation that those systems had but they also spoke to practices and PCNs to say in these circumstances what would you use because, you know, practices had about three, possibly even four ways of doing the same thing. On top of that we had online consultations that had recently been deployed and these were providing an SMS messaging solution, so that was going to become yet another system that had the same capability that we already had a contract for.” (Digital Transformation Lead)

The support service allowed the CCG and practices to keep the continuity of service for practices whilst providing a road map for the medium term.

“Savings will definitely come in the future because we now know, we’ve now got a clear picture of where we’re at with those suppliers” (Digital Transformation Lead)

“The support provided to the CCG for assessing and formulating a messaging strategy was excellent.”
(Digital Transformation Manager)

“The SMS benefits piece. Without commissioned capacity, who does it, who sits down, looks through every single SMS system they’ve used, speaks to the developers, finds out what their roadmap is, starts pulling together an outline of what you could, you know, you might be able to cancel that contract because that supplier over there is going to provide the same thing going forward. We spotted a couple of areas that we’re using a product that the ICS didn’t know was even being used. I think they would have struggled to have found somebody to do that piece of work when everybody’s been on vaccination rollout.” (Redmoor)

Case Study 4: Surry Heartlands ICS

Surrey Heartlands ICS have developed a public facing Mental Health campaign which incorporates advertising and promotions on the social media platforms targeting different age groups across Surrey. Following a Redmoor Social Media webinar, the marketing and comms manager approached Redmoor to provide additional resource to promote the campaign via social media.

“The support offer was very timely for us. We had no time to carry out any sort of procurement process for an NHS third party partner that could help with this particular element of the project, and they were there, they were very experienced and they offered the help” (DHC Marketing and Comms Manager)

Redmoor implemented a joint marketing campaign using social media to target new audiences and worked with the local radio stations to place radio and digital campaigns.

“Redmoor set up and managed a Facebook platform, a brand new one, for a collective partnership of six mental health providers in Surrey, which didn’t exist before. They bought Facebook, Instagram, TikTok and Spotify advertising space for the campaign and managed those, and then they have also reported on reach” (DHC Marketing and Comms Manager)

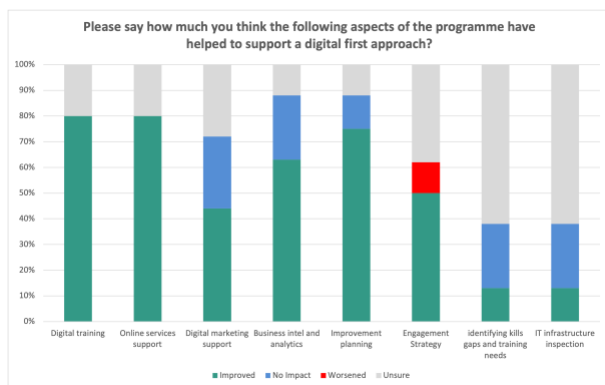
After the eight-week campaign finished the outputs were as follows:

- - **Impressions: 4,176,359**
- - **Reach: 695,839**
- - **Clicks through to support website: 24,882**

“They managed the platforms, managed the advertising and reported on the advertising, and without that element we would have had to outsource that to perhaps quite an expensive media agency. They measured impact in terms of clicks through and visits to the campaign destination which was Healthy Surrey’s public health website mental health pages, and it has been an absolutely unprecedented volume of visitors” (DHC Marketing and Comms Manager)

3.4 Overall impact

“Redmoor offer a very valuable product that ICS areas need, which is the training of staff, which is the local support for implementation of digital services. They have a highly skilled and varied staff offer.” (Primary Care Transformation Lead)



Stakeholders were asked to state the level of impact that each aspect of Redmoor service delivery had achieved.

80% of eSurvey responders stated that the 'digital training for front line GP practice and PCN staff' and 'support with online services' had improved the Digital First approach. Likewise, the support relating to business intelligence and analytics (63%) and improvement planning (75%) were reported to have a positive impact.

Conversely work relating to 'identifying skills gaps and training needs' and 'inspecting holistic IT infrastructure' were only viewed to have had a positive impact by 13% of survey responders, with 25% saying it had zero impact. This could be related to the shift in focus of the contract from the original thoughts around quality improvement to a more hands on practical approach to cope with Covid-19 demand pressure on practices.

Practices reported that they were having to not only deliver on primary care business as usual, but also deliver a vaccination programme at a scale. With that backdrop, stakeholders reported that Redmoor were really quick to orientate themselves into the region, lever a lot of the contacts they had already and then very quickly build quite deep contacts across the south east systems, in partnership with stakeholders.

