

EQUIP used to call it the Babylon steering group...

... but no longer. The three learning system meetings that took place since our burning platform day have been branded under the heading "Young and Healthy Learning System". So when we talk about innovation for the young and healthy, you know what we're referring to, and why we even looked this way.

he **aim** of the learning system was to maintain the percentage of young (20-39 year old) and healthy (with no long term conditions) people who are registered with General Practice in TH. All documents relative to this Learning System are available on LifeQI.

And folks. We've met. Three times. The best and brightest in Tower Hamlets – other than you, of course ;-). We've worked closely with clinical staff, admin staff and patients (ugh, what a bad word!!) to identify some lines of work that could be supported to make us relevant and competitive in the current market, increasing our appeal, and thus decreasing the pull from private digital providers to entice our younger, healthier patients away from our practices. The peeps that attended the sessions self-grouped under broadly five initiatives, which are now being written up as a business case for some provider investment. To keep everyone in the loop, the areas of work are listed below, with a few bullet points for next steps – I know you like these emails to be short, so I hope the lack of detail can be forgiven. If you want to know more, you know who to ask...

1. Develop an online GP App for Tower Hamlets.

a) Map our current offer on the market in terms of IT solution: what we have and what we can build on.

- b) Do a gap analysis, identify gaps between the exiting offer(s) and the key features defined for the future TH GP App.
- c) Write up specifications, identify layers that will need to be added to the existing offer and develop technical specifications for the TH GP App with a timeframe.
- d) Develop and test a prototype.
- e) Implement across practices.

2. Increase uptake of e-Consults

- a) Define state of the art: look at some examples of maximising e-consult use and automated check-in/triage, see innovation already taking place in Tower Hamlets, check GDPR compliance.
- b) Develop recommendation on how to embed e-consult in practice's day to day work supported by an evaluation plan to measure what is being shifted with e-consult (impact on demand and workload). Agree on a borough wide strategy and standardized marketing materials for our local residents (e.g. business cards) to maximize uptake. Train staff, clinical and non, accordingly.
- c) Scale it up!
- 3. Develop a standardised online new patient registration process (this piece of work stared a year ago and the team will need some targeted support as they are planning the pilot phase)
- a) Develop, plan and deliver marketing strategy for this new online registration process.
- b) Explore interoperability of the platform (in development) with EMIS + costing.
- c) Support from Healthwatch to facilitate patient engagement on this new process.
- d) Support practice training.
- e) Central support (network manager to be confirmed) to help practices with their data collection during the pilot phase.

4. Explore remote access / working from home solutions to increase the appeal for clincal staff to work in NHS Tower Hamlets

- a) Identify a suitable software and equipment to enable remote access.
- b) Explore IG requirements for remote access (e.g. can staff use their own PC?).
- c) The project team to update the Learning System group when is resolved so testing can take place across different practices.

5. Enable online booking for telephone triage appointment slots

- a) Create sessions with no time slots for telephone triage appointments
- b) Link to whatever GP App will be selected and/or developed for Tower Hamlets
- c) The project team to update the Learning System group when is resolved so testing can take place across different practices.

Here's hoping this all makes sense. We found the Learning System invaluable: hosted a chat show with the people who know most about the digital appeal, brainstormed outdoors on the grass, did marketplace exercises, made posters, shared, generated and captured greatness, and really created a lot of alignment which we hope will give back to our borough, in spades. Now, it's time to make it happen, and create a smooth transition from our "innovation lab" to the Primary Care Development Collaborative and the GP Care Group. As we do this, again and always, many thanks to all those who contributed and gave up their time to generate a renewed sense of hope. Thanks so much for putting up with our pull, our enthusiasm, and our annoying determination. But even more, thank you for responding, engaging, and showing, once again, that it is totally possible.

Virginia