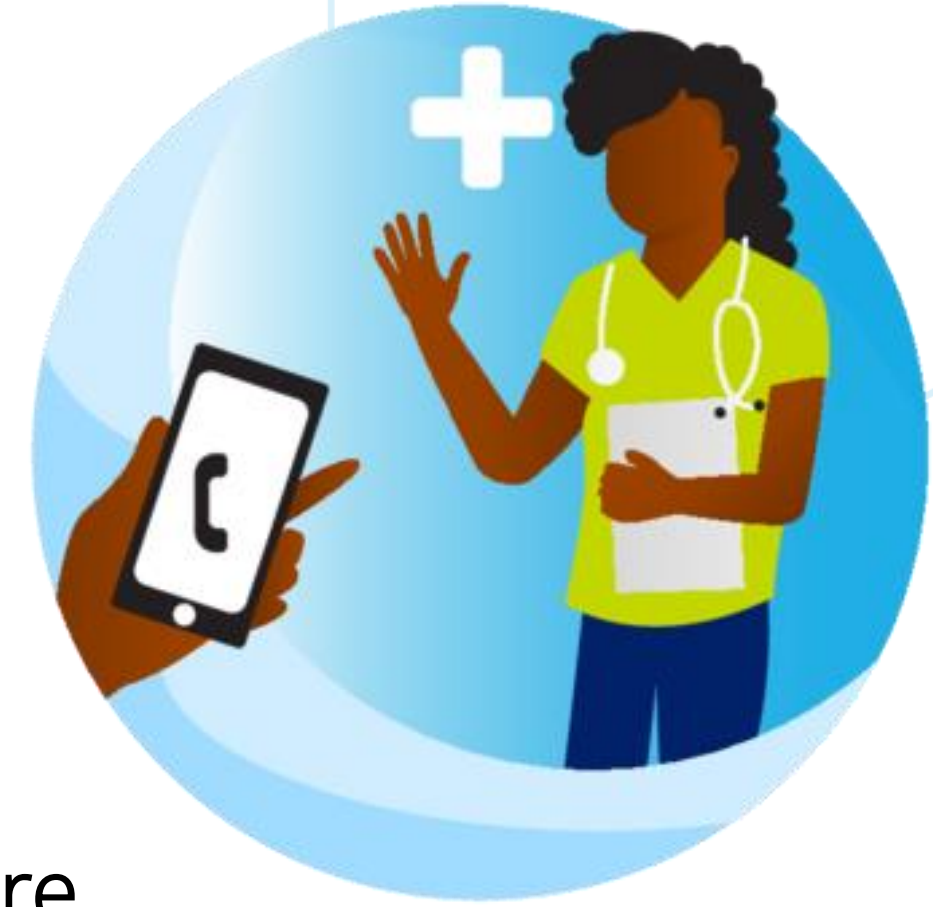
Deloitte.



Future of Primary Care

September 2024

Dr Karen Kirkham Deloitte

Some topics for discussion today

1. Future of Health , national and international trends
2. Some personal reflections from Dorset .
3. The case for change for primary care
4. The future model potential
5. Your role

The challenges health systems – key trends

1. Demographic growth and frailty
2. Increased complexity
3. Increasing patient expectation
4. Reduced/ restricted funding and rigid and complex funding models
5. Scarcity of skilled personnel and clinician burnout
6. Lack of social care provision
7. Increased cost of innovations and technology
8. Rising health inequalities (exacerbated by climate change)
9. Clinician burnout
10. Lack of system integration

Lessons indicate health is the foundation of resilient productive and resilient economies and fair societies.

