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NYHDIF

RPA and AI
WY Primary Care

Simon Wilson (BD&C)
Lisa Hall (Calderdale)

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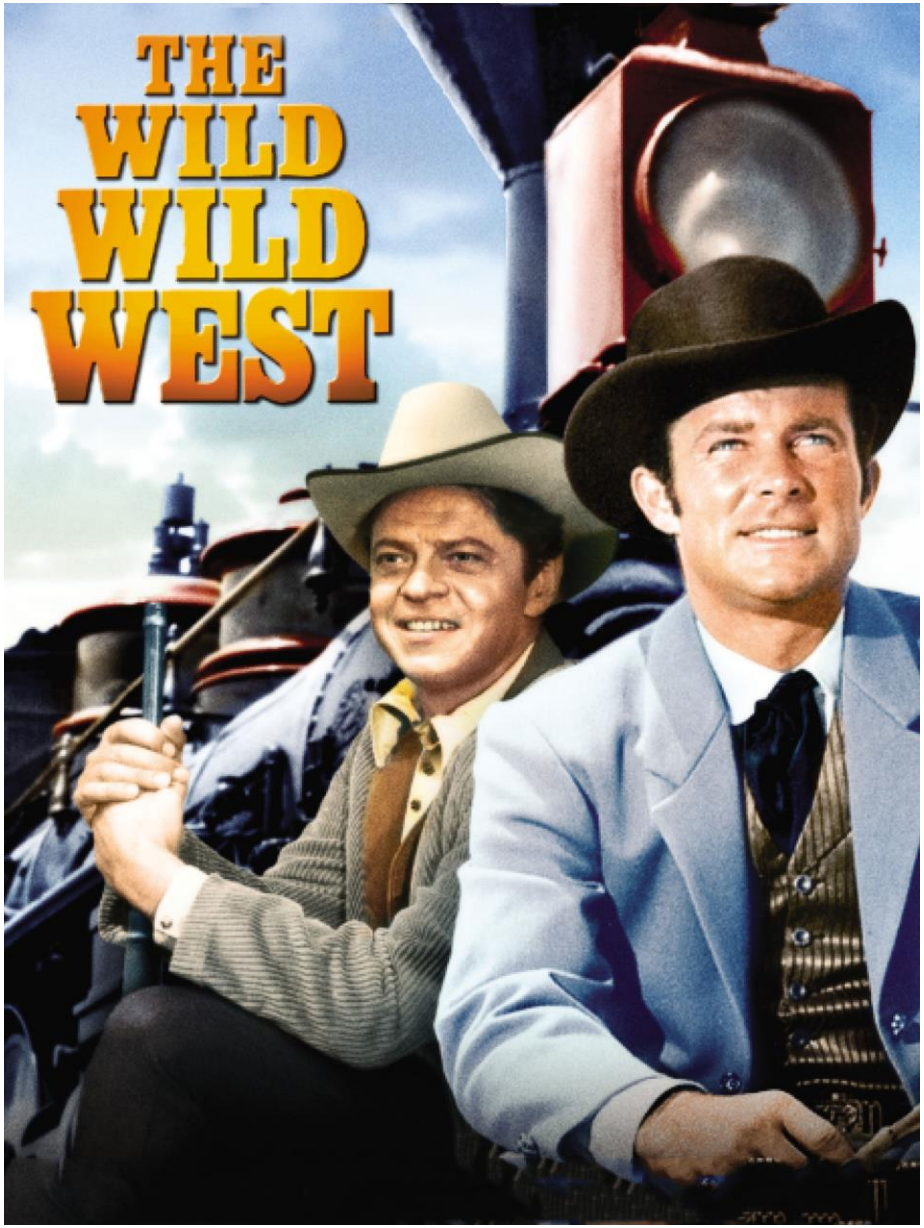
Snowzone, Castleford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RPA – Robotic Process Automation

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The term (RP) 'automation' describes a wide range of technologies that reduce human intervention in processes. Human intervention is reduced by predetermining decision criteria, subprocess relationships, and related actions - and embodying those predeterminations in software or machines ('borrowed' text - not my words!!). Often referred to as 'Bots'.

They are designed to take on / mimic user interaction with software and if designed and implemented correctly and safely they can speed up many transactions, perform tasks out of hours reduce the instances of error (often human error). Examples incl Chatbots, Webcrawlers, SocialBots, MaliciousBots.

