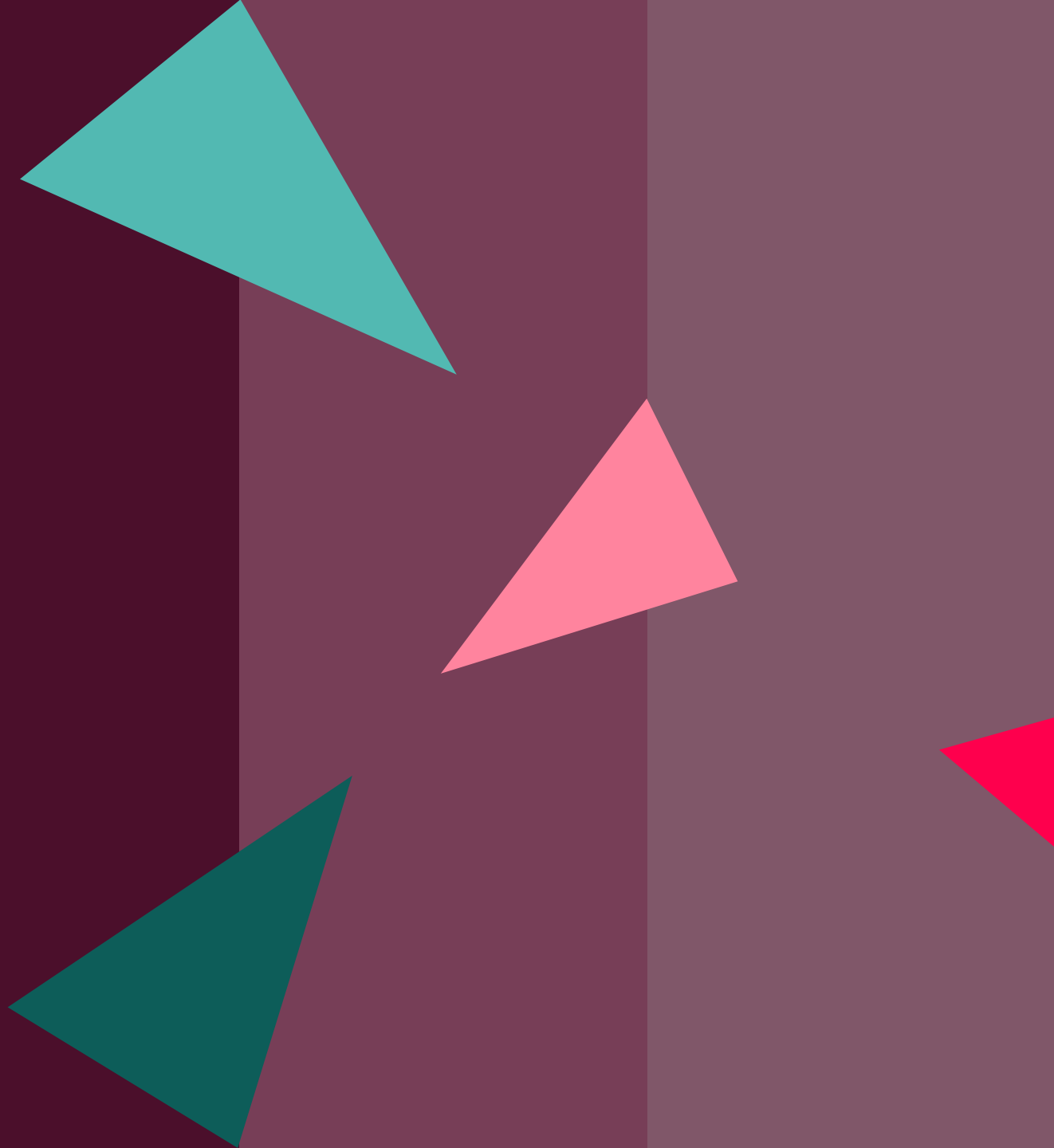


# The Proposition



## Key challenges facing health and social care

### Miscommunication

Insufficient communication between caregivers and systems can pose severe consequences for the patient and their family members.