Healthcare trends driven by increasing funding requirements, workforce shortages and digital / technology

RESTORING HEALTH (LIFE-LIMITING)

Current state examples:
- Routine elective surgery
- Acute care and minor injuries
- Cancer or other non-communicable diseases

Growth areas:
- Digital pre and perioperative care, and virtual wards
- Robotics and AI surgery
- Digital therapeutics

PROMOTING HEALTH AND PREVENTION (LIFE ENHANCING)

Current state examples:
- Disease screening (including vaccination programmes
- Dietary supplements
- MedTech and automatic vital sign monitoring

Growth areas:
- Digital biomarkers and AI-enabled remote monitoring
- Ubiquitous disease surveillance and new vaccinations
- AgeTech/FemTech

TREATING SICKNESS (LIFE THREATENING)

Current state examples:
- Life threatening reactive (e.g., A&E and cardiovascular events)
- Synchronous' primary care assessment and diagnosis
- Antibiotics, thrombolysis, transfusions, cell and gene therapies, etc.

Growth areas:
- Precision diagnostics
- Precision medicine
- Virtual wards and asynchronous primary care assessments

Current state examples:
- Natural decline in cognitive, visual, cardiovascular and physical health
- Palliative care and care homes
- Managing chronic long-term conditions

Growth areas:
- Social prescribing
- Health coaches and assisted living and community care
- Companion apps and at home monitoring and diagnostics

2024 global health care sector trends and issues

Responding to the looming global shortfall in health care workers

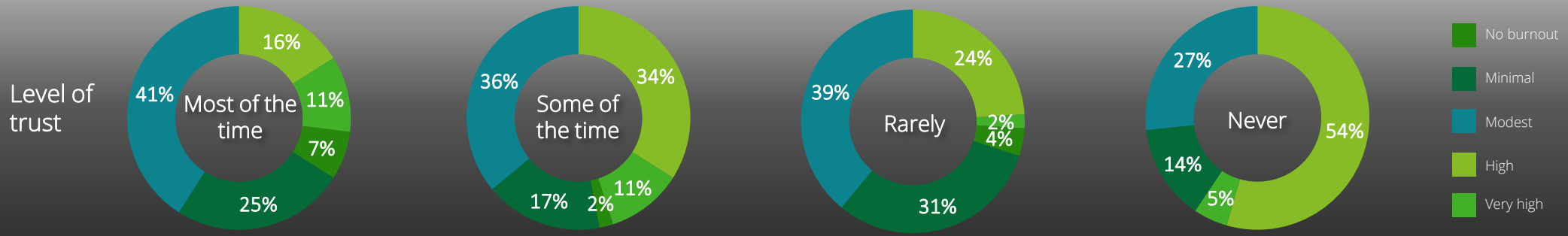
The shortage of workers is profound—and global

- The World Health Organization (WHO) projects a shortfall of 10 million health workers worldwide by 2030, mostly in low and lower-middle income countries.[1]
- About 55 countries currently fall below the number of health workers that the WHO considers as sufficient.[2]
- The world will need nine million more nurses by the end of the decade.

Burgeoning burnout

- Clinician burnout is one of the key causes of the health care sector's labor shortages.[4]
- Nearly 50% of US physicians said that they have experienced burnout in the past two years.[5]
- Twenty-two percent of European physicians believe that burnout and staffing shortages may worsen.[6]
- In India, 82.7% of doctors reported experiencing work-related stress in 2023.[7]

The issue of trust: Do you trust your organization's executive leadership to do what's rig ht for the workers?



Source: Deloitte 2022 Survey of US Frontline Clinicians

1. "Health workforce," World Health Organization.
2. Ibid.
3. "Global Per Diem Nurse Staffing Market Size and Share Analysis - Growth Trends and Forecasts (2023 - 2030)," Research and Markets, October 2023, LINK TO COME
4. "The 8th Annual Apollo Global Healthcare Predictions," Apollo Intelligence.
5. 5. Ibid.
6. "The 8th Annual Apollo Global Healthcare Predictions," Apollo Intelligence.
7. D Ram Nakipuria, "IMA Survey: Majority Of Indian Doctors Are Stressed Out Of Medical Profession," Docplexus.

