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Digital Health
and Care Wales

Digital Health and Care Wales **Primary Care Strategy 2024-2027**

INTRODUCTION

The long-term sustainability of health and social care is dependent on having the right digital foundations in place. Digital transformation will enable our organisations and our strategic partners to develop NHS services for the future and will be the linchpin upon which these reforms are based. This forms the basis for our Strategy within the newly established Primary Community and Mental Health (PCMH) Directorate, as we develop digital products and services to meet the ever-changing demands and needs of the people of Wales.

Primary Care Services covers GP Practices, Community Pharmacies, General Dental Practices, Community Optometry Practices, and prisons. This strategy is currently focused on Primary Care. However, if implemented successfully, it will be further developed to enable Community and Mental Health integration, as discovery work is completed, and stakeholder relationships are strengthened.

Our strategy will provide the platform to deliver digital transformation at a crucial time where primary community and mental health boundaries are merging. Community complexity is increasing, and this means that digital capacity needs to be able to respond, supporting the healthcare system to meet increasing demands. The limited resource capacity creates the need for the digital market to be responsive and innovative to improve health outcomes for

the people of Wales. This is vital at a time when the demand on General Practice, community and mental health services is greater than available capacity.

Primary Care digital services need to be transitioned into a product-based delivery model for us to move with the digital healthcare current and future market. This strategy will help inform the development of our new Directorate structure and target operating model (TOM). Under this model, service owners and product managers will be appointed to lead the transition of products from project to operational service and will be responsible for the management of the product life cycle and benefits realisation.

We will work to further develop the infrastructure to deliver digital services and initiatives to provide staff with the tools and training to feel confident in their use of data and digital technology and provide the right people with the relevant data, to make informed decisions. We will develop an outward looking approach to help shape programme and technology choices, assessing the value and risk of adopting existing solutions versus in-house development. We will move to cloud-based services based on a standardised open-source delivery model, as the supplier market evolves.

We will focus on digital skills, leadership and culture, at all levels. As we are putting the right technology in place, we also need to make sure that people (end users) are confident and supported in using it; this includes clinical, administrative staff and patients. We know that good technology is adopted faster, and with greater success, when innovators and frontline teams collaborate on its development.

PCMH has the potential for adding much wider value to the sector, as an influencer, both locally and nationally. This will be implemented via a stepped change process to ensure that we learn throughout the implementation process and create the best possible solutions (products). The ultimate strategic goal is that the directorate becomes more than a digital delivery organisation and evolves to be an intrinsic part of the health care system, with its work and guidance fundamental to the delivery of population health improvement, from policy formulation right through to successful change on the ground. This does not mean that PCMH moves away from its role to deliver, but that it also mobilises a new way of working and adding value. DHCW will provide fit for purpose products that are compliant and safe, ready at the time they are required and move to a proactive product position, rather than a reactive position.

This strategy outlines the steps we will take to improve the care and wellbeing of people in Wales by making best use of data and digital technologies in the design and delivery of systems and services. Transforming our vision into a reality will provide healthcare professionals with the digital tools that will support them to work more efficiently and enable sharing and access to information that will help improve the safety and quality of care patients receive.

Based on the feedback from our stakeholders and detailed research undertaken, we have crafted four operational principles and identified eight priority areas of delivery with projected outcomes. We will develop benefits profiles and measurements against each of the outcomes as part of the strategy delivery plan, and in alignment with the DHCW Benefits Framework. Once implemented, the outcomes will support delivery of the Primary Care Model for Wales, contract reforms, and be at the forefront of reducing health inequalities and enabling services to sustain delivery. It will help to address workforce challenges across the sector, provide value for money, and ultimately improve patient outcomes, and our reputational standing within the digital market.

DIGITAL CONTEXT

The digital healthcare landscape is changing rapidly, and we are already seeing the opportunities for positive impact on outcomes and improvements to levels of patient engagement and self-managed care through major NHS Wales programmes, such as the Digital Services for Patients and Public programme developing the NHS Wales App and the Digital Medicines Transformation Portfolio.

Organisations across the UK Four Nations suggest that patients tend to use tools for self-management more effectively when the clinical professionals are confident of the technology and are fully able to support them.

This demands that patient and clinical engagement is at the heart of every project and is treated as a priority. DHCW is in the process of deploying the NHS Wales App which will enable patients to personalise their health journey and take an active role in their own health and wellbeing. This opportunity will and must be used as a pathfinder to build digital services with patient needs at the centre of development.