### Staff shortages

Staff shortages strain care, reduce experience, and increase reliance on costly agency workers.

11%

said their care or treatment had been affected by an admin or IT error within the last 5 years

26%

Of workforce state there are enough staff at their organisation

1.2m

await community-based NHS mental health services

29%

NHS patient satisfaction dropped to 29% in 2023, marking a 40-year low

### High Demand and Lack of Resources

A lack of resources hamper patient care quality and strain medical staff. Shortages in equipment, staff, funds, and facilities can result in patient backlog, delaying admission, treatment, and discharge processes.

### Inefficiency

Healthcare inefficiencies cause disparities in treatment outcomes and patient satisfaction. Inadequate staff training, outdated systems, and fragmented processes hinder care continuity, coordination, and communication.

## Challenges are faced across the ICB

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### Organisation

- Overlapping services causes wastage
- Lack of alignment between teams causes confusion and delays
- Struggle to know where the people they care for are



### Person

- Repetition of their story
- Having to project manage their own care
- Long waiting lists



### Care Professional

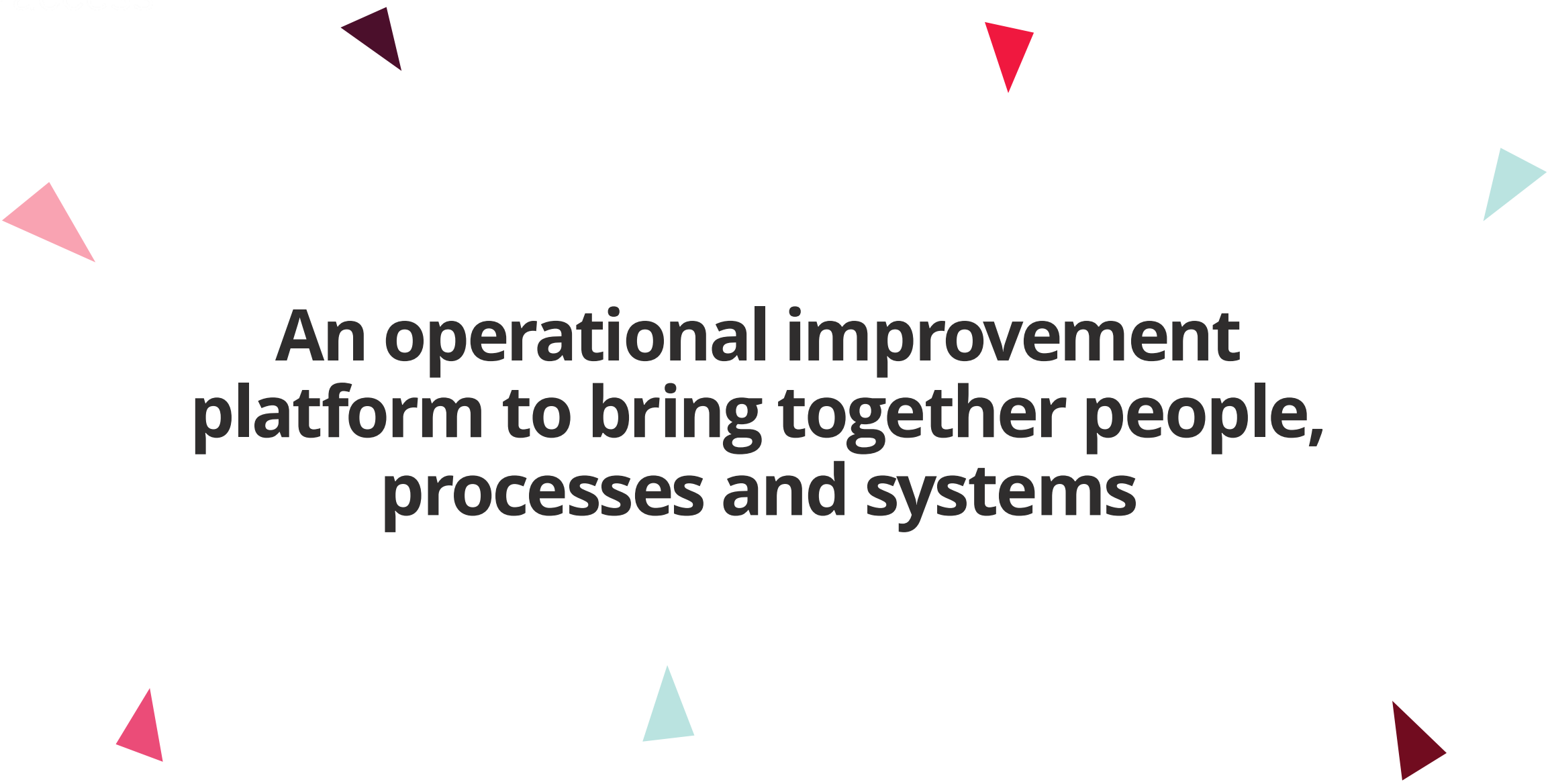
- No visibility on other care being provided
- Duplication of visits or person not being there when a visit happens
- No indication of risks at a person's house