And we see some key drivers for change in health systems

Health Equity	Move to Place	Human Centric	Move to Digital	Productivity
Recognising there can be a postcode lottery and certain groups experience **health disadvantage**, the system needs to proactively attend to improving the **social determinants of health** and design appropriate services for all groups in the community.	Focusing on how organisations can work differently together to provide services more effectively to those who need them – **shifting the mindset** from organisational boundaries to those defined by the **people and places** served.	The opportunity to transform service delivery across health and social care should put **citizens at the heart** of new service design. This will lead to **better services and outcomes**, and will help challenge organisations from keeping the status quo.	Expectation that more services will be **delivered through technology** where appropriate. This will drive efficiency, promote citizens **taking greater control** of their wellbeing and reduce the demand on physical wards.	Changing demographics, higher levels of complexity in health and wellbeing, greater citizen expectations are **driving up demand**. System capacity is constrained - human resources are finite, funding is finite. How do you **drive productivity** or change service and delivery models to close the capacity gap?

Learn more: The Deloitte Centre for Health Solutions | Deloitte UK

The Dorset story: some personal reflections of a first wave ICS

1. Clinical services review 2015/2016
2. Acute and community and primary care
3. Population driven care models , data and modelling
4. Locality working – relationships, clinical , community, patient, political
5. Local solutions for local problems and scale solutions where it makes sense eg frailty teams and working differently
6. Growing local workforce and opportunity – fellowships, training schemes and new care models including working with secondary care
7. Community and volunteers
8. Importance of leadership and followership
9. Quality improvement and measurement
10. Funding streams and opportunities, and context for current day
11. Resilience

The case for change in primary care provides an opportunity for transformation

Primary care is facing a 'burning platform' and turning point in its history. While there are tactical opportunities to drive recovery, there is also a potential to create value at a system and local level through transforming the overarching Primary Care Model.

Context

Workforce pressures
1,702 fewer fully qualified full-time GPs in 2024 than in 2015

Increasing demand
Increased patient complexity and frailty with growing numbers of consultations per registered patient

Variation in estates
2,000 premises have been identified by GPs as not being fit for purpose

National policy drivers
Labour Government priorities, Fuller Stocktake, National Improvement programmes and NHS Confederation focus on Primary Care Transformation

Implications of current pressures

Missed opportunities to use data
Lack of appropriate core infrastructure combined with staff burnout does not enable optimal use of data needed to deliver better patient outcomes

Reduced patient and staff satisfaction
Demand and access issues are a barrier to consistency of care provider, driving down patient and staff satisfaction and staff time for professional development

Working in siloes
While PCNs provide a framework for collaboration, the current operating model and estate is a constraint to working at scale and opportunities to share services are not consistently leveraged

Opportunities

Future-focused workforce models
Leveraging the power of technology to better meet demand, triage better and faster, making this a better job for staff allowing for more development, rebuilding trust with staff and improving patient health equity

A digital and data driven future
Moving from a digitised practice to an integrated data ecosystem across the ICS, enabling more insight driven care and service delivery

System integration
Coordinated population view and holistic system-wide approach to provide consistency of care across pathways and leverage community assets, underpinned by a refreshed approach to financial incentives and contracts

Our perspective

- We have developed a point of view on the future of primary care to support NHS organisations to envision an alternative path to deliver better outcomes for the population
- We have developed this through leveraging our team's clinical experience in delivering primary care services, drawing on subject matter expertise in the Deloitte health and care practice and testing our hypotheses with industry sector leads in primary care including front-line GPs, NHS Confed and NHS England
- Given the urgency of the challenges facing primary care we recognise the need to go beyond the art of the possible and quickly shift into tangible delivery

Sources: Pressures in general practice data analysis (bma.org.uk); Fuller stocktake

Examples of forward-thinking models in primary care

WIDER DETERMINANTS OF HEALTH IN SINGAPORE

BACKGROUND:
- Ranks highly for standard of care & efficiency of health care system
- Rapidly aging population, focus on disease risk factors in elderly (e.g.- CVD)

