

# Meeting of BNSSG ICB Board

**Date:** Thursday 3rd October 2024

**Time:** 12:30 – 15:30

**Location:** Virtual, via Microsoft Teams

<i>Agenda Number:</i>	6.3	
<i>Title:</i>	<b>Digital Strategy Delivery - quarterly update</b> <ul style="list-style-type: none"> <li>• Deep dive into NHS App uptake and usage in BNSSG</li> </ul>	
<i>Confidential Papers</i>	<i>Commercially Sensitive</i>	No
	<i>Legally Sensitive</i>	No
	<i>Contains Patient Identifiable data</i>	No
	<i>Financially Sensitive</i>	No
	<i>Time Sensitive – not for public release at this time</i>	No
	<i>Other (Please state)</i>	No
<i>Purpose: Decision</i>		
<i>Key Points for Discussion:</i>		
<p>Increasing the uptake and usage of the NHS App is a key part of our ambition to ‘allow citizens to access their health data and communicate with NHS organisations in one single location, to enhance efficiency, empower patients to take control of their health, and improve the overall quality of healthcare delivery’. (ICS Digital Strategy 2023)</p> <p>This mandate is echoed nationally and most recently in Lord Darzi’s independent investigation into the state of the NHS in England (September 2024). In this he said that the app is “not delivering a ‘digital-first’ experience similar to that found in many aspects of daily life, although there is huge potential”. He adds that although there has been “growth in ordering repeat prescriptions and managing hospital appointments”, only 1% of GP appointments are managed via the app. “With the huge success in registrations, an important opportunity is being missed to improve both efficiency and patient experience,”.</p> <p>This paper provides an update on the work that has been undertaken to date on a discovery process, to understand the levels of uptake and usage of the NHS App in BNSSG and to identify local barriers to accessing the app including digital exclusion.</p> <p>It goes on to explore the scale of our local opportunity to increase uptake, improve citizen access, and to increase efficiency in the ways that we work and communicate through the NHS App.</p> <p>It also sets out our next steps to helping people to download the app, and to build trust both with our system partners and citizens to maximise the opportunity the NHS App presents to increase efficiency and improve the patient experience.</p>		
<i>Recommendations:</i>	<p>Paper submitted as part of the regular digital strategy delivery quarterly update – ‘deep dive into the uptake and usage of NHS App in BNSSG’.</p> <p><b>To note:</b></p>	

	<ul style="list-style-type: none"> <li>- the outputs from the discovery process including current uptake of the NHS App within BNSSG, and barriers to access including digital exclusion</li> <li>- the scale of the opportunity in terms of both efficiency and patient experience</li> </ul> <p><b>To support:</b></p> <ul style="list-style-type: none"> <li>- the development of next steps across the BNSSG system, to increase the uptake of the NHS App as a key part of our ambition to ‘allow citizens to access their health data and communicate with NHS organisations’</li> </ul>
<i>Previously Considered By and feedback:</i>	<ul style="list-style-type: none"> <li>• The Digital Strategy portfolio for 2024/25 was considered and approved by the ICB Board in Feb 2024, of which the NHS App project was listed within the portfolio</li> <li>• This paper has been submitted to 2 Oct 2024 FED meeting, as part of the regular digital strategy delivery quarterly update.</li> </ul>
<i>Management of Declared Interest:</i>	No conflicts of interest identified.
<i>Risk and Assurance:</i>	<p>A risk log is maintained by the project board, with key risks either mitigated or escalated as required. The key risks identified, which could impact the project’s ability to deliver the expected value, are as follows:</p> <ul style="list-style-type: none"> <li>• <b>Benefits realisation:</b> there is a risk that expected benefits will not be realised fully, particularly given dependencies on behavior change by staff and patients/the public.</li> <li>• <b>Deliverability challenges</b> – There is a risk that there may be limited incentive for practices to increase NHS functionality and reduce SMS fragment costs resulting in a potential lack of buy in to modify communication methods.</li> <li>• <b>Digital inclusion</b> - NHS App promotion may exacerbate digital exclusion amongst certain populations</li> </ul>
<i>Financial / Resource Implications:</i>	<p>The digital portfolio prioritised investment of resource to deliver the project mandate.</p> <p>The paper and attached appendix shows the benefits and associated with increased uptake of the NHS App, coupled with cost releasing benefits due to a reduction of tariff based SMS communication.</p> <p>On behalf of the project, the Digital Delivery Board will provide regular reports to the ICB Finance, Estates and Digital Committee (FED), for assurance of delivery against the savings trajectory.</p>
<i>Legal, Policy and Regulatory Requirements:</i>	The NHS App plays a key role in the "What Good Looks Like for Digital Development" policy, which outlines a framework for digital transformation in the NHS. The policy, published by NHSX, is designed to help ICS’s deliver high-quality care

	<p>through digital innovation. The NHS App is a crucial element in driving digital transformation, improving patient empowerment, promoting safer and smarter healthcare delivery, and reducing health inequalities. By meeting the framework's success measures, the NHS App ensures that digital development in the NHS is patient-centered, safe, and inclusive, helping achieve the policy's vision of a digitally advanced health service.</p>
<i>How does this reduce Health Inequalities:</i>	<p>Digital inclusion is a key objective of the Digital Strategy. The NHS App plays a key role in reducing health inequalities by improving access to healthcare services, information, and resources across different populations. However it can also pose certain risks that may exacerbate existing health inequalities, as outlined in the paper. A key workstream of the project is to promote digital inclusion with focused actions including working directly with VCSE organisations to design and implement effective digital inclusion strategies.</p>
<i>How does this impact on Equality &amp; diversity</i>	<p>Increased uptake of the NHS App has the potential to positively impact equality and diversity by broadening access to healthcare and making services more inclusive. However, it also presents risks that could widen disparities if digital exclusion, health literacy, and privacy concerns are not addressed. Ensuring equitable access to the app and continuing to offer non-digital alternatives will be essential to promoting both equality and diversity in delivery of the project.</p> <p>To date the project team has undertaken a comprehensive discovery process (as outlined in the appendix) to further understand the inequality and digital exclusion associated with the uptake of the NHS App locally. This process has informed the recommendations and next steps which will be subject to the completion of an iterative EIA, in line with the Gateway process.</p>
<i>Patient and Public Involvement:</i>	<p>Codesign with providers has been an integral part of the discovery phase. Strengthening the voice of the user, through partnership with a VCSE partner, will be a core part of our next steps especially how we understand and design for digital inclusion.</p>
<i>Communications and Engagement:</i>	<p>A proposed comms and engagement approach will be developed to increase uptake of the NHS App locally. This will be developed in partnership with BNSSG ICB, OneCare and across Primary Care, and will align with the NHS App national campaign.</p>
<i>Author(s):</i>	<p>The editorial group for this paper were:</p> <ul style="list-style-type: none"> <li>• Deborah El Sayed – Chief Transformation and Digital Officer, BNSSG ICB</li> <li>• Rhys Lewis – Digital and BI – Executive Director, OneCare</li> <li>• Owen Thomas – Digital Programme Director, OneCare</li> <li>• Grace Mander – Project Manager, OneCare</li> <li>• Tori Hastings – Head of Insights, BNSSG ICB</li> <li>• Helen Edelstyn - Head of Project Development, BNSSG ICB</li> <li>• Jeremy Westwood – Design Lead, BNSSG ICB</li> </ul>

*Sponsoring Director / Clinical  
Lead / Lay Member:*

Deborah El Sayed – Chief Transformation and Digital Officer  
Rhys Lewis – Digital and BI – Executive Director

## **Agenda item: 6.3**

# **Report title: Digital Strategy Delivery, quarterly update - deep dive into the uptake and usage of the NHS App in BNSSG**

## **Background**

### **Mandate for this work**

In 2023 the ICB Board agreed the BNSSG Digital Strategy and a mandate to:

- ‘help citizens build positive beliefs and trust in digital approaches and technology to increase engagement, accessibility and ease of use, ensuring equitable access to essential services’
- ‘allow citizens to access their health data and communicate with NHS organisations in one single location to enhance efficiency, empower patients to take control of their health, and improve overall quality of healthcare delivery’.

This mandate is echoed nationally, and most recently in Lord Darzi’s independent investigation into the state of the NHS in England (September 2024). In this he states, *‘that a major tilt is needed towards tech in order to unlock productivity’*. He reflects that the NHS *“continues to struggle to fully realise the benefits of information technology”* and *“always seems to add to the workload of clinicians rather than releasing more time to care”*.

Regarding access to NHS services, Lord Darzi brings attention to the concept of the digital front door and comments that whilst the pandemic led to a rapid increase in registrations for the NHS App with nearly 80 percent of adults registered, less than 20 percent are reported to use it on a monthly basis. He states that the app is not delivering a ‘digital-first’ experience similar to that found in other aspects of daily life, noting that “just one percent of GP appointments are managed via the app” – however, he also notes the “huge potential”, calling on the App to improve both efficiency and patient experience.