Similar to but do not confuse with AI (Artificial Intelligence): AI 'tools' possess intelligence and adaptability to tackle complex problems. While bots are a form of AI, they fall under the category of narrow AI due to their limited scope. Primarily designed to utilise the big data layer, analysing multiple data sources at speed, delivering intelligence/insight (suggested actions / next steps). They can offer rapid feedback during individual consultations or at a more strategic level supporting initiatives such as predictive modelling. Some AI Algorithms are classed as a Medical Devices.

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What's concerning us and what's the position re RPA in Primary Care?

The problem: lies with the use of unwarranted 3rd Party RPA tools. A whole market is developing exploiting new technologies that (allegedly) interact / integrate safely with GP Core Clinical Systems (in WY = SystmOne and EMIS). Additionally there is a lack of visibility of CCS API 'warranted' solutions.

TPP position: Native SystmOne RPA Tools are free to use and organisations are encouraged to conduct appropriate DCB0160 testing. Examples include: Task Templates, Code Formularies, Scanning Rules, Auto Consultations and Auto-filing. TPP do not currently support 3rd Party RPA Tools and any unauthorised use invalidates the S1 warranty (invalidates their DBC1029 Clinical Safety Cert) and is in breach of contractual terms. TPP have a published API Warranty process.

EMIS position: As above, EMIS have a number of EMIS native RPA processes for tasks such as registration and auto-filing. DCB0160 is the responsibility of each org, ensuring it's safe and the automation works correctly / as intended. EMIS are not aware of any 3rd party RPA tools being used with EMIS (they haven't formally declared their position re warranty / DCB0129 atm).

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The National Approach

NHSE has developed a national 'how to guide' to support effective and safe adoption of RPA. The guidance presents good practice on planning, delivering and sustaining RPA solutions and highlights the key considerations including where RPA cannot be used.

A great resource can be found here: Guidance for designing, delivering and sustaining RPA within the NHS - Key tools and information - NHS Transformation Directorate (england.nhs.uk)

Some light bedtime reading!

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Requests, knowledge and interest from GPs/PCNs continues to grow as they consider how best to transform and deliver efficiencies (assisted by the army of sales folk battering down their doors promising ROI, sunlit uplands etc etc).

We raised our experience / concerns through NHSE Region and onto the Centre.

Feedback from NHSE:
Primary care and use of RPA is a complicated space. Officially GPIT Futures and the primary care suppliers (TPP & EMIS) don't support 3rd Party RPA. It remains in GPITF's queue to complete a discovery piece. We await feedback on the national RPA strategy, who owns it and where it sits in terms of priority.

NHSE similarly remain frustrated with certain suppliers who continue to claim they are warranted / certified by NHSE for use with GPITF Core Clinical Systems, and/or claims that their solutions simply 'work' with EMIS/TPP.

Further consideration:
GPITF contracted solutions will need to be re-procured by 31st March 2027. Many procurements will commence in mid/late 2025 and throughout 2026 (we await detailed guidance from NHSE). We should expect the use/integration of 3rd Party RPA Tools (and AI) are adequately acknowledged with suppliers expected to meet minimum standards and facilitate warranties in an open, transparent and supported environment.

Primary Care AI in the news:

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Technology

GPs turn to AI to help with patient workload

Dr Deepali Misra-Sharp uses AI to help take notes

Suzanne Bearne

Technology Reporter

14 January 2025

This is the fifth feature in a six-part series that is looking at how AI is changing medical research and treatments.

The difficulty of getting an appointment with a GP is a familiar gripe in the UK.

Even when an appointment is secured, the rising workload faced by doctors means those meetings can be shorter than either the doctor or patient would like.

But Dr Deepali Misra-Sharp, a GP partner in Birmingham, has found that AI has alleviated a chunk of the administration from her job, meaning she can focus more on patients.

Dr Misra-Sharp started using Heidi Health, a free AI-assisted medical transcription tool that listens and transcribes patient appointments, about four months ago and says it has made a big difference.

"Usually when I'm with a patient, I am writing things down and it takes away from the consultation," she says. "This now means I can spend my entire time looking eyes with the patient and actively listening. It makes for a more quality consultation."

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One in five GPs using AI at work despite lack of training - with some even using it in diagnosis

A "surprising" amount of doctors around the UK are using generative AI to help them with their work, according to the author of a new study. But the technology could be putting patients at risk.