INVESTMENT IN PRIMARY CARE BY:
- Empower people in preventing disease & promoting health
- Support 'family medicine'
- Link health services & community services
- Improve IT & service integration
- Payments into Primary Care

FRAMEWORKS ON EVOLVING NEEDS:
- Developed a 'River of Life' framework to meet evolving healthcare needs
- And to understand drivers of population health in an aging population with chronic disease and increased frailty & mental health issues
- Within that, have a Frailty Framework, aiming to empower patients in preventing disease & promoting health

POPULATION HEALTH INDEX:
- To predict care needs & resource utilisation
- And meet the needs of population from birth to end of life:

Nordic Innovation Vision 2030

DIGITAL INNOVATION IN THE NORDIC HEALTHCARE SPACE

- Nordic Vision 2030: Aiming to be the most sustainable & integrated health in the region in the world by 2030
- By shifting towards digital health, which offers advances in preventative care

eHealth: Health services provided electronically

CAMBIO — Clinical decision support specific to patient & guidelines

KMD Nexus — Primary care patient management platform (healthcare, welfare, social services)

mHealth: Health supported by mobile devices

ŌURA — Smart ring to track sleep & physical activity

Heart2SaVe — Necklace that uses AI to detect arrhythmias and analyse the rhythms

Telehealth: Distribution of health information electronically

motiview — Indoor cycling programme for people with dementia to increase physical activity

OTH.io — Cloud-based remote patient monitoring platform for patients to measure their health data at home

eSocial: Electronic support for social health

COALA — Electronic ECG and stethoscope to remotely monitor patients

VideoVisit® — Virtual care platform for patients to access healthcare and social services remotely

Examples of forward-thinking models in primary care

ChenMed

US based primary care provider focused on preventative, patient centred care

FOCUS ON VALUE-BASED CARE AND ACCOUNTABILITY FOR OUTCOMES

Primary care doctors are empowered to be lead on patient outcomes – a culture of ownership

"A physician led revolution"

PERSONALISED CARE THROUGH SMALLER PATIENT LISTS

More time per patient; improved patient engagement and satisfaction – Doctors become trusted advisors, coaches, and health "quarterbacks" for their patients

"Our patients get personal physicians who care for only 450 or fewer patients."

ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

Dealing with these wider issues such as transportation, access to medication and lifestyle education empowers patients and builds trust in the health system.

"We support equity both internally and externally with the mission to foster an environment that promotes equity and inclusion."

IN NUMBERS:

- 3-4 hrs "facetime" per patient per year
- 345 patients per doctor
- *35% fewer emergency visits*
- *51% fewer hospitalisations*
- *94.8% of patients were highly satisfied with their care*
- *95.3% of patients said their doctor listened carefully to them*
- *85% of patients got answers to medical questions the same day they called*

CLALIT INNOVATION / CLALIT

Unique payer-provider system in Israel; full end-to-end care under one roof; primary care, specialty care, hospital care, as well as being both the payer and the provider.

DATA DRIVEN PUSH FOR PREDICTIVE, PROACTIVE AND PREVENTIVE CARE

A centrally integrated data repository with the aim to implement predictive medicine at scale; by identifying high risk patients and prevent disease through early, direct communication.

SCIENTIFIC EXCELLENCE, EXPERTISE AND COLLABORATIONS

Decades of experience implementing digital health at scale through connected teams of leading clinicians, data scientists, and IT experts collaborating towards a common mission.

REDUCING SYSTEMS PRESSURES

Significantly reduced readmission rates by identifying high-risk cases, using care transition nurses and sending real-time push notifications to primary care clinics.

Three Covid-19 initiative tools that enabled timely preventive advice to high-risk members and extend tele-care and digital services to patients:

- A predictive model for identifying high-risk patients
- A personalized daily risk score
- Predicting area-level morbidity trends

IN NUMBERS:

- **30 years of comprehensive data** covering clinical and personal data
- *6 million patient records*
- *30% of acute hospital beds in Israel*
- *1500 clinics in Israel*

What a future model of primary care could look like

Primary care needs radical reform. It should reflect an integrated system, focusing on proactive, patient-centred, and technologically advanced care delivery, ensuring equitable health outcomes. We have identified six key features for the future of primary care.