"As I'm aware, with some of the feedback that I've received, I think that really has added value and been of great support to systems within the region. I think we are, on the whole, very pleased with how they've been able to provide support as commissioned" (South East NHS Region Digital First Primary Care Team)

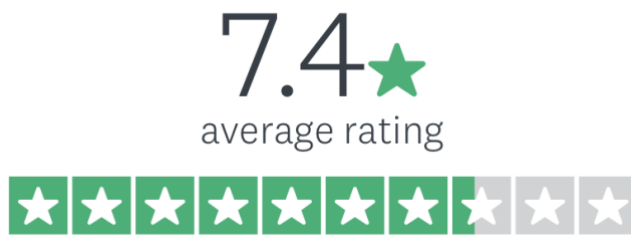
"I think what we've done is we've supported the system to manage the demand that they're going through at the moment. For me, the biggest success of it all is it's been really intensive right in the middle of the worst possible time you'd land a change programme, which is right in the middle of a pandemic. We've suddenly given people a bit of an extra bit of capacity in the system just when they needed it" (Redmoor)

It is of interest that a significant proportion of survey responders were unsure of the impact of certain aspects of the Redmoor service delivery. Comments such as *"I am not fully aware of all the work Redmoor Health have undertaken"* (Digital Transformation Programme Manager) *"Not everyone knows the Redmoor Team are there to help and support"* (GP Partner and Clinical Lead) *"I am not sighted on the extent to which the Redmoor offer was taken up by practices"* (Change Manager). Perhaps this reflects the difficulties in supporting such a large geographic area with a broad service offer in a short term contract.

Clearly, at a regional, level stakeholders report significant impacts of the Redmoor team. They were consistently reported to be especially strong at communication and engagement with a broad range of stakeholders. The other consistent message was that they clearly have significant expertise in the subject matter and when this expertise was not within the core team, they were responsive in locating and bringing in experts on specific individual topics. Stakeholders frequently referred to their knowledge of and relationships with a broad range of suppliers across the primary care Digital First marketplace and across social media, which they felt meant Redmoor were uniquely placed to support specific practice needs.

"Redmoor Health have demonstrated that they have significant experience and knowledge of the challenges of making Digital First a reality in Primary Care" (Digital Transformation Programme Manager)

"They have provided the type of support - especially the training that we have needed for a long time" (Digital IT Lead)



Stakeholders were asked to rate the overall impact that the Redmoor support programme has had on digital primary care in the region (0=Zero impact, 10=significant impact) the average score across stakeholders was a very positive **7.4**. The lowest impact score given was 6 and the highest 10.

“I think from our perspective, as in a regional team who are responsible for the system within the region, they’ve provided that extra wheel, so to speak. They’ve been able to bring in their experience, the staffing that Redmoor bring, people that have walked the walk themselves, ex-practice managers and the like, programme practitioners. That’s gone down really well”
(South East NHS Region Digital First Primary Care Team)

4 CHALLENGES WITHIN PROVISION

The commissioned service clearly met an identified regional need and landed at a time when primary care was being forced to rapidly move towards a Digital First approach. It is clear that the support offered by Redmoor was appreciated and utilised by the majority of ICS areas and that stakeholders rated the provision highly, reflecting that value for money from the contract has been achieved.

However, many challenges still exist within the regional Digital First approach. Stakeholders reflected frustrations relating to the multiple digital systems operating within and across ICS areas and a lack of understanding in how these systems can be streamlined or in how to make best use of them. There are clear disparities between practices in their knowledge, experience and willingness to understand and embrace these digital systems and further engagement sessions are required to bridge the gap.

“Following the rapid transformation that has taken place across primary care there it is now crucial that practices are adequately supported in refining operating models to best accommodate these new technologies as we enter a new business as usual” (Practice Manager)

There is still a significant piece of quality improvement work required that must start in creating a deeper understanding the needs at a regional, ICS and GP practice level and creating a support offer that will level up digital provision across the region. Stakeholders reflect that ‘digital literacy’ across practice is so varied and this is a real concern. Whilst it is clearly required, it is reported that practices do not have the ‘head space’ at present to undertake a digital maturity assessment at it would be beneficial if there is support at either a regional or ICS level to collectively support this over the coming months.

Whilst the evaluation has highlighted disparities between and within ICS areas in both need for the service and use of the service, it is worth reflecting that the region is geographically very large. This raises significant challenge in communication and reach. The ‘system’ is only as strong as the individuals within it and like any network or system it’s success or

failure will be dictated by levels of support for the offer and the support of individuals to disseminate the offer.