Healthcare providers commissioning is moving away from a KPI based contract performance measure to an outcome-based quality measure. They will need to be able

to demonstrate the quality healthcare they have provided, not the number of patients they have seen (although it is likely that that information will still be required). Moving to a product-based delivery with a tried and tested infrastructure underpinning it, will enable healthcare professionals to evidence those outcomes and deliver sustainable service models.

Local digital strategies and roadmaps published at Health Board level present a very valuable opportunity to take a place-based approach to digital tools, working best where these are properly integrated with DHCW and the national architecture.

From a digital infrastructure perspective there is a need to develop solutions that support healthcare responses and accessibility within remote locations as well as service provision outside of traditional working hours. A focus must be maintained on cyber security as a priority deliverable for NHS organisations, and ensuring digital products and services are security compliant. More and more services are moving to a Cloud-based provision and environmental sustainability (reducing our carbon footprint) is also a key consideration.

ORGANISATIONAL CONTEXT

As a directorate within DHCW we are already driven by our organisational goals and missions. The Integrated Medium-Term Plan (IMTP) sets out our operational delivery plans for 3 years.

This strategy must and does align, however, it also offers something identifiable and distinct in the way that this directorate focuses on the value it adds to the sector.

DHCW is not only a provider of digital healthcare technology, but also an intrinsic part of the overall health and care system. This strategy reinforces that purpose, drawing out the crucial role primary care plays in the overall health of our population and can have on the deliverability of health care in an over-subscribed environment.

Alongside the operational deliverables set out in the IMTP, it is essential that we create a mission, vision and goals that align with the current digital landscape and create products for current and future needs.



STAKEHOLDER CONTEXT

PURPOSE

The aim and responsibility of the organisation and its strategy is to add value, providing a benefits profile across the system and appropriately inspiring our workforce to engage with the vision, purpose, and mission.

Engagement with stakeholders is the best way we can gauge the value we are adding to the system. We used a broad range of opinions and evidence to develop this strategy, so we were able to feed in a range of perspectives.

METHODOLOGY

For the development of this strategy, 41 stakeholder interviews have been completed, speaking to 54 different stakeholders. These have included representative voices from Welsh Government, professional bodies, clinicians from a range of disciplines, internal project leads, patient groups, operational management, and human resources.

Process steps: Prior to the interviews a wide-ranging literature review was conducted to understand:

- The digital context and core organisational demands
- The breadth of function and purpose of DHCW and the PCMH team.
- The desired outcomes of existing strategies.
- The core themes contained within the vision and mission statements.
- The aims and benefits of existing and planned digital health products over which the organisation had responsibilities and influence.

FEEDBACK

At a summary level, all stakeholders are supportive of the creation of the PCMH Directorate within DHCW, believing that it answers the need to have a specific focus on the sector. It is seen as a necessary development if the aims of better prevention and overall health improvement are to be optimised within Wales. There was further general support for the idea of being able to access expert knowledge and experience to help guide and direct uptake of systems by clinicians, users, and patients.

VALUE GENERATION

The consistent opinion of how value is generated by PCMH is unsurprisingly rooted in the job that they do presently. PCMH is seen as an essential part of the transition of policy into project delivery and then ongoing support. Broadly, it is accepted that DHCW provides digital capacity and data services that, while primarily focussed on supporting professionals, have a positive impact on the patient journey through the healthcare system.

DHCW and PCMH are seen to bring value through their practical engagement at an operational level, technical knowledge and understanding of the Primary Care landscape.