Universal Digital Access

Ensure every citizen has seamless access to virtual healthcare services via state-of-the-art digital platforms that utilise AI and machine learning to provide personalized, predictive, and preventive healthcare. Patient activation; patient ownership and responsibility for their own health.

Example

- *Develop a universal health app that integrates real-time health monitoring, virtual consultations, AI-driven diagnostics, and personalised health management plans.*

Integrated Data Ecosystem using AI

Create a fully integrated healthcare data ecosystem that leverages population health management, also uses AI to enhance planning of patient care coordination across primary, secondary, and community care, reducing inefficiencies and predicting patient needs.

Examples

- *Single integrated care record across a system*
- *AI driven predictive analytics; Adverse event prediction and clinical decision support*
- *Patient Q&A Chatbots*
- *AI Friend to combat loneliness*

Next-Generation workforce models

Integrated, multi-disciplinary teams should deliver care both at the practice and in the community – delivering de-centralised care, leveraging community assets and technology integration to deliver care seamlessly and efficiently across care settings as part of the system MDT.

Develop digital skills across workforce, alongside clinical and leadership development

Examples

- *Remote diagnostics teams consisting of specialists who can provide diagnostic services via telehealth tech*
- *Mobile Healthcare Units, staffed MDT capable of delivering preventive and acute care services in underserved areas*

Performance Monitoring and aligned incentives

Live performance monitoring will drive a transparent, efficient, and responsive system. Utilising real-time analytics, predictive modelling, and interactive feedback systems to closely monitor and enhance care quality and safety whilst connecting financial performance with patient outcomes.

Example

- *Real-Time Performance Dashboards utilising cloud-based dashboards to monitor clinical outcomes and operational efficiency in real time.*

Sustainable Healthcare Environments

Leveraging community assets and alternative and flexible use of estates across the whole system to revolutionise patient access and deliver services more sustainably - utilising alternative spaces such as retail, powered by renewable energy and leveraging digital technologies to deliver care where patients are, providing a frictionless experience and driving a net zero agenda.

Example

- *GP hubs co-located with other community services e.g. job centre, travel clinic*
- *Investing in renewable energy in Primary Care estate*
- *Roving screening and immunisation services in retail spaces e.g. cancer, diabetes, childhood imms*

Proactive Health Equity Initiatives

Eliminate health disparities through targeted initiatives that ensure all communities, especially the most vulnerable, have access to the resources needed for optimal health.

Utilising big data and AI to target initiatives to close the gap, and shape contracts to incentivise this delivery.