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One in five GPs using AI tools in clinical practice, finds BMJ survey

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Growing challenges in Primary Care

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Source: the BBC article.

A single full-time GP is now responsible for 2,273 patients, up 17% since September 2015, according to the BMA.

A 2019 report prepared by Health Education England estimated a minimal saving of one minute per patient from new technologies such as AI, equating to 5.7 million hours of GP time.

Meanwhile, research by Oxford Uni in 2020, found that 44% of all administrative work in General Practice can now be either mostly or completely automated, freeing up time to spend with patients.

On a political front Labour say they want to make the UK an artificial intelligence "superpower", promising to take a pro-innovation approach to regulation, make public data available to researchers and create zones for data centres.

The NHS is seen as likely vehicle to exploit a lot of what AI has to offer. With increased demand, consumer expectation and limited resource the models of care need to adopt and adapt quickly. There is a potential risk of increasing inequalities.

Primary Care 3rd Party RPA and AI Provision
Examples of market offerings and current intelligence (tbv):

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ABTRACE: Proactive Monitoring and Intelligent Recall – integrated with S1 & EMIS. 1 practice in Calderdale in the deployment process.

Heidi: AI Medical Scribe – not integrated with S1 & EMIS. Governance documents should be requested from the supplier. Locum GPs are using the free version across West Yorkshire, no involvement from ICB. GPs copy and paste from Heidi into S1. Inherent risk.

BluePrism: Improving patient outcomes by streamlining admin tasks. One practice in Calderdale was very interested, the provider couldn't provide the governance documents and are not a partner of S1 or integrated withing S1 and EMIS. One Leeds practice has been working with the provider for nearly 2 years (further intel needed)

Pathology Go: Auto filing of blood results. Not a partner with S1, not integrated within S1 or EMIS. Local path labs would also not engage.

JiffJaff: Pathology Filing, Patient Registrations and Repeat Prescriptions. Not warranted by S1. Claims on website: 'Our clinically designed **MyBotGP** Normal Pathology Filing product integrates with SystmOne TPP or EMIS (WEB). Robust, audited, and scalable.'

C-TheSigns: uses AI to analyse patients' medical records and check different signs, symptoms and risk factors of cancer, and recommend what action should be taken. Integrated.

Example 1: Not currently integrated - Heidi

GPs turn to AI to help with patient workload - BBC News

Dr Deepali Misra-Sharp, a GP partner in Birmingham, has found that AI has alleviated a chunk of the administration from her job, meaning she can focus more on patients.

Dr Mirsa-Sharp started using Heidi Health, a free AI-assisted medical transcription tool that listens and transcribes patient appointments, about four months ago and says it has made a big difference.

“Usually when I’m with a patient, I am writing things down and it takes away from the consultation,” she says. “This now means I can spend my entire time locking eyes with the patient and actively listening. It makes for a more quality consultation.”

She says the tech reduces her workflow, saving her “two to three minutes per consultation, if not more”. She reels off other benefits: “It reduces the risk of errors and omissions in my medical note taking."

With a workforce in decline while the number of patients continues to grow, GPs face immense pressure.

Example 2: Integrated – C-TheSigns

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GPs turn to AI to help with patient workload - BBC News

….currently, 1,400 GP practices across England are using the C the Signs, a platform which uses AI to analyse patients' medical records and check different signs, symptoms and risk factors of cancer, and recommend what action should be taken.

"It can capture symptoms, such as cough, cold, bloating, and essentially in a minute it can see if there's any relevant information from their medical history," says C the Signs chief executive and co-founder Dr Bea Bakshi, who is also a GP.

The AI is trained on published medical research papers.

"For example, it might say the patient is at risk of pancreatic cancer and would benefit from a pancreatic scan, and then the doctor will decide to refer to those pathways," says Dr Bakshi. "It won't diagnose, but it can facilitate."

She says they have conducted more than 400,000 cancer risk assessments in a real-world setting, detecting more than 30,000 patients with cancer across more than 50 different cancer types.

Discussion points:

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Is it really like the Wild West out in the world of NHS Primary Care RPA and AI?

The value of an overarching RPA and AI Strategy with a documented / approved approach to govern, manage and maintain safety and compliance incl but not limited to DCB0129 and DCB0160.

If an AI Algorithm is deemed a Medical Device what does it mean for us (Digital folk)?

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Thank you

Enjoy the rest of the event