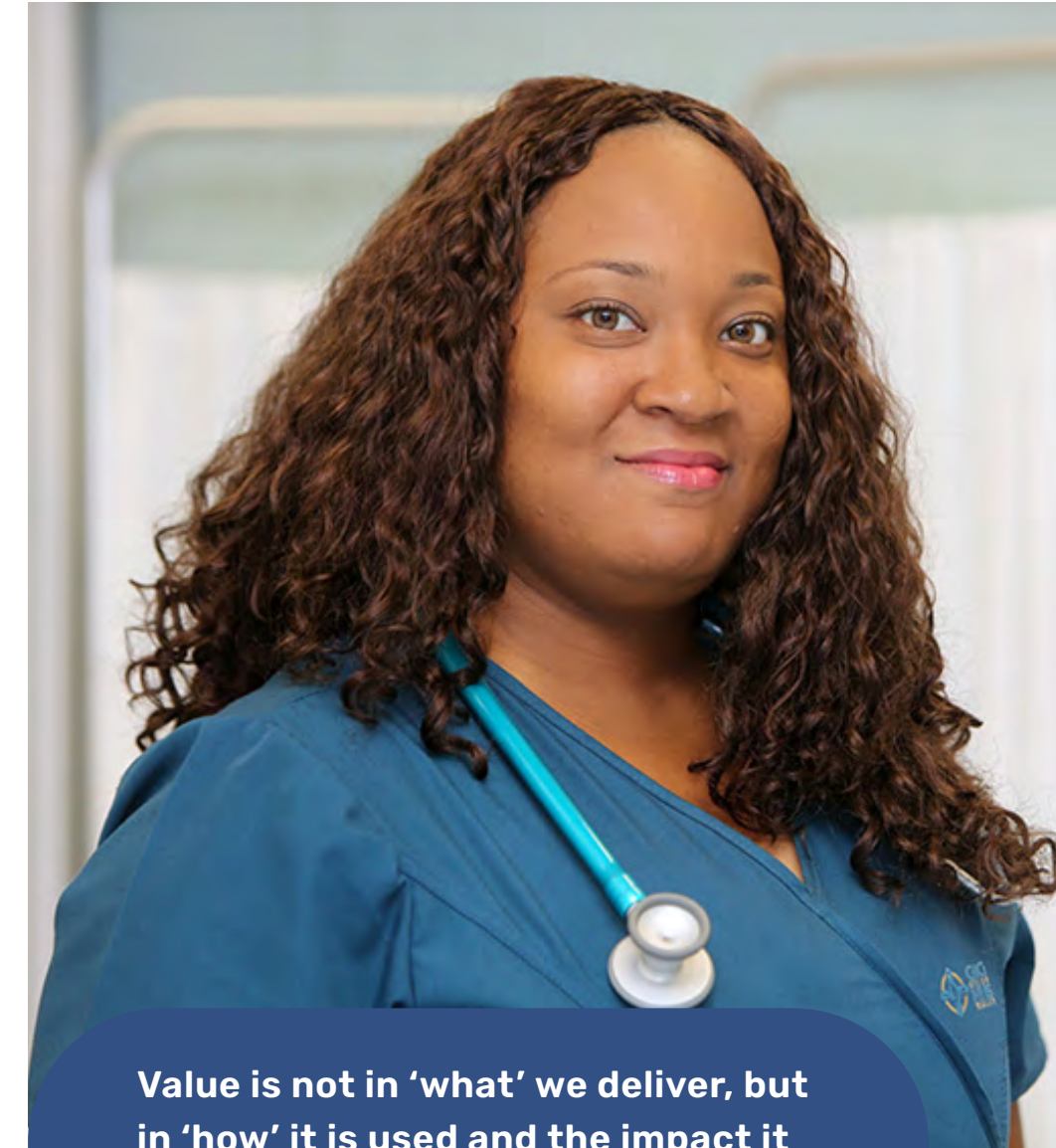
To summarise, DHCW's PCMH team are seen as adding value through two principal means. Firstly, the quality of personnel in PCMH are valued for their knowledge, positive relationship with clinicians and healthcare managers and their 'can do' attitude tempered by what is realistic and achievable. These are seen as true strengths for the organisation.

And secondly, the position and role of DHCW as a 'solution agnostic' and independent partner in delivering digital products and services ensures they are seen as an 'honest broker', in what can be a politically charged and narrow vendor-led market.

VALUE CHALLENGES

Whilst there is general and positive support for DHCW, and by extension PCMH, stakeholders also perceive specific challenges focussed on the delivery of major digital programmes/ products, where they were viewed as delivering to task (project) rather than outcome. This results in a lack of consistency where the outputs from programmes are not readily usable or consumable by users. Outcomes and benefits need to be assured at clinical user level to ensure we are maximising investment and opportunity. Value is not in 'what' we deliver, but in 'how' it is used and the impact it has on health and care in Wales.

This is blended with the recognition and widely expressed view that PCMH has the potential for adding much wider value to the sector, as an influencer, both locally and nationally, if it had the mandate to fulfil a broader role. However, this would only be possible if it were in a stronger position to influence and guide and if its experience and opinions were fully valued and sought at the right time.



Value is not in 'what' we deliver, but in 'how' it is used and the impact it has on health and care in Wales.

Wider focus for DHCW needs to cover a range of areas; current stakeholder perceptions are that we may not be adding the value that is needed, examples are:

- More innovation and disruption rather than branching from existing ways of working including the transition to a continuous improvement product delivery model.
- Greater engagement and tailored advice at practice level to support change.
- Longer term ongoing funding rather than short term programme/ product investment.
- Prioritisation of innovation over business as usual to support change.
- Greater clinical engagement and action taken on feedback supplied.
- Creation of ways to share knowledge and information.
- More shaping of change initiatives to evaluate the viability of success.
- Greater focus on benefits realisation.
- Transition of projects/products into BAU requires more focus and consistency.