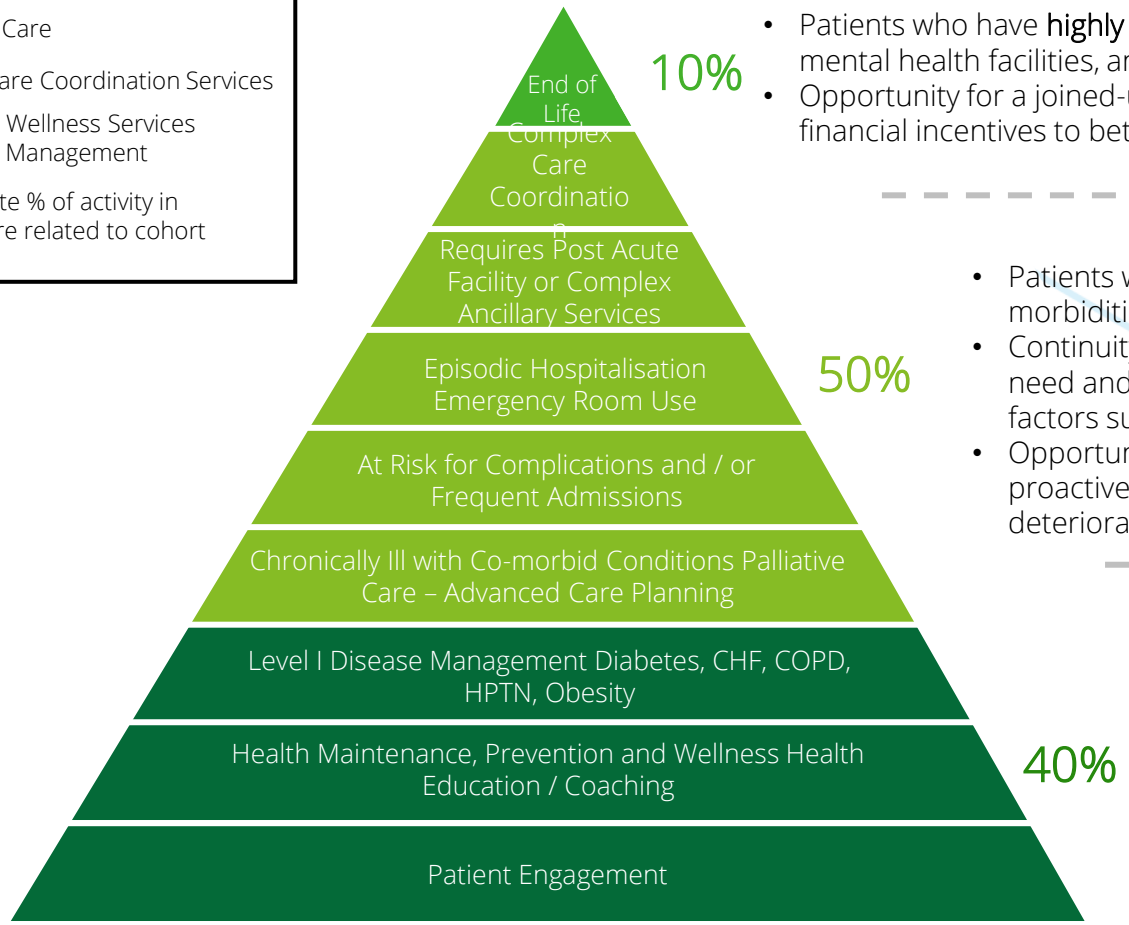
Example

- *Using PHM approach to focus prevention scheme on appropriate communities*
- *Co-location with mental health services in deprived areas*
- *Roving digital literacy clinics in supermarkets*

The future model must be driven by a population health approach

Multi-dimensional segmentation and cohort analysis is required, to understand population need and tailor care to population segments

Key:
- End of Life Care
- Complex Care Coordination Services
- Prevention Wellness Services Population Management
- % Approximate % of activity in primary care related to cohort