Due to pressures within the system, (relating to Covid furlough, reallocation of roles and vaccine roll out) the service had little lead time to map local need and communicate the service offer, navigating difficult conversations / obstacles prior to implementation. It appears that this impacted on the engagement with certain ICS areas that were hesitant to take up the service offer. Reflecting on this, whilst significant work took place at the outset in engaging with ICS areas, it is acknowledged that, should further commissioning take place, more time would be given at the front end to aligning strategic drivers at the region and ICS level and engaging CCGs to develop the objectives and deliverables for the support. This will require longer term contracts, and stakeholders reflected frustrations at the short term (3-month contract) which was then extended to a further 3-months. This meant that as knowledge of the available support started to grow, the contract was coming to an end.

The topic of commissioning external Digital First support was much discussed. There was general agreement that this additional support is both welcomed and needed, but less consensus on how the support should be funded. Funding at a regional level ensured consistency of provision across the region, which is important in levelling up digital maturity, however it was suggested that, as the ICS areas were not directly paying for the service, some may have seen less value in utilising it. Further discussion relating to appropriate funding models is clearly required.

Finally, the remaining area of challenge raised by several stakeholders was on the reporting of impact, moving from 'this is what we have done' to 'this is the difference we have made' and from reporting on 'these are the deficiencies within a system' to 'this is how you address these deficiencies.' Whilst it is very encouraging to see that thought had gone into data collection, (which is often neglected by commissioners and service providers), secondary analysis of the data gathered by Redmoor within this evaluation was a times a little difficult due to data being held by separate individuals within the system, incomplete data, or inconsistent data collection. There would be significant advantages in setting clear evaluation objectives and subsequent data collection systems, integrated from the outset of a programme such as this.

"Reporting needs to move from information – to next steps – what do we do now? You gave me the information, but it was missing the 'how I can solve this' How can you help me with this 5%? Which is what we were looking for really." (Primary Care Transformation Lead)

5 THE NEXT 12-MONTHS

Discussions with stakeholders concluded with a look forward over the next 12 months to understand what the emerging needs may be at a regional level. It was consistently reported that there is 'value' in retaining support at a regional level.

The most consistent needs identified related to a digital transformation piece of work, understanding what ICSs, CCGs, PCNs and practices are missing and what is needed to address gaps, with a clear map on how we get there within the system. This mapping exercise would identify needs and these would be direct service requests which should elicit a more balanced response across the system.

"There's actually still quite a lot of change requirements and support needs for practices, in terms of bringing them up in the maturity stakes, utilising the digital systems more fully and looking at the kind of internal change management support for practice in reaching digital maturity" (Digital First Lead)

Linked to this was a request for external support in the procurement of online consultation and video consultation.

There was an agreement that ongoing support for practices is required as they move out of pandemic/vaccine response and back to 'business as usual.' It was reflected that they would now have more time to engage with a support offer around online consulting, and video consult. They would value regional support with regional sharing events and regional communications

The webinar training was highly valued and, as this evaluation shows, highly effective. Stakeholders feel that this a significant resource and regional webinars should continue, perhaps being preceded by consultation with practices, which can be done remotely, to clarify precise training and development needs.

6 RECOMMENDATIONS

As independent evaluators we would make the following recommendations for continuing to provide regional support across the Digital First agenda in the South East.

1. There is clear appetite for the offer of external, hands-on support across digital. If resource allows, a new contract offer should be explored with the regional and ICS areas and that options for the financial model are explored with the ICS areas
2. Short term contracts, such as the one delivered across the past 6-months raise many challenges in terms of effective implementation at the front end, developing relationships and communication strategies and in delivering at scale within a compressed time scale. If resource allows, we recommend lengthening any contract to a minimum of 12-months and longer where possible
3. There was varied uptake of the service offer across and within ICS areas, with differing local need and differing local capacity. We would recommend that prior to recommissioning you should consider mapping current service provision and gap analysis. An effective way to manage this would be to build on stakeholder discussions delivered through this evaluation and conduct a broader survey of need, followed by a workshop to finalise the deliverables of a future contract
4. There is significant support for the regional webinar training and a clear demand for expanding this provision. We would recommend that the region continue to offer bespoke webinar training and that training resources are disseminated widely through the region. Demand for the call centre was minimal and we would recommend that commissioners relook at the need for this support and potentially remove it from any future contract especially given the increasing capacity being developed at an ICS area in terms of the emerging 'Change Manager' workforce
5. There is a need identified for a detailed quality improvement piece of work around readiness for digital. We would recommend that this element is a central requirement to any future work
6. Efforts were made by the provider to gather both output and outcome data. However, data collection appeared to be ad-hoc and inconsistent. To address this, we would recommend building evaluation into the start of any new contract. This should start with a mapping of intended outcomes (logic model), the development of an evaluation framework and development of pragmatic data collection tools that should be applied consistently throughout the contract

“My personal experience of working with the Redmoor team was great. The team were responsive, knowledgeable and were able to work autonomously within the scope that they had been given during a very challenging time when CCG resource was stretched. Thank you for the support that you have provided” (Digital Transformation Manager)



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