• For PCMH specific areas of focus are:

- Improve gathering and sharing of lessons learned documentation.
- Find better ways to understand the digital maturity of Primary Care prior to change programmes/ products starting.
- Improve knowledge of technical expertise in practices and services to better tailor delivery to acknowledge the differing levels of support required.
- Focus on improving integration and interoperability of systems, as the current landscape makes sharing data challenging and hinders learning.
- Support the development of the appropriate IG arrangements required to share data safely and appropriately across boundaries.
- Development of a benefits profile model detailing coherent benefits realisation for all. This will highlight areas where the benefits are being strongly felt so that we can build on that success. And areas where benefits are not having the impact we hoped and where further development is required.

PURPOSE OF THIS STRATEGY

The strategy sets out how we will build the organisational platform from which we can deliver digital products/ services with improved value and benefits to our stakeholders.

The vision is to deliver outcomes that benefit everyone - patients, staff, and the organisation. We commit through this strategy to ensuring our staff maintain a focus on end user needs and have the expertise to deliver products and services that support them in their day-to-day work delivering patient care. We will work with our end users and partners to ensure that patients are provided with the digital tools that provide them with greater opportunities for control over their own care and access to services.

The mission is to achieve this strategy by 2027.

The Strategic Aims

- To provide the organisational platform from which the Primary Care Services Division can deliver digital products/services with improved value and benefits.
- To become more than a digital delivery organisation and evolve to be an intrinsic part of the health care system.
- To innovate and drive service change through digital opportunities.
- To continue to deliver but mobilise a new way of working and adding value.
- To provide fit for purpose products that are compliant and safe, ready at the time they are required.
- To move into a proactive product position, rather than a reactive product position, informed by user-centred design.
- To provide a focus on primary care data to inform population health planning.
- To ensure we are set up to deliver the new DHCW Strategy
- To provide a platform for the wider Divisional Strategy, expanding to encompass Community and Mental Health as findings from discoveries are understood.

IMPLICATIONS FOR THE STRATEGY

This strategy was designed with the formulation of a new Directorate in mind. This meant a significant focus on consultancy and research alongside the work to design the strategy itself. The consultancy element has been vital in understanding the landscape and identifying the aims and aspirations of Primary Care within wider Health care provision, as well as those of DHCW.

We want this strategy to signal a step-change aimed at securing and creating greater value through the product choices, approach to user centred design, delivery and benefits we can achieve.

What is clear from the research is that digital technology needs to be considered in the context of an entire health and care system. Technologies in and of themselves do not achieve optimal benefits. The potential for transformational change comes from patients and staff using digital tools on every step of their health journey, such as access to their health record, apps that interface with that record and integrate data sharing across health and social care. Additionally, technologies cannot be assumed to always deliver benefits; they will require independent and objective validation for their effectiveness, based on the outcomes they achieve. Delivery of the solution is not the measure of success, and certainly not the end of the digital work.

The level of intuitive integration needed just isn't there currently, and progress will be dependent on policy and standards development, along with the commercial commitment and technical capabilities of technology suppliers to engage with NHS Wales.

Stakeholders are asking for more input from DHCW, and PCMH, earlier in the policy development process and design of systems. This is part of the wider value that the PCMH can add by expanding their role from predominately delivery into one where they are an expert and objective voice across the wider primary care landscape.

There is opportunity at the heart of this strategic design which aims to deliver significant and wide-ranging benefits. The ultimate strategic goal is that the directorate becomes more than a digital delivery organisation and evolves to be an intrinsic part of the health care system, with its work and guidance fundamental to the delivery of population health improvement, from policy formulation right through to successful change on the ground. This does not mean that PCMH moves away from its role to deliver, but that it also mobilises a new way of working and adding value.

PCMH can only have the influence and gain support to deliver the strategy, if it has something new, interesting and of value to say to a wide range of stakeholders, recognising their divergent aims and priorities. This requires that the people within the PCMH directorate have a seat at the professional tables and can add value through imparting relevant knowledge and insight, are able to benefit stakeholders through sharing practical experience and can create a pool of relevant knowledge and shared understanding that can influence policy.



STRATEGY DESIGN

The strategy is focussed on the Primary Care Services division of PCMH Directorate. However, the principles and priorities have been designed in such a way as to be able to roll out unchanged to Community and Mental Health services as they progress and as capacity and new working arrangements develop.

The design of the strategy provides a straightforward flow from the overarching statement which sets out the broad aims, underpinned by the principles which explain

the core areas of focus in response to stakeholder views. The priorities are derived from the principles and detail the specific actions that will be undertaken to deliver the strategy.

Once agreed, the priorities will be delivered through individual projects within an organisational change programme.