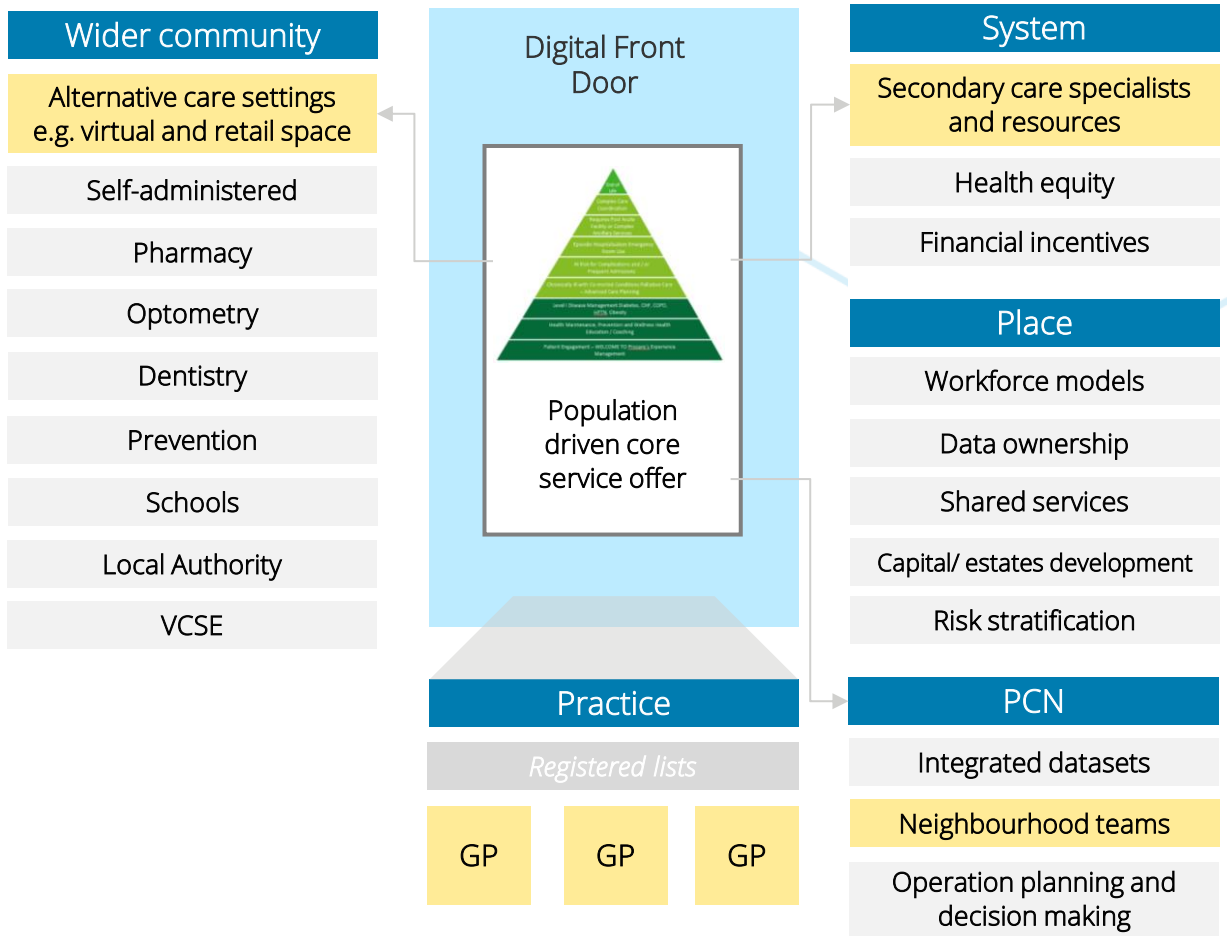
- Patients who have **highly complex needs** and may be residing in facilities such as nursing homes and mental health facilities, and may be approaching end of life
- Opportunity for a joined-up offer across primary care, secondary care and social care and leverage financial incentives to better manage the risk of acute episodes through a focus on care-at-home

- Patients with **increased complexity** such as long-term conditions and/or multiple co-morbidities
- Continuity of care for this cohort is of elevated importance given the complexity of need and dependencies of their health and risk of deterioration on wider social factors such as housing and mental health, requiring a PHM approach
- Opportunity to further segment by condition and embed a tailored approach to proactively manage their care needs on an ongoing basis to mitigate risk of deterioration and avoidable activity

- Patients who are **generally well and require ad hoc appointments and urgent care**, ideally same-day
- Less emphasis on continuity of care, more emphasis on speed and access through multiple sites and channels
- Risk of increased A&E attendances where this cohort is not serviced appropriately
- Opportunity to reduce reliance on expensive face-to-face settings and GP time through alternative access models