The Health Secretary, Wes Streeting, has also expressed his ambition for the app to be a key part of a modernised NHS; *‘putting patients in control of their own health to better manage their medicine, appointments, and health needs’* through the NHS App.

In 2024 the Digital Delivery Board approved a proposal that OneCare, in partnership with BNSSG ICBs Insights Team, lead a discovery phase to understand the uptake and usage of the NHS App in BNSSG, as well as the barriers that prevent some people from accessing the app.

Appendix 1 (to follow) of this report is a summary of outputs from this discovery phase. The work was conducted by the ICB Insights team and OneCare, in partnership with system partners including secondary care. This discovery phase was based on both primary and secondary data, including a survey of all BNSSG GP practices. The work will inform work which will be led by OneCare to increase uptake and usage of the NHS App, increase digital inclusion/decrease digital exclusion, and reduce the SMS costs associated with GP-patient communication.

### **What is the NHS App and why does it matter?**

The app offers a simple way to access a range of information from the NHS – securely anytime, anywhere. People must be aged 13 or over to use the NHS App, and registered with a GP surgery in England or the Isle of Man.

The App offers:

- repeat prescriptions
- book and manage appointments
- view your GP health record
- book and manage COVID-19 vaccinations
- register your organ donation decision
- choose how the NHS uses your data
- view your NHS number (find out what your NHS number is)
- use NHS 111 online to answer questions and get instant advice or medical help near you
- search trusted NHS information and advice on hundreds of conditions and treatments
- find NHS services near you

Depending on GP surgery or hospital, the NHS App may also offer:

- message your GP surgery or a health professional online
- contact your GP surgery using an online form and get a reply
- access health services on behalf of someone you care for
- view and manage your hospital and other healthcare appointments
- view useful links your doctor or health professional has shared with you
- view and manage care plans

As well as improved patient experience one of the key benefits of the NHS App is increased efficiency in that it should make things easier for healthcare professionals: freeing up time from administrative tasks through more automation.

### **NHS App – key findings from the Discovery process**

The NHS App currently has slightly above average take-up in BNSSG (60% vs 56% nationally). However, only a relatively small number of people in BNSSG who have both registered for the NHS App have their NHS App notifications turned on (c294k), meaning that we are not maximizing the opportunities of the App and that the vast majority of communication between GP practices and patients are sent via SMS.

There is significant variation in the uptake of the NHS App in BNSSG at practice level. Uptake ranges from 94.6% to 21.9% and analysis shows that low uptake is associated with areas that are deprived, have high rates of English as a second language and practice size.

The scale of the opportunity regarding patients without the NHS App, means there are significant gains to be made through increasing uptake. There are two very broad target groups for encouraging uptake and usage of the NHS App in BNSSG:

- c270k people who have the NHS App, but do not have their notifications turned on and are therefore unable to receive messages via their App
- c394k people who are eligible for the NHS App, but have not currently registered for it (ie they still need to download the App, register, and turn on notifications)

In areas that experience health inequalities or other barriers, a targeted approach to increasing uptake will be required. For example:

- In BNSSG, patients for whom English is a second language, those living in less affluent areas, or registered at smaller practices, appear less likely to have registered for the NHS App
- BNSSG practices perceive that 13-18s and over 75s are less likely to have registered for the app
- BNSSG GP practices, system partners, and other existing insight work identify digital confidence and exclusion as key barriers for some patients

*'... the NHS App team at NHS England have worked hard with members of the public to redesign the app to make it more user-friendly and easier to navigate. Even so, there will be individuals who choose not to use it or aren't able to. This is where we have to ensure ... we blend our digital services with wraparound support to ensure that no one is left behind' (The Good Things Foundation)*

It will therefore be important locally to work closely with VCSE partners who are well-positioned to provide credible support in this area to increase uptake.

### **There is variation in functionality across BNSSG GP practices, secondary, community and mental health care**

GP practices, and system partners across BNSSG, are either at different stages of the journey with the NHS App and DrDoctor or have actively decided not to use the full functionality the NHS App offers. As a result, functionality varies meaning that some people have access to the full range of NHS App offers, whilst others do not.

While the NHS App already performs well in comparison to 'competitor' apps used in BNSSG for primary care, the future roadmap for the NHS App offers significant opportunities in terms of integration of secondary care data.

### **Outputs from the GP survey**

GP practices who responded to the survey as part of the Discovery phase are broadly positive about the NHS App and keen to promote it further. However, support is required to address concerns around capacity, training, and functionality in particular.

### **Expected benefits from this approach**

The benefits of adopting technology and the NHS App are well established. By increasing uptake and use of the NHS App, we would hope to drive benefits associated with digitalization across our health and care system. In addition to these we also anticipate there being benefits associated with a reduction of costs associated with the reliance on SMS as a key form of communication between GP practice and patient.

### **Benefits for our patients, service users and society**

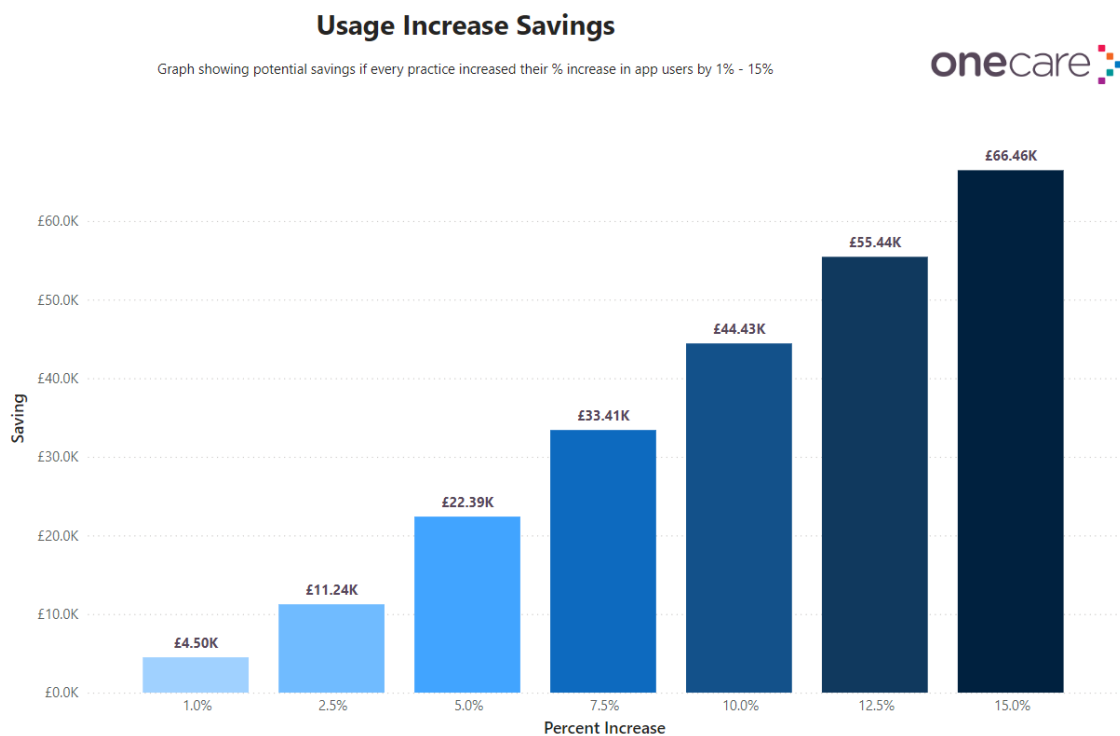
- Improved experience through digital automation
- Improved access to appointments and services
- Improved access to health information
- Access to secure messaging
- Quick and seamless process for ordering repeat prescriptions
- Notifications and reminders

- Increased family support through access to family records
- Easy access to view test results

### Benefits for ICS organisations

- Consistent secure delivery of health information
- Increased workforce efficiency through automation
- Empowered citizens through access to health information and services
- Cost avoidance due to reduce use of SMS
- Efficiency gains via removing waste, delay and duplication including missed appointments
- Productivity gains from faster technology
- Shared decision making as people can access their health records enabling them to participate more in their care

The scale of savings from increasing uptake of the NHS App is shown in the graph below:



### Associated cost savings

There are associated charges, born by the ICB, with sending messages by SMS, whilst the NHS App has no direct costs.