THE STRATEGY

Through this work we have developed a strategic statement that articulates our role and aligns to the DHCW vision and mission statements.

'A strategy supporting population health and care improvement in Primary, Community and Mental Health in Wales through development of expert knowledge, information and resources that enables user centred design, interoperability, robust connectivity and security.'

We have identified our strategic aims, four operational principles that support the strategic statement and eight delivery priorities.

THE FOUR PRINCIPLES

The principles blend the need to deliver to a high standard predictably and consistently with the need to use the organisations inherent value to do more to improve delivery quality and create a platform to support innovation and new ideas being transferred into tangible products.

This is essential for primary care to be able to meet the changing complexity of the healthcare landscape when secondary care elements transition into Business as Usual (BAU) primary care deliverables.

The key value this will generate is fit for purpose products that are compliant and safe, ready at the time they are required. It will move DHCW into a proactive product position, rather than a reactive product position.



**Delivery
Quality**



**Inform
Policy**



**Build
Value**



**Guide and
Standardise**

THE FOUR PRINCIPLES

Each of the four principles commits us to:

 <div>Delivery Quality</div> <div>DQ</div>	Use every means to shape, manage and deliver projects to the highest recognised standards and to make use of its resources to create and guide a best-in-class approach to product, project, and programme management	Consistently develop and improve the positive impact of products, projects, and programmes of digitally enabled change through a variety of means	Addressing shortfalls in the consistency and quality of delivery across the entire portfolio of digital projects	
 <div>Inform Policy</div> <div>IP</div>	Developing the scope and remit of its resources to actively inform the development and formulation of policy	Engaging in the meaningful development of ideas and solutions to existing and future health issues	Work closely with professional teams, individuals and organisations to ensure that policy is developed against the richest and most comprehensive data and information available	
 <div>Build Value</div> <div>BV</div>	Assess digital technology and technical developments, digital competencies, and commercial synergies actively and purposefully in healthcare systems external to Wales	Adopt 'off the shelf' and standard products by default, conducting bespoke development only by exception	Sharing information with all relevant stakeholders and through engagement identifying areas where developments can be assessed for suitability in Wales	Proactively source solutions to technical and process issues through innovative ideas and challenging boundaries
 <div>Guide and Standardise</div> <div>GS</div>	Develop, agree and standardise a framework detailing data management and interoperability standards to be adopted throughout the primary care system	Support the adoption across primary care of agreed standards for interoperability and the gathering, storage, classification and usage of data and information	Guide compliance against standards as they develop and to support clinical practices with guidance and contractual and financial levers to speed transition and standards compliance	

THE EIGHT PRIORITIES

The priorities have been created based on feedback from the stakeholder interviews, and in alignment with the move to a product and end user focus. They are intrinsically linked to the operational principles.