### Budget

- Staff costs – higher due to inefficient processes and arduous admin
- Tech debt
- Duplication of effort causes wastage

# Introducing Access Intelligent Care Platform

The slide features several small, solid-colored triangles scattered around the central text. There are two dark purple triangles, one red triangle, one light blue triangle, one pink triangle, and one teal triangle.

**An operational improvement  
platform to bring together people,  
processes and systems**

## Improved collaboration increases communication and action to enhance care

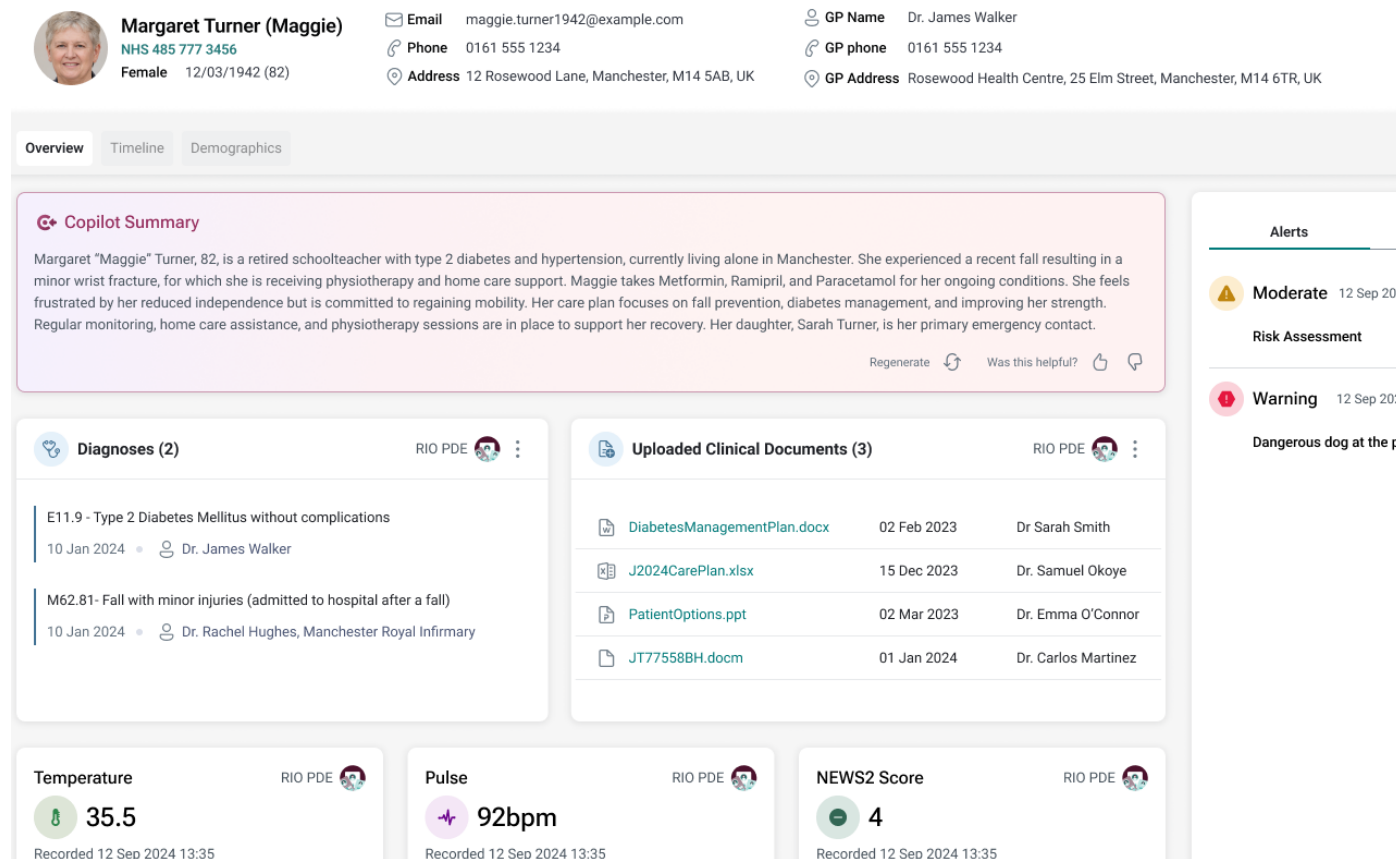
A horizontal bar with three segments: red, dark purple, and teal.