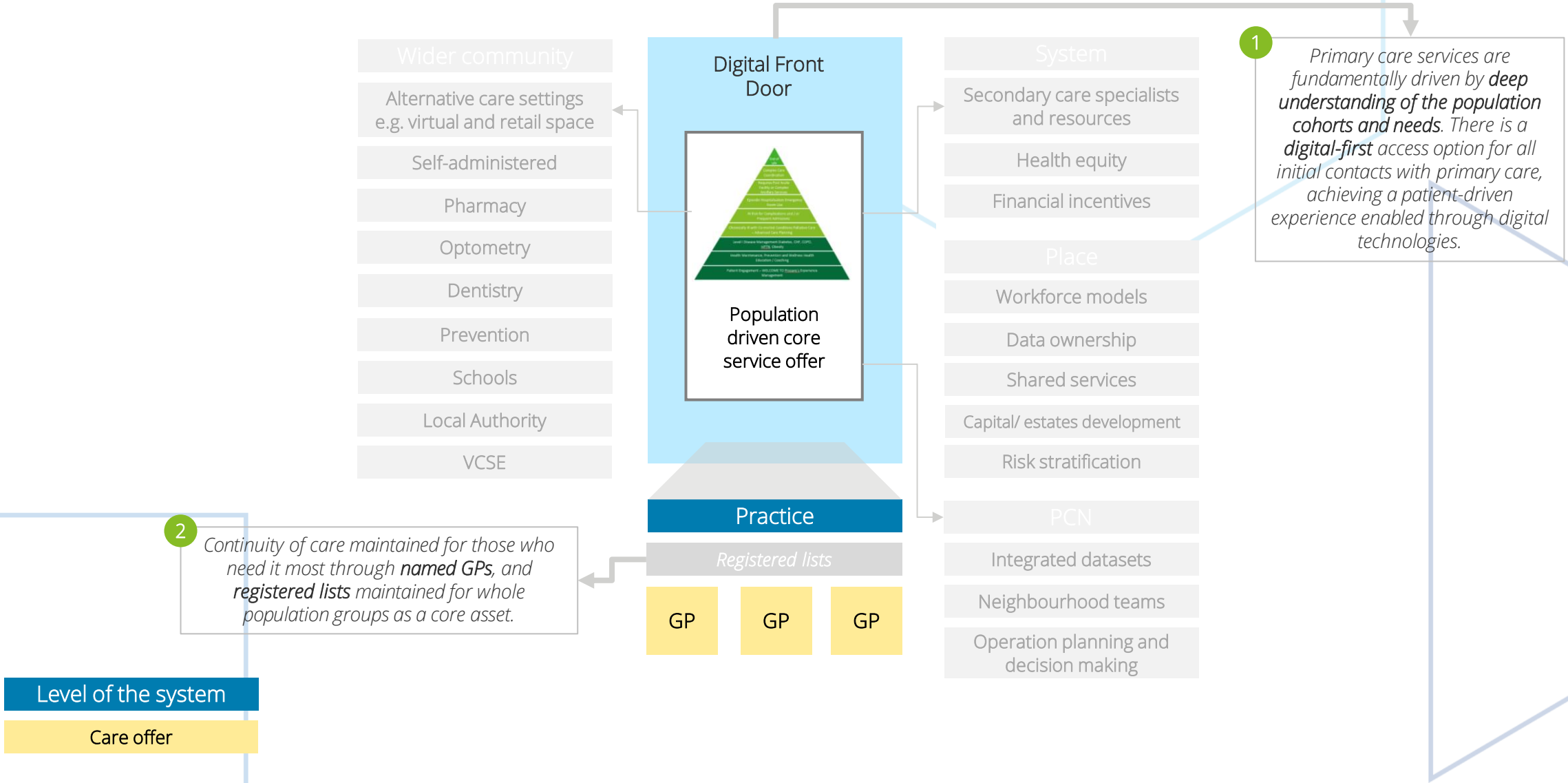
The future model reflects a population-led, digitally enabled service offer

The future model incorporates core elements of the current system such as the different system 'levels' including practice, PCN, Place and System, as well as the wider community and other public services outside primary care. A patient-centric, population driven approach is at the heart of the model.