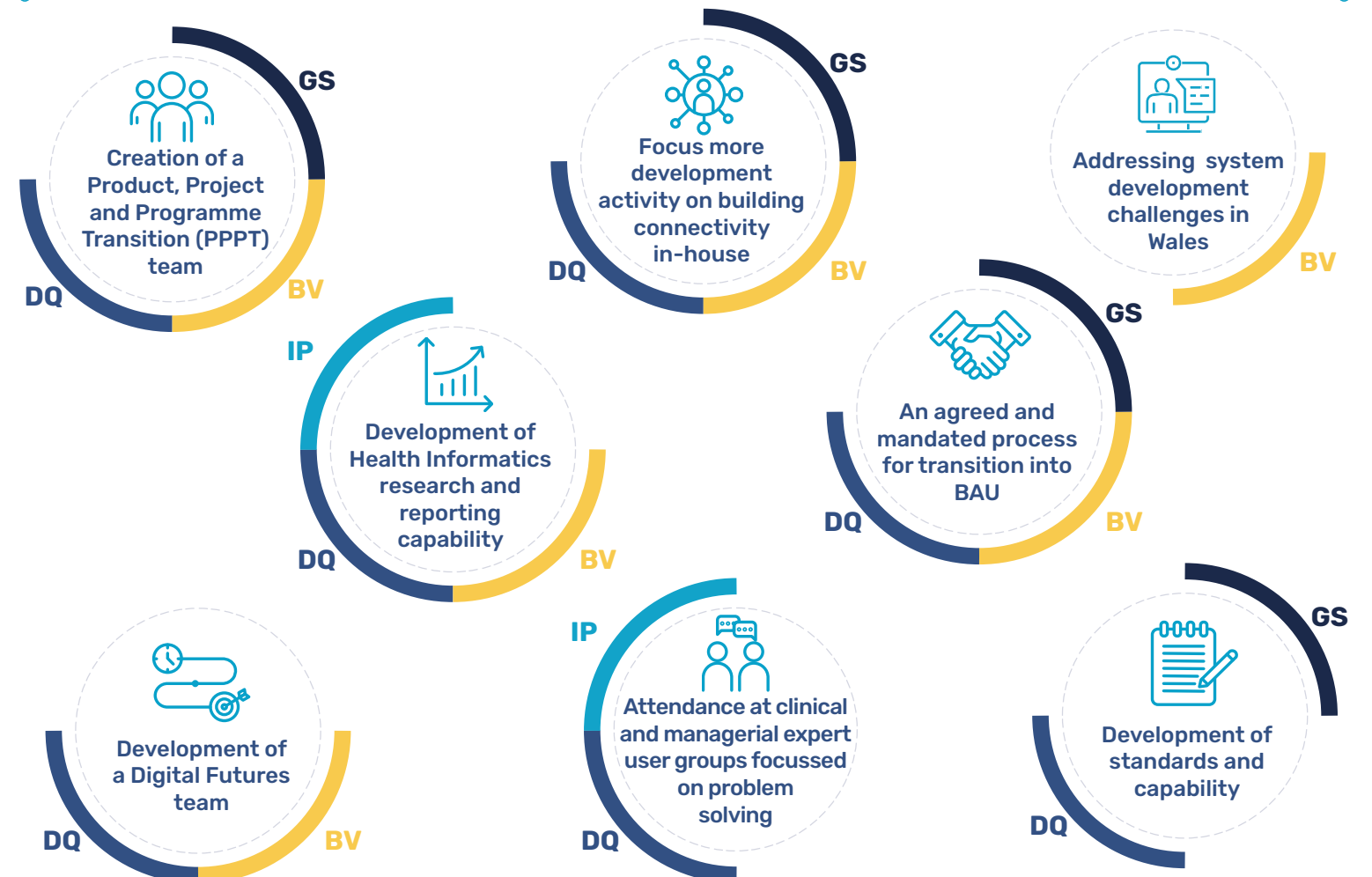
They represent the specific tasks that PCMH commit to deliver, which will ultimately result in the achievement of the strategic aims.

Each priority links to one or more of the strategic principles.

THE FOUR PRINCIPLES



THE EIGHT PRIORITIES





PRIORITY 1:

Creation of a full, dedicated Product, Project, and Programme transition team (PPPT), working with end users and policy leads to ensure projects and programmes bring value.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• Reduce costs, increase quality and consistency of project and programme delivery• Ensure policy is transition into delivery and delivery into BAU• Provide Project and programme assurance to the organisation, policy makers and users.• Ensuring projects are fully costed and resourced prior to acceptance and stakeholders are engaged at inception and throughout.• Project governance is established and maintained throughout• Ensure delivery timelines are achievable• Manage and report against identified benefits; confirming they are realistic and track their delivery over time	<ul style="list-style-type: none">• Standardisation of delivery methods and procedures leading to greater control, visibility and a reduction in cost• Increasing the visibility of project processes and their benefits to the wider stakeholder community.• Consistent alignment of projects and programmes to the overall vision for NHS Wales.• Aligning ways of working with the PCMH strategy and vision• Developmental training for project managers

PPPT will be a development of the existing Planning and Coordination Team (which currently delivers a multitude of projects/ programmes for primary care services), with alignment to the DHCW Benefits Management Framework, project and programme governance arrangements and Programme Management Office (PMO).



 **Delivery Quality**

 **Inform Policy**

 **Build Value**

PRIORITY 2:

Development of a Health Informatics research and reporting capability, enabling access to information and analysis to inform decision making.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• To enable decision-makers at all levels of the health system access rich information and analysis to make evidence-based decisions on health policy development and allocate scarce resources optimally.• Combine different sources of data to create rich information, to support improving patient outcomes, and enabling collaboration between multiple healthcare facilities and teams to provide optimal patient care.• Over time, to support, through using real world information, the systematic uptake of their research findings and other evidence-based actions into routine practice, improving the quality and effectiveness of health services and care.	<ul style="list-style-type: none">• Improving health outcomes, disease detection and treatment through active analysis and investigation of information.• Helping understand the needs of the patient population and plan resources, and better inform decision making to support them.• Improving patient outcomes by making more health-related information available to individuals, governing bodies and policy developers.• Enabling limited resources to be used in the ways that best address primary care health issues.• Controlling costs by sharing data and increasing efficiency.• Enabling collaboration between multiple specialties and teams to provide seamless patient care.

This function will be delivered in conjunction with and build on the skills within the DHCW Information Services Directorate.