We believe a holistic, collaborative approach is the most optimum way to ensure a person is receiving the **right care, at the right time, in the right place**



# AICP: Enhancing visibility

- Whether it's theographs, genograms or an overview of today's appointments, AICP provides an instant view of past and future activity
- Lengthy care records are summarised and highlight key notes to the clinician
- With multiple data sources surfaced in one place, a full view of the patient is presented to allow for effective decision making



**Margaret Turner (Maggie)**  
NHS 485 777 3456  
Female 12/03/1942 (82)

**Email** maggie.turner1942@example.com  
**Phone** 0161 555 1234  
**Address** 12 Rosewood Lane, Manchester, M14 5AB, UK

**GP Name** Dr. James Walker  
**GP phone** 0161 555 1234  
**GP Address** Rosewood Health Centre, 25 Elm Street, Manchester, M14 6TR, UK

**Overview** Timeline Demographics

**Copilot Summary**  
Margaret "Maggie" Turner, 82, is a retired schoolteacher with type 2 diabetes and hypertension, currently living alone in Manchester. She experienced a recent fall resulting in a minor wrist fracture, for which she is receiving physiotherapy and home care support. Maggie takes Metformin, Ramipril, and Paracetamol for her ongoing conditions. She feels frustrated by her reduced independence but is committed to regaining mobility. Her care plan focuses on fall prevention, diabetes management, and improving her strength. Regular monitoring, home care assistance, and physiotherapy sessions are in place to support her recovery. Her daughter, Sarah Turner, is her primary emergency contact.

**Diagnoses (2)**  
E11.9 - Type 2 Diabetes Mellitus without complications  
10 Jan 2024 • Dr. James Walker  
M62.81- Fall with minor injuries (admitted to hospital after a fall)  
10 Jan 2024 • Dr. Rachel Hughes, Manchester Royal Infirmary

**Uploaded Clinical Documents (3)**  
DiabetesManagementPlan.docx 02 Feb 2023 Dr. Sarah Smith  
J2024CarePlan.xlsx 15 Dec 2023 Dr. Samuel Okoye  
PatientOptions.ppt 02 Mar 2023 Dr. Emma O'Connor  
JT77558BH.docm 01 Jan 2024 Dr. Carlos Martinez