- BNSSG ICB currently spends c£650k per annum on SMS between GP practices and patients
- For patients to be able to receive messages from their health and care providers via the NHS App, they must have downloaded the NHS App, registered with it, and turned on notifications for the App (which are turned off by default)
- The NHS App is an alternative method for sending these messages to patients with no direct costs

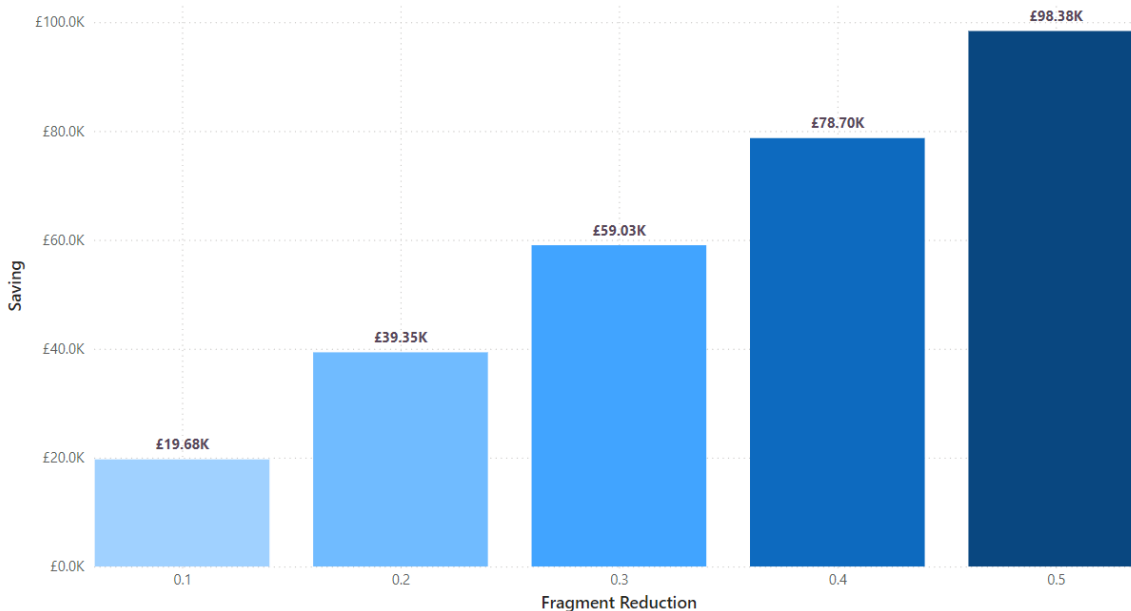
This represents an opportunity for decreasing costs from SMS by increasing uptake and use of the NHS App. There is also an opportunity to reduce the cost of SMS by reducing the size of messages. We are currently charged by fragment and on average our SMS's are 2.5 fragments long. There is



an opportunity to share best practice with GP practices on message size. The graph below demonstrates the scale of opportunity associated with fragment savings:

### Fragment Reduction Savings

Graph showing potential savings if every practice reduced their average fragments per SMS by 0.1 - 0.5.



### Next steps

The OneCare / ICB project team have identified six priority (quick win) recommendations from this Discovery process to focus on to ensure impact this financial year

- A local communications campaign to support / maximise expected national campaign in October 2024
- Produce a support toolkit for GP practices (to include guidance on the promotion and functionality of the app, how to access NHS App support to reduce workload, and details on the efficiency benefits of the NHS App for NHS staff and patients)
- Initial work with the VSCSE Alliance to engage with the target underserved groups to increase uptake
- Produce an information toolkit for GP practices to increase understanding of digital inclusion, sharing of resources and support offers
- Roll-out best practice guidance on how to improve messaging and minimise fragment size / cost
- Work with high messaging volume practices to understand why their usage is high and support them in using streamlined processes for reducing fragment sizes and costs

A further, more extensive set of actions will be developed alongside this initial activity, informed by the experience of developing and delivering the six priority recommendations as well as work with a local voluntary sector partner.

## Financial and resource implications

The paper highlights the benefits associated with delivery of an increased uptake of the NHS App, coupled with cash releasing benefits associated with a reduction of tariff based SMS compared with messages sent through the NHS App which has no direct cost to the ICB.

The Digital Delivery Board will provide regular reports to the ICB Finance, Estates and Digital Committee (FED), for assurance of delivery against the project benefits and savings trajectory.

## Legal implications

There are no specific legal implications identified at this stage.

## Risk implications

A risk log is maintained by the project board, with key risks either mitigated or escalated as required.

Risks	Mitigations
<b>Benefits realisation:</b> there is a risk that expected benefits will not be realised fully, particularly given dependencies on behaviour change by staff and patients/the public.	<ul style="list-style-type: none"> <li>• Robust portfolio management and benefits realisation planning and tracking from an agreed baseline</li> <li>• Clinical and professional leadership involvement to ensure benefit delivery</li> <li>• User centred design and stakeholder engagement to capture and embed customer insights into implementation and benefits realisation plans</li> </ul>
<b>Deliverability challenges</b> – There is a risk that there may be limited incentive for practices to reduce SMS fragment costs resulting in a potential lack of buy in to modify communication methods.	<ul style="list-style-type: none"> <li>• Use discovery report outputs including practice survey to understand practice approaches and incentivise behavior change.</li> </ul>
<b>Digital inclusion</b> - NHS App promotion may exacerbate digital exclusion amongst certain populations	<ul style="list-style-type: none"> <li>• Work with VCSE partner organisations to specifically target digital inclusion techniques and initiatives.</li> <li>• Ensure alternatives to NHS App are included within the developed toolkits.</li> <li>• Ensure practices are aware of this risk from project inception, with mitigations specific to practice populations.</li> </ul>

## How does this reduce health inequalities

National evidence describes the role the NHS App can play in reducing health inequalities by improving access to healthcare services, information, and resources across different populations. Some ways it helps to address these inequalities are as follows:

Key Area	How the NHS App Reduces Health Inequalities
<b>Accessibility to services</b>	<ul style="list-style-type: none"> <li>• 24/7 access to appointments and prescriptions.</li> <li>• Remote access can reduce geographical barriers.</li> <li>• Multilingual support for non-English speakers.</li> </ul>
<b>Reducing administrative barriers</b>	<ul style="list-style-type: none"> <li>• Simplifies processes like GP registration, appointment booking, and accessing medical records for disadvantaged groups.</li> </ul>
<b>Health information and education</b>	<ul style="list-style-type: none"> <li>• Availability of individual medical history.</li> <li>• Promotes preventive care, encouraging early intervention.</li> </ul>
<b>Digital inclusion initiatives</b>	<ul style="list-style-type: none"> <li>• Supports digital literacy and access through tutorials and partnerships, helping older adults and marginalised groups.</li> </ul>
<b>Targeted campaigns</b>	<ul style="list-style-type: none"> <li>• Can deliver tailored health messages and reminders to high-risk or disadvantaged populations.</li> </ul>
<b>Data collection for resource allocation</b>	<ul style="list-style-type: none"> <li>• Helps policymakers identify health trends in underserved groups and allocate resources more effectively.</li> </ul>

While the increased uptake of the NHS App offers many benefits, it can also pose certain risks that may exacerbate existing health inequalities. Some potential risks are listed as follows:

Key Area	Explanation
<b>Digital exclusion</b>	<ul style="list-style-type: none"> <li>• People without access to smartphones, internet, or digital literacy skills (e.g., elderly, low-income groups) may be left behind.</li> </ul>
<b>Language barriers</b>	<ul style="list-style-type: none"> <li>• While efforts are made to make the app multilingual, those who speak less common languages or dialects might still face barriers.</li> </ul>
<b>Health literacy</b>	<ul style="list-style-type: none"> <li>• Users with low health literacy or limited knowledge of digital health tools might struggle to navigate the app effectively.</li> </ul>
<b>Trust and privacy concerns</b>	<ul style="list-style-type: none"> <li>• Some individuals, particularly in disadvantaged or marginalised communities, may be more concerned about data privacy and may avoid using the app</li> </ul>
<b>Over reliance on digital solutions</b>	<ul style="list-style-type: none"> <li>• Increased focus on digital services might reduce investment in non-digital health services, disadvantaging those who prefer face-to-face care.</li> </ul>

<b>Uneven regional access</b>	<ul style="list-style-type: none"> <li>Some areas with poor internet infrastructure (rural areas) may not benefit equally from the app's services.</li> </ul>
<b>Data inequalities</b>	<ul style="list-style-type: none"> <li>Disparities in digital health data collection might result in skewed data, leading to underrepresentation of vulnerable groups in healthcare planning.</li> </ul>

## How does this impact on Equality and Diversity?

The increased uptake of the NHS App has the potential to positively impact equality and diversity by broadening access to healthcare and making services more inclusive. However, it also presents risks that could widen disparities if digital exclusion, health literacy, and privacy concerns are not addressed. Ensuring equitable access to the app and continuing to offer non-digital alternatives will be essential to promoting both equality and diversity in healthcare delivery.

## Consultation and Communication including Public Involvement

No requirement for public involvement in the paper, but codesign is an integral part of improvement practice. As such strengthening the voice of the user is one of the key principles described and will be integral to the next steps of the project.