PRIORITY 3:

Development of a Digital Futures team to help shape technology choices, seeking out good practice and innovation, and assessing with end users and policy leads how and when to develop or adopt services within Primary Care.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• To create an outward looking approach to help shape programme/product technology choice based on what is being implemented as best practice or leading edge elsewhere (horizon scanning)• To understand what can be imported and what the ‘state of the art’ has been achieved in specific fields of interest• To bring in experts in different subject areas together to discuss a common issue and develop viable solutions	<ul style="list-style-type: none">• A better informed PCMH team confident to present to senior DHCW and WG stakeholders, informed as they will be with insight about what is working and being developed elsewhere.• Working proactively with policy development teams and other stakeholder strategy groups to bring forward new ideas and research-based advice to help shape policy objectives and delivery options at an early stage• Cost and time savings through re-using systems and services that have already been successfully delivered elsewhere, reducing time to market and programme complexity.• Time saving that lead to earlier benefits realisation for clinicians and patients, with more chance of benefits being realised because a programme is following a tried and tested path.



Addressing system development challenges in Wales



Build Value

PRIORITY 4:

Extension of system development capability to encourage new entrants in the supplier market and enable more efficient delivery of requirements via alignment with existing UK standards and products.

PURPOSE	OUTCOME
<ul style="list-style-type: none">Minimise the amount of bespoke software development undertaken and maximising the use of “off the shelf” products (link to priority 3) and standards.Work with standard APIs.Leverage existing data extraction services (e.g., IM1), creation of data insights based on that outcome data becomes an ability of the PCMH.	<ul style="list-style-type: none">Reduce the barriers to entry to the Welsh market to deliver new developments.Reduce dependency on suppliers to accept and deliver system change requirements and put time to market under PCMH control.Data insights more readily available to evidence benefits realisation for programmes



PRIORITY 5:

Focus more development activity on building connectivity in-house to reduce dependencies on third party suppliers and deliver new requirements in a timely and cost-effective manner.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• To acquire standard/off the shelf APIs, rather than ask suppliers to develop integrations/interfaces.• PCMH/DHCW to use these APIs to create connectivity and interoperability	<ul style="list-style-type: none">• The integrations Wales requires delivered to a timetable under PCMH’s control.• Data available for research and analysis that is not available today supporting the value creation operations of PCMH.• A wider range of suppliers to choose from creating meaningful competition for incumbents.• Access to a range of additional services that enhance existing delivery, especially in patient app space.

We will strengthen our relationship with our DHCW design and integration teams to enable delivery of primary care integration requirements.



PRIORITY 6:

Development of a standards and capability function to provide confidence to our stakeholders, support supplier integration and data quality.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• To ensure that DHCW and NHS Wales have a set of standards covering systems, data and interoperability that can be set, effectively incentivised and enforced where appropriate.• To ensure interoperability across primary care systems with the aim of avoiding delays in diagnosis, preventing tests from being repeated unnecessarily, and speeding up the process of treatment.	<ul style="list-style-type: none">• PCMH will be able to address the challenges of interoperability and data security across the primary care system in Wales, whilst providing a longer-term plan to enable stakeholders to adapt and plan in compliance over time.• Increased productivity; with the time required to process data reduced, organisational efficiencies will increase.• As data systems are aligned, the quality of data will improve, as more sources can be brought together, creating more cohesive, richer information.• Improving data protection. Rather than type in patient data many times, it can be accessed from their electronic health records (EHRs).• The patient experience should be substantially improved as data is able to flow across all of the patients touch points, leading to better communication and supporting greater continuity of care.

This will be delivered in conjunction with DHCW Information Services and Operational Directorates.



PRIORITY 7:

An agreed and mandated process for transition into BAU to support realisation of project/programme benefits in the long term.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• To ensure that the benefits of change and development projects are realised over the long term.• To ensure that the transition to BAU, where the actual value of the project will be delivered is approached as a joint enterprise, where the PPPT, the internal and external SRO’s and project managers and the Service Management team all work together throughout the lifecycle to ensure the aims and benefits are successfully delivered.• Improve uptake and engagement and through doing so help ensure identified benefits can be tracked and reported on	<ul style="list-style-type: none">• PCMH will have a process which ensures that the transition to BAU and their acceptance of responsibility for the outcomes of a project are fully planned and effectively managed.• Support the delivery of benefits over the long term, reduce operational disruption, both within PCMH and within clinical practice, and ensure that the work is properly funded and supported.• Having a plan in place well before transition will enable the service management team to plan their resources effectively and ensure that the necessary knowledge and expertise is transferred to the team ahead of transition.



PRIORITY 8:

Attendance at clinical and managerial expert user groups focussed on problem solving and with the aim of strengthening our relationship with the primary care community as a strategic partner.

PURPOSE	OUTCOME
<ul style="list-style-type: none">• To obtain richer and more targeted information available to help solve clinical and organisational problems.• To add tangible and unique value, help raise the profile of the new directorate and support the strategic aim to be seen as an important part of improving health outcomes for the population of Wales.	<ul style="list-style-type: none">• Provide tangible evidence of achievement against the PCMH strategic aim of putting innovative solutions into practice and to be at the centre of solution development.• PCMH will be able to demonstrate to the stakeholder community a broad value adding role.• Making use of the combination of new functions and activities will reinforce their value to a wider audience.

DELIVERY OF THE STRATEGY

The strategy calls for a structural, operational, and cultural change, affecting ways of working, the role that PCMH plays in the overall Primary Care system, and the way in which a variety of stakeholders will make use of and interact with it. The structure of the strategy (Statement, Principles, Priorities) is designed to provide a straightforward path from actions to aims and ambitions, so people can see and understand the reasons for change and their role within it.

To build confidence, the benefits of change need to be made clear to each group and the strategic aims aligned to better outcomes for all.

Regarding the leadership and management of PCMH, and the influencing of wider DHCW resources, there are three principal considerations for the strategic team to ensure when leading PCMH into strategic delivery:

Engagement: A Strategy That People Can Understand

In order that people can translate strategy to their own context, communications will need to blend the broad change and rationale with a clear element of ‘what is in it for me’ and ‘what do I need to do’.

Planning: A Strategy That People Want to Execute:

The strategy has been designed to include a wide selection of stakeholders, some of whom could be described as “engaged critics”. We have taken people’s issues, ideas, and insights seriously, to help to ensure that it is owned by everyone in the PCMH and the wider community. Through approaching the strategy in this way, it should be possible for people to see areas of the design that directly address their concerns and that encourages engagement and support.

Delivery: A Strategy That People Are Able to Execute:

Imagination and radical ideas have their place, but strategy must be achievable, enhancing value to stakeholders as it moves forwards. Too many radical approaches too early in the delivery will undermine the credibility and make it less likely to encourage belief that it is possible to realise. A focus on “pragmatic innovation” is advised.

Recognising the past, makes it more realistic and should demonstrate not only that stakeholders have been listened to, but the design takes account of their needs and therefore provides something of benefit to them.

MATRIX ORGANISATIONAL DESIGN

Successful delivery of this strategy will be dependent upon multi-disciplinary teams that utilise skills from different areas of the organisation. There are many benefits in developing a matrix organisational design. It tends to improve access to resources, skills and technologies across the organisation that might otherwise be locked up in vertical silos and specialist areas. Matrix designed; multi-disciplinary teams are also fundamental to successful delivery in organisations adopting a Product approach. It can improve cooperation and communication across the functional and geographic silos, and it brings flexibility through faster decisions involving multiple stakeholders.

In terms of personnel development, matrix structures, when working well, tend to build broader people capabilities because through greater integration, organisations need to develop people who can think beyond their own functions or locations, incorporating ideas and methods from across the organisation. In this way, matrix organisations are generally adept at Agile working and continuous improvement. Governance that can ensure the delivery of the strategy in a controlled and accountable way therefore requires some creative thinking when applied to the new PCMH organisational design.

GOVERNANCE APPROACH

The scope of this governance model is the control and oversight of strategy delivery only.

The SHA Board and the DHCW Management Board, in its organisational oversight role, will ensure delivery of the Primary Care strategy.

In this model, the Director of Primary, Community Care and Mental Health Digital Services would be accountable to the Management Board directly for the design and deployment of the strategy and its separate components, to the agreed plan, budget and timescales.

Beneath this governance level, strategy delivery now needs to align with the PCMH Target Operating Model currently under consultation.

The solution is to develop and manage the strategy as a 'product' in line with the organisation's Product Operating Model.

The strategy product has only one purpose, the delivery of the agreed strategy, which is achieved through the coordination of the 8 priorities which become the shared service lines. This will be managed within PCMH by the Strategy Service Owner and Strategy Product Owner reporting to the DHCW Management Board.

OPERATIONALISATION OF THE STRATEGY

To operationalise this strategy, the following elements will need to be developed and monitored within the governance processes mentioned above-

1. **Financial plan**
2. **Staffing plan**
3. **Operational Plan**
4. **Evaluation process and timescale**

The four components will turn the vision into a reality, leading to the successful implementation of the strategy purpose. Consideration for a benefits profiling document linked to all 3 areas (financial, staffing, and operational) will improve the quality and ongoing buy in of the strategy and will be included within the evaluation metrics.