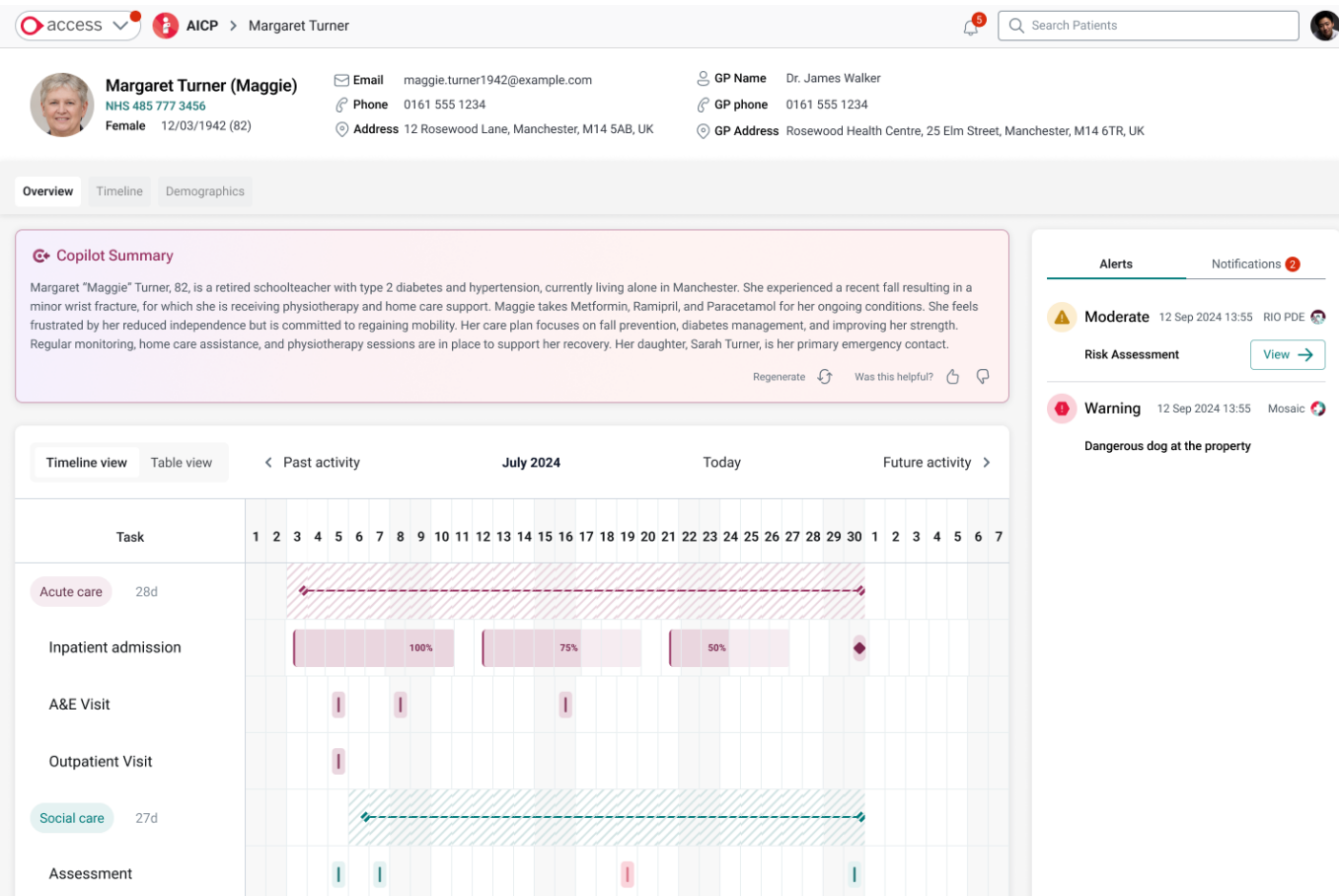
**Temperature** 35.5  
Recorded 12 Sep 2024 13:35

**Pulse** 92bpm  
Recorded 12 Sep 2024 13:35

**NEWS2 Score** 4  
Recorded 12 Sep 2024 13:35

**Alerts**  
**Moderate** 12 Sep 2024  
Risk Assessment  
**Warning** 12 Sep 2024  
Dangerous dog at the p

Care professionals can **save time** reading notes and can see other care provided to help **reduce duplication of work**. Having a full picture of a person's care can enable them to **focus on a preventative approach**.