## Appendices

### Appendix 1 – Increasing the uptake and use of the NHSApp – Discovery Report Summary



# NHS App Discovery report

**Sept 2024**

**One Care, ICB Insights, & ICB Transformation**

# Our mandate is to increase uptake and usage of the NHS app

*The app is “not delivering a ‘digital-first’ experience similar to that found in many aspects of daily life, although there is huge potential”. “Although there has been “growth in ordering repeat prescriptions and managing hospital appointments”, only 1% of GP appointments are managed via the app. “With the huge success in registrations, an important opportunity is being missed to improve both efficiency and patient experience,”*

**Lord Darzi’s independent investigation into the state of the NHS in England (September 2024).**

# What is the NHS app – and why does it matter



The app offers a simple way to access a range of information from the NHS – securely anytime, anywhere. People must be aged 13 or over to use the NHS app and registered with a GP surgery.

The NHS app offers a range of services including:

- repeat prescriptions
- book and manage appointments
- view your GP health record

As well as improved patient experience one of the key benefits of the NHS app is that it should make things easier for healthcare professionals: freeing up time from administrative tasks to deliver more care to patients.

# Expected benefits for staff and patients

## Benefits of the NHS App to NHS staff

### Reduced Phone Traffic

The app reduces volumes of phone calls by handling test results, prescriptions, and information requests digitally.

### Direct Messaging

Secure platform for sending messages or notifications to patients, ensuring efficient communication.

### Reduced Missed Appointments

Patients receive automatic reminders for appointments reducing the number of missed appointments.



### Family Support with Healthcare

Designated individuals, like family members, can manage a patient's health information and prescriptions.

### Shared Decision Making

Patients can access their health data enabling them to participate in personalised care plans.

### Digital Health Records

Healthcare professionals can access up-to-date patient information, supporting better-informed clinical decisions.

## Benefits of the NHS App to Patients

### Electronic prescriptions

Request repeat prescriptions directly through the NHS app, reducing the need for phone calls or in-person visits.

### Access to Medical Records

View consultation notes, allergies, immunisation history and other medical notes empowering informed health decisions.

### More secure messaging platform

Patients can safely click links via messages in the NHS app without risk of fraud.

### Access Across NHS Services

Medical records and data travel with the patient, ensuring continuity of care.

### Notifications & Reminders

Receive automatic reminders for appointments, vaccinations, or medication.

### Access to family's records

Grant proxy access to trusted individuals for managing healthcare needs.

### Viewing test results

View test results within the NHS app, reducing the need for phone calls or in-person visits.

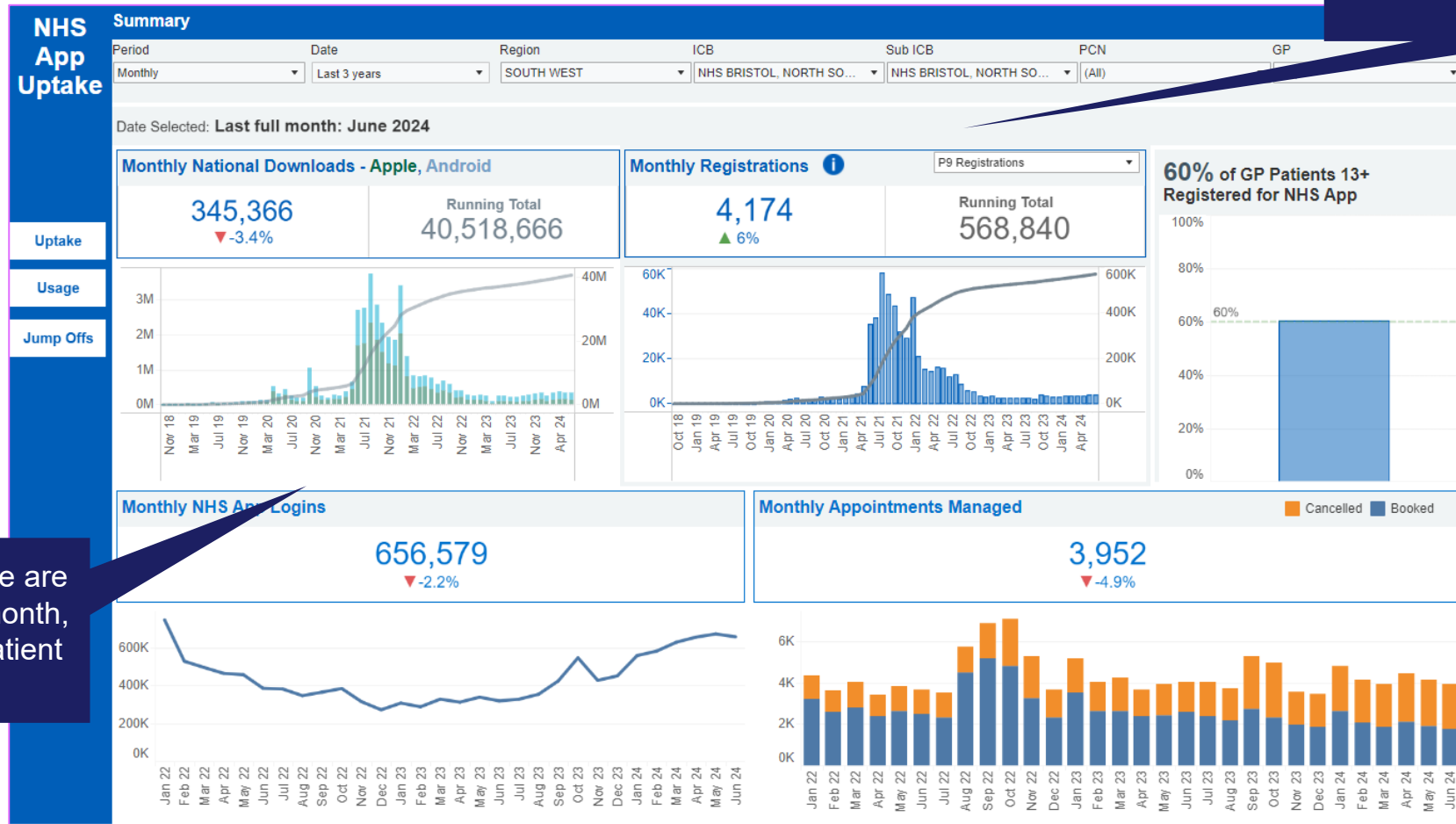




# Currently in BNSSG, 60% of patients aged 13+ have registered for the NHS App, slightly higher than the national average (56%)

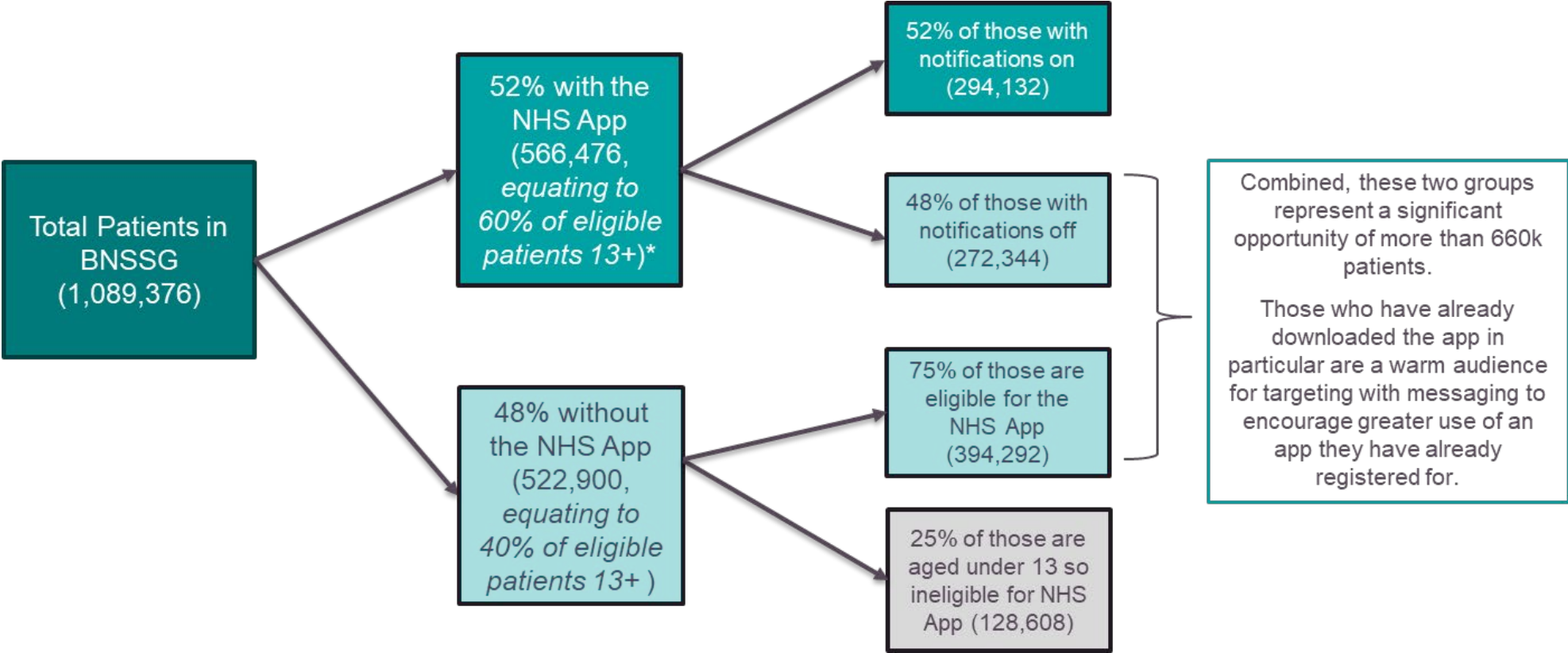
Across 2024, new registrations in BNSSG have averaged c3,500-4,000 per month