## AICP: Increased Actionability

- AICP enables notifications and alerts to teams and individuals to proactively notify about a change in circumstances
- Key actions such as suspend all services available for fast actionability
- The alerts and notification feed surfaces any relevant alerts and notifications to help prioritise workload
- Notifications can also be sent to other teams via email, SMS or in-app

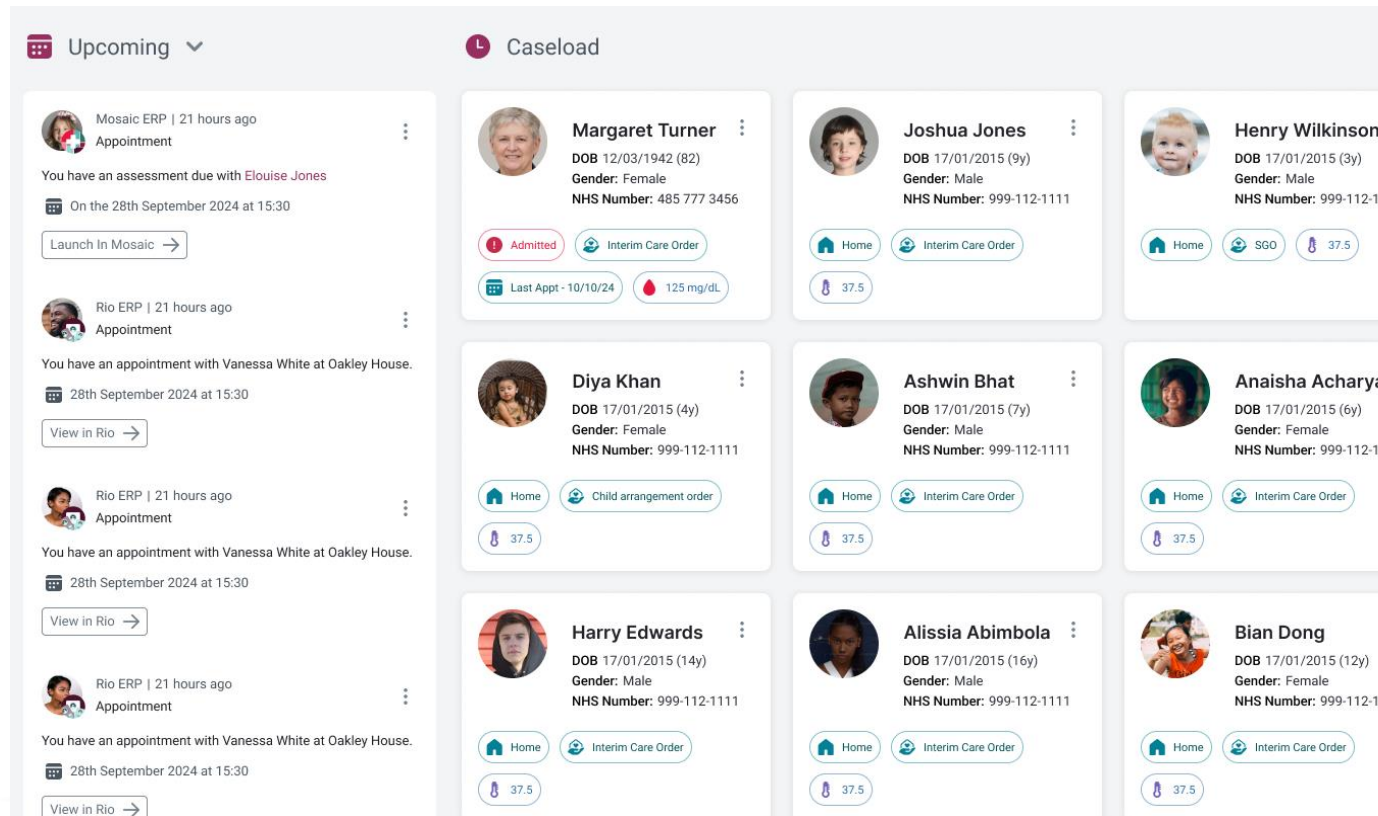
AICP **enables proactive care**, notifications alert teams instead of needing to actively check for changes or use **inefficient communication** such as phone calls. It brings people together, making it **easier to co-ordinate care** and **keep teams informed**.



# AICP: Reducing Wastage

- Reduce duplication of care as all care provided to a person can be seen in one place
- Reduce missed appointments as future appointments from other services can be seen so care is properly co-ordinated and all care can be suspended if someone is admitted to hospital
- Save clinical time searching historic records
- Enhance patient safety and quality of care

AICP provides operational improvement, bringing together people across the ICB to co-ordinate care around a person. **Current estimates demonstrating between 15% to 20% clinical and admin time freed up utilising AICP**



The screenshot displays the AICP interface, which is divided into two main sections: 'Upcoming' and 'Caseload'.

**Upcoming Section:** This section lists upcoming appointments. Each entry includes a patient's profile picture, the service name (e.g., 'Mosaic ERP'), the time since the appointment was scheduled (e.g., '21 hours ago'), and the appointment type (e.g., 'Appointment'). It also provides details about the appointment, such as the date and time (e.g., 'On the 28th September 2024 at 15:30') and the name of the healthcare professional (e.g., 'Elouise Jones'). A 'Launch In Mosaic' button is provided for each appointment.

**Caseload Section:** This section displays a grid of patient cards. Each card includes a patient's profile picture, name, date of birth (DOB), age, gender, and NHS Number. Below this information, there are buttons for 'Admitted', 'Interim Care Order', 'Home', and 'Interim Care Order'. A 'Last Appt' button is also present, showing the date and time of the last appointment (e.g., 'Last Appt - 10/10/24'). A '37.5' button is also visible on each card.

## Benefits for all stakeholders

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### Organisation

- Ability to support multi-disciplinary working
- View care from across the ICB not siloed by organisation
- Population health management



### Person

- Confident that those providing care understand their history
- More clinical/care time
- Not needing to notify other care providers of changes in circumstances



### Care Professional

- Can make more informed, preventative decisions
- No need to manually phone to update a person's circumstances
- Safer as they know relevant risks



### Budget

- Staff more efficient – less time spent reading notes and on admin
- Reduction of duplicated or unnecessary visits
- Simplified integrations are easier to maintain



## Occupational Therapist

### The Challenge

- As an **Occupational Therapist** at Health Trusts & Local Authorities, I often travel to patients' residences with limited information on their history or condition.
- Patients are sometimes not at home due to being admitted to hospital.
- The discovery phase during visits is time-consuming and frustrating for the patient.
- Unaware of risks at a property they're visiting such as a dangerous dog or someone else at the property having a mental health record.



### The Opportunity

- **AICP** sends notifications to suspend all services when a person goes into hospital so planned visits are cancelled.
- Sends proactive notifications about changes to patient data, even from systems not directly accessible, such as Mosaic or Assure.
- The system aggregates real-time and historical data from multiple systems like Rio, Mosaic, EMIS, Assure, and Adam into a unified, easy-to-use format.
- Provides summaries, timelines, and raw data to offer a clearer understanding of the patient and any risks in the home before the visit.



### The Value

- Saves an estimated **30-60 minutes per day** for community-based professionals.
- Proactive alerting keeps professionals better informed, leading to more efficient care and **removes unnecessary visits**.
- **Reduces inefficient communication** such as phone calls to update multiple care professionals.
- **Enhances the patient experience** by reducing the need for repetitive questioning.
- Increases **employee safety** during visits by providing better context and preparation before each appointment and information on risks.



## Social Worker

### The Challenge

- People who receive care from a friend or family member as an unpaid carer are left at risk if their carer is taken to hospital.
- Social workers are not notified of changes and only find out at their next review.
- Social workers are spending vast amounts of time on administrative tasks each day.
- Social workers often lack information about people before they meet them.



### The Opportunity

- **AICP** provides a summary of key contacts including next of kin in an easy to understand genogram.
- Paramedics or those in A&E can use the system to notify the social worker of a person being admitted to A&E and see if the person is a carer to notify the right people.
- Care can be easily set up and provided before the person's situation gets worse.
- Care visits can be transcribed via dictation for fast notes capture.



### The Value

- Reduces risk for the person receiving care at home.
- Social workers save vital time each day by reducing time spent on administrative tasks such as updating care records.
- Proactive alerts allow social care workers to be better prepared in planning their day.