This data is taken from the NHSE NHS App Dashboard. It shows both national and ICS-level data



On average, there are 1.15 logins per month, per registered patient in BNSSG

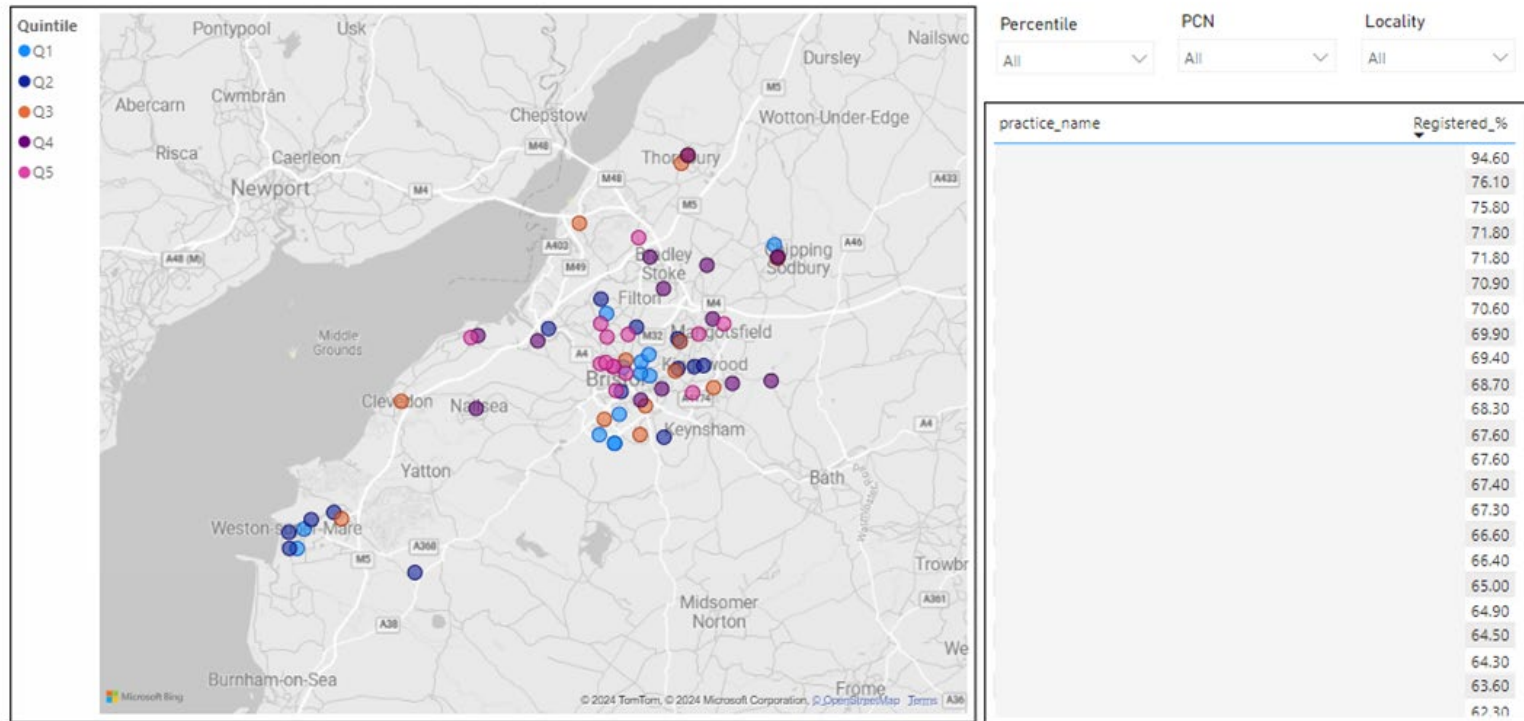
# There is significant opportunity to increase uptake and usage of the NHS App – only a quarter of those aged 13+ in BNSSG have the NHS App *and* have the notifications switched on



OneCare analysis of Accurx dashboard data. \* NB this data from the Accurx dashboard is based on all patients, whereas the NHS App dashboard is based on eligible patients aged 13+, which produces a slight discrepancy in registration figures.

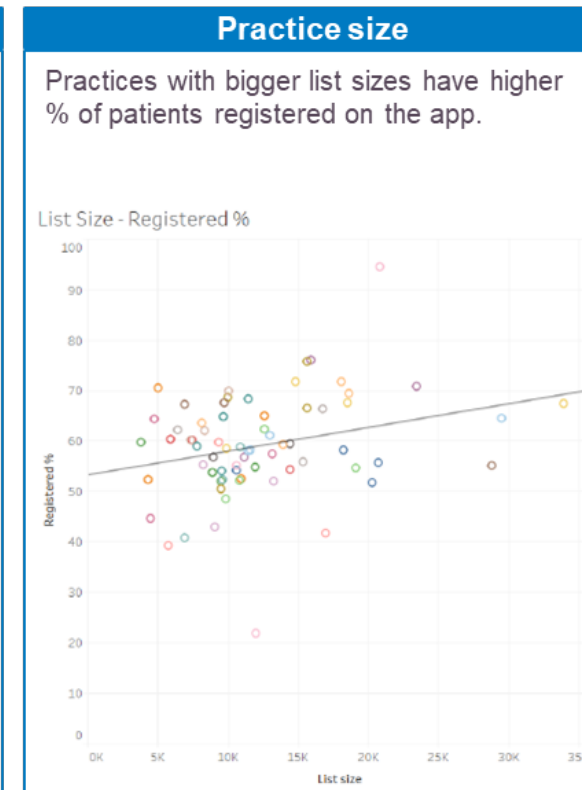
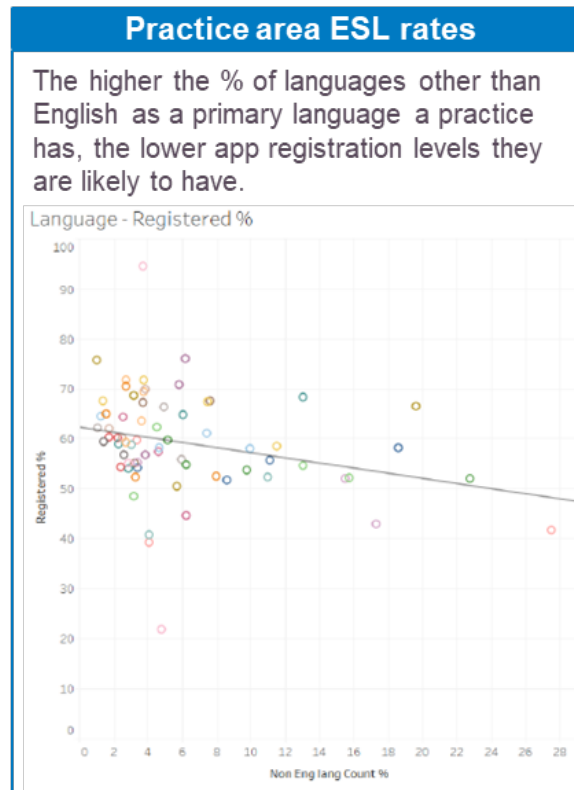
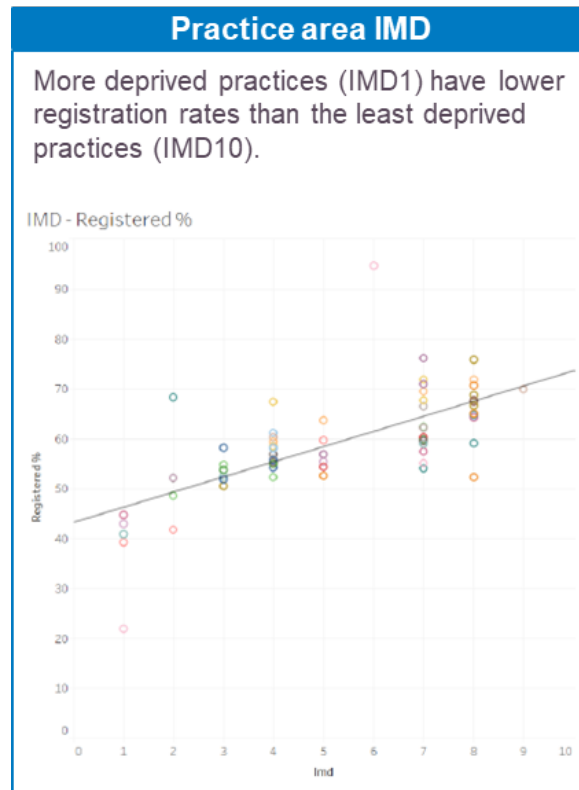
# Uptake of the NHS App varies significantly by practice – ranging from 94.6% to 21.9%

NHS App Usage Practice Map



OneCare analysis of Accurx dashboard data. NB the lowest uptake excludes the Homeless Health Service

# Analysis of uptake by practice in BNSSG has also identified three key factors associated with lower registration of the NHS App

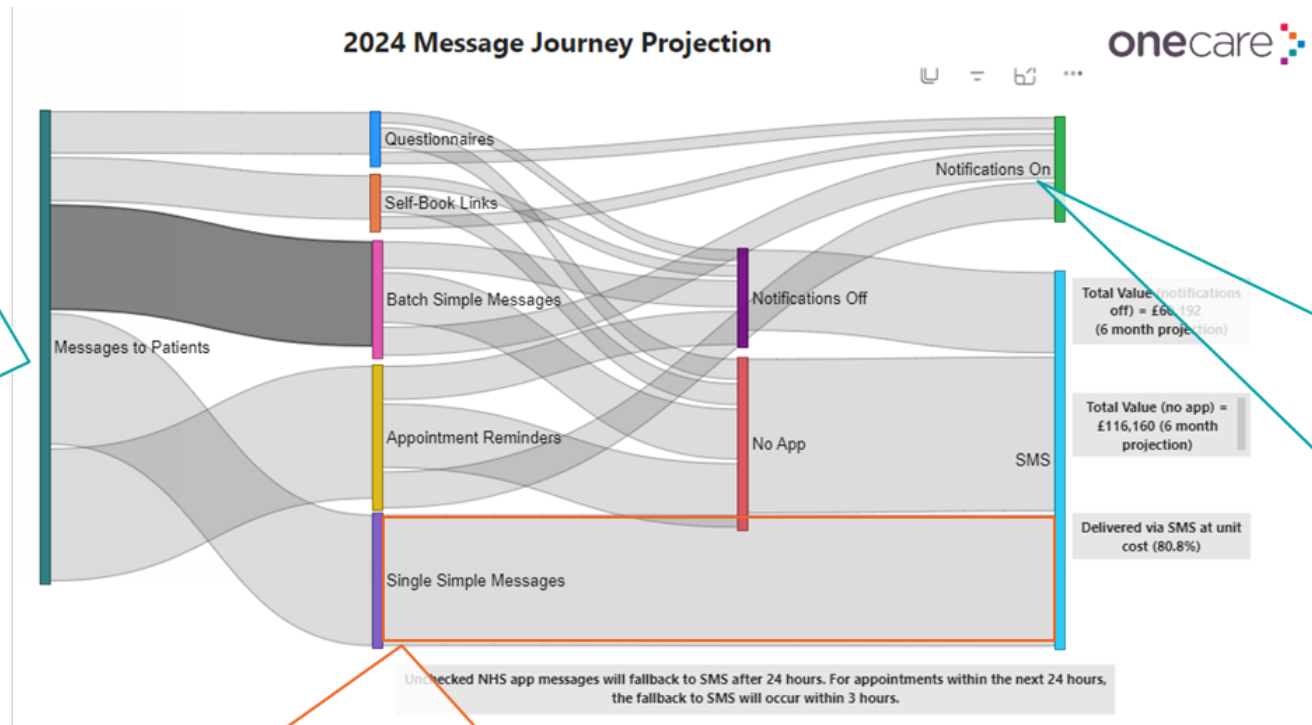


Source: OneCare analysis of NHS App data. NB age and ethnicity of practice area were also reviewed, but found no statistically significant differences.

**NB** it is important to note that small practices are disproportionately found in the less affluent areas of BNSSG so the relationship between these two factors is likely to be interrelated.

# 15.4m message fragments have been sent from general practice to patients in 2024 to date, with just 1.15m of those successfully delivered through the NHS App

1. Overall, 15.4m message fragments have been sent to patients in BNSSG in 2024 so far. A fragment is between 140-160 characters (so one message may be made of multiple fragments, with each costing £0.022).

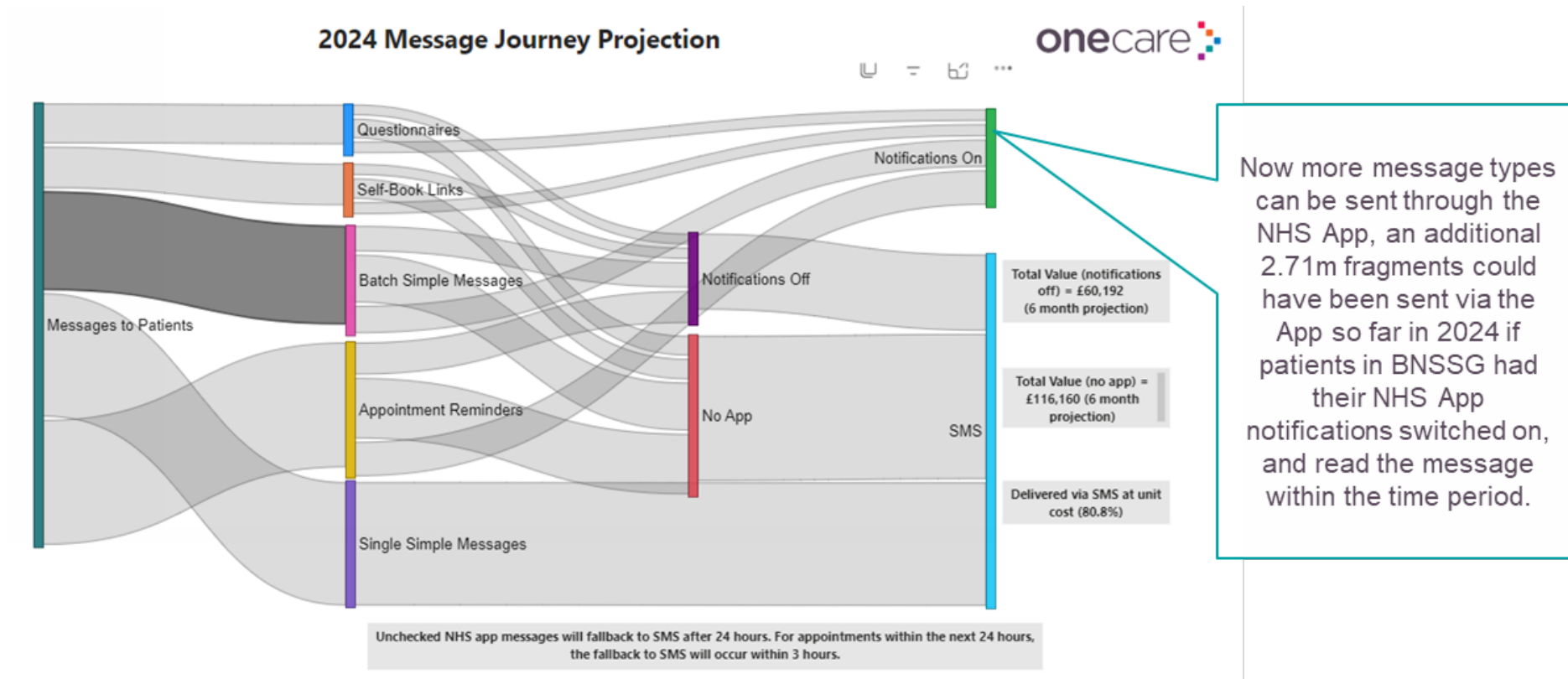


2. Of those, almost a third (4.55m fragments) were Single Simple Messages (direct messages between a practice / clinician and a single patient) and therefore not currently eligible to be sent as an NHS App message

3. 1.15m fragments were successfully sent as Batch Simple Messages via the NHS App in the first half of 2024.

NB, going forward this will increase to 2.9m as questionnaires, self-book links, and appointment reminders are all now eligible to be sent through the NHS App since July 2024.

# This means there are notable cost savings possible by increasing the number of patients with the NHS App and notifications turned on

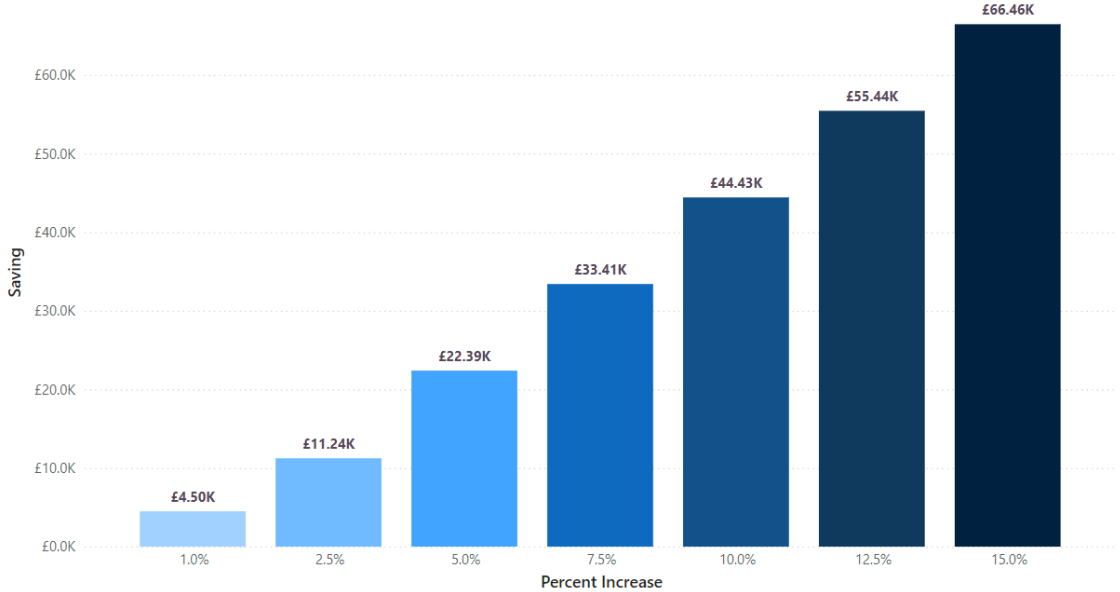


In addition to the journey outlined above, 3% of messages revert to a “fallback” SMS when the original NHS App message is not read within the specified 24 hour time frame.

# The scale of savings from increasing uptake of the NHS App, as well as savings from reductions in SMS

## Usage Increase Savings

Graph showing potential savings if every practice increased their % increase in app users by 1% - 15%



## Fragment Reduction Savings

Graph showing potential savings if every practice reduced their average fragments per SMS by 0.1 - 0.5.



# Drawing on the understanding of practices in BNSSG, and broader national insight on accessing the NHS App and other online health services, there are a wide range of potential barriers to increasing uptake

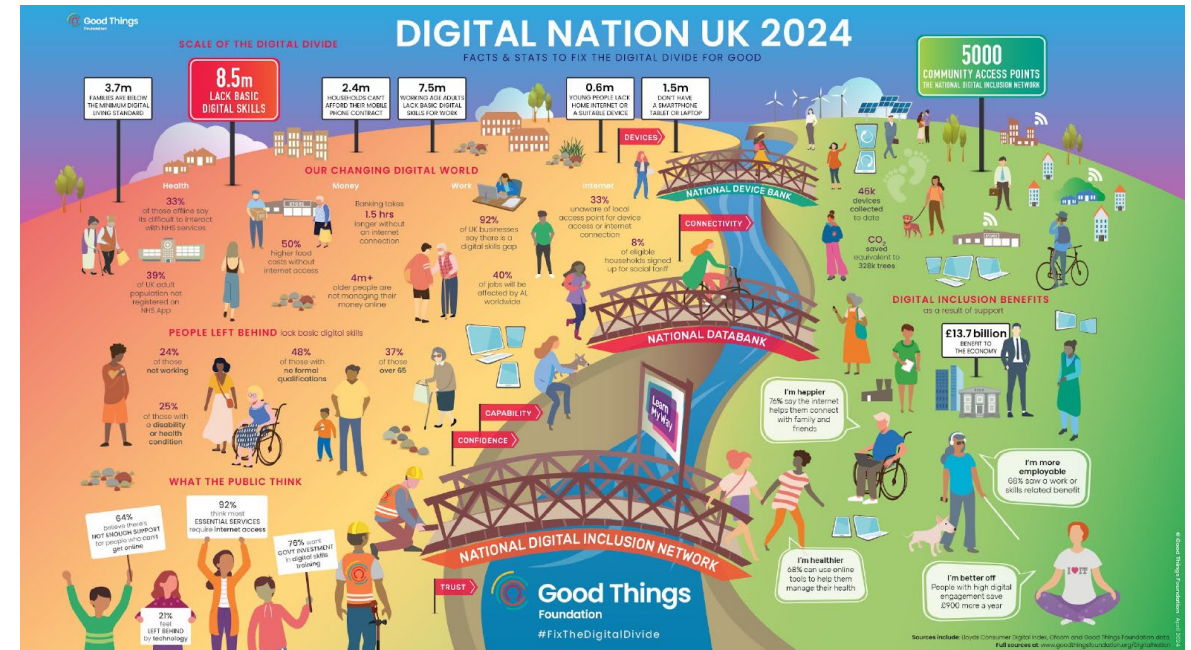
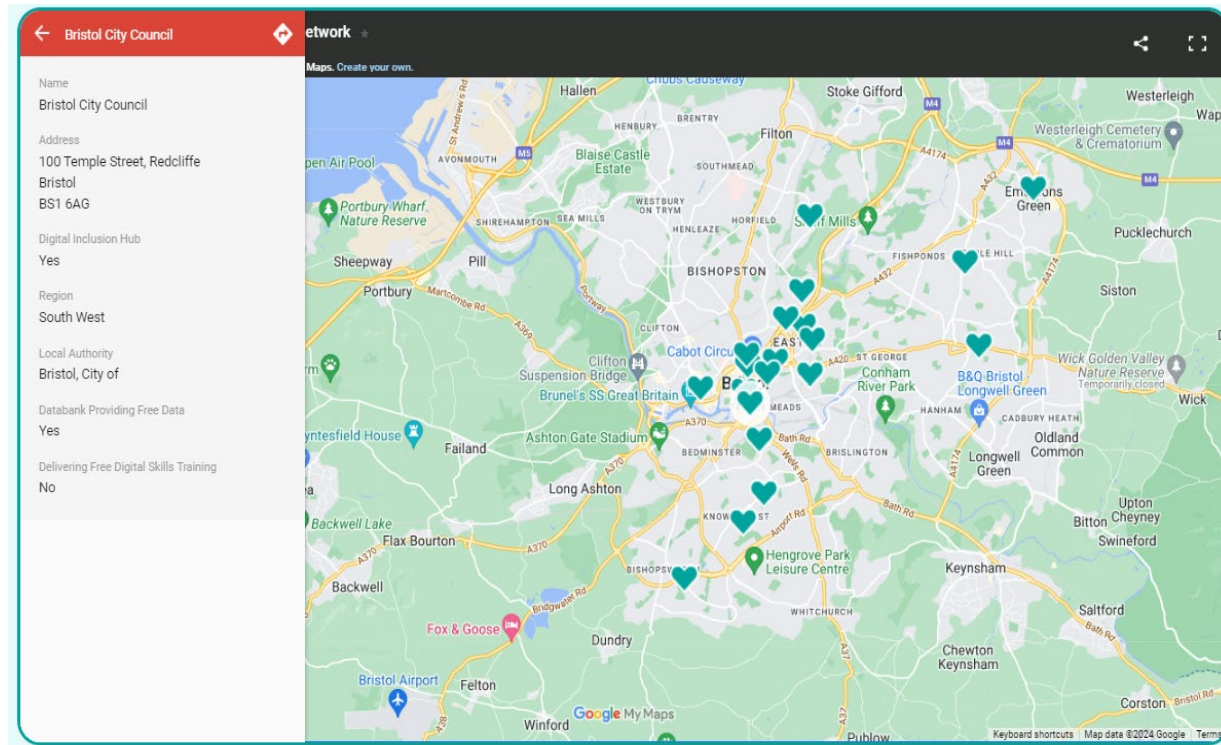
Habit / don't feel the need	Lack of awareness & knowledge about the NHS App	Cost of data / internet access	Concerns around data use / security
Preference for interacting face-to-face	Lack of available support for using the NHS App	Low digital literacy or confidence	Concerns about reliability
English as a second language	Lack of suitable device	Previous experience of the NHS App or other online services	Accessibility barriers



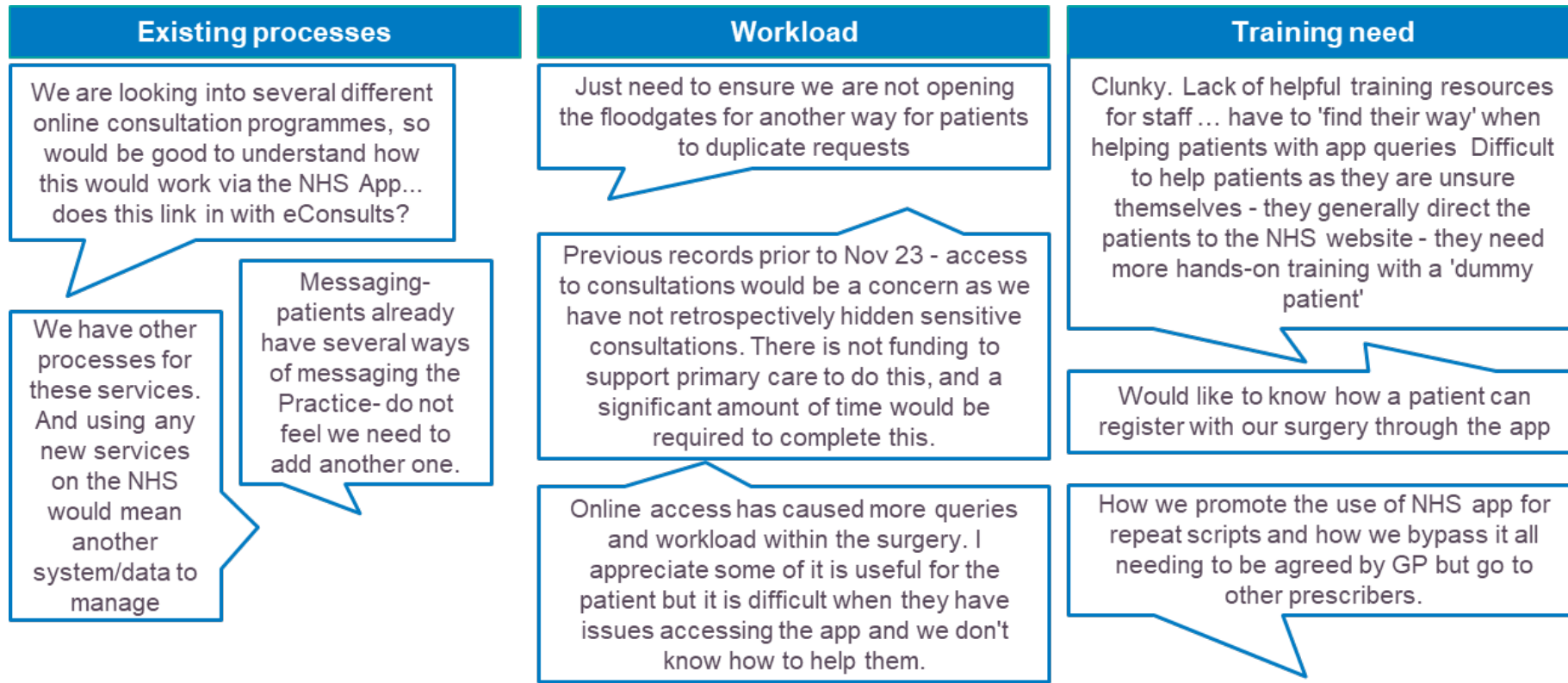
# We will address some of these barriers through digital inclusion and community-based support

The partnership with The Good Things Foundation has provided digital inclusion support in the community through profiling the data and device banks, digital inclusion leads and digital skills training across BNSSG.

NHSE has announced plans to work with libraries to help more people access online health services and use the NHS App. The scheme will launch in October 2024 in partnership with the [National Health Literacy Partnership](#).



# Feedback from general practice is mixed, and concerns about further expansion of services offered via the NHS App focus on the impact on existing processes, workload, and the need for training



# System partners in BNSSG are at different stages of the journey with the NHS App

- **Acute Hospital Trusts:** UHB & NBT have integrated the NHS app with DrDoctor and are introducing appointment letters in the NHS app. They can provide a cost profile to other system partners for the integration of patient portals and the NHS app. These acute trusts will see more financial benefit through this initiative as it will enable more communication through the NHS app.
- **Community Health Providers:** Sirona Care & Health could provide access to community services like district nursing via the app if they were to integrate their patient portal with the NHS app.
- **Mental Health Services:** Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) could provide mental health support and referrals through the NHS app if they were to integrate their patient portal with the NHS app.
- **Local Authorities/Public Health:** Councils are appointing digital inclusion leads who could support in system wide integration of the NHS app.

Summary: Potential to organise a system wide workshop to present on the integration of patient portals with the NHS app including benefits, drawbacks and a financial profile.

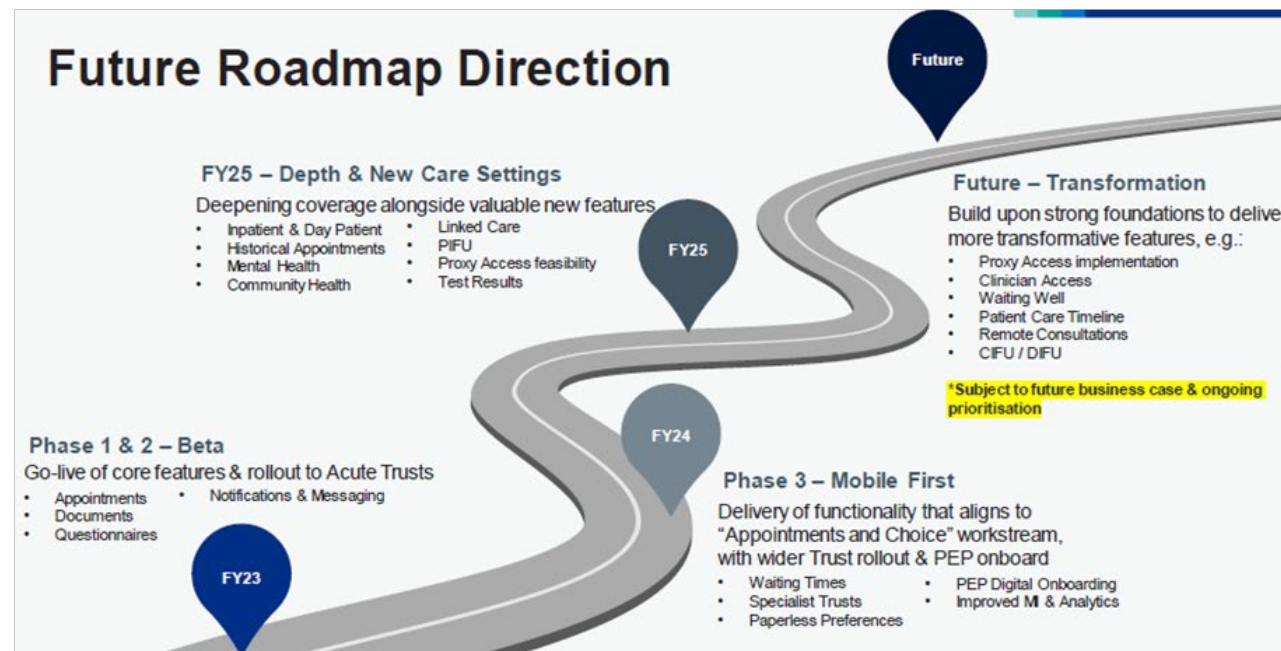
# In addition to the existing national plans for NHS App development for Primary Care and the Acute Trusts, there are opportunities beyond this for achieving greater value from the NHS App for patients and staff

## Primary care roadmap 2024/25

There are eight priority areas of the primary care roadmap for 2024/25:

- Navigation & accessibility
- Health records
- Appointments
- Prescriptions
- Advice / guidance / preventative / admin services
- Messaging
- Navigation & design
- Platform & analytics

## Acute Trusts Wayfinder plan 2024/25



# Our next steps and priorities

**The OneCare / ICB project team have identified six priority (quick win) recommendations from this Discovery process to focus on to ensure impact this financial year**

- A local communications campaign to support / maximise expected national campaign in October 2024
- Produce a support toolkit for GP practices (to include guidance on the promotion and functionality of the app, how to access NHS App support to reduce workload, and details on the efficiency benefits of the NHS app for NHS staff and patients)
- Initial work with the VSCSE Alliance to engage with the target underserved groups to increase uptake
- Produce an information toolkit for GP practices to increase understanding of digital inclusion, sharing of resources and support offers
- Roll-out best practice guidance on how to improve messaging and minimise fragment size / cost
- Work with high messaging volume practices to understand why their usage is high and support them in using streamlined processes for reducing fragment sizes and costs

**A further, more extensive set of actions will be developed alongside this initial activity, informed by the experience of developing and delivering the six priority recommendations as well as work with a local voluntary sector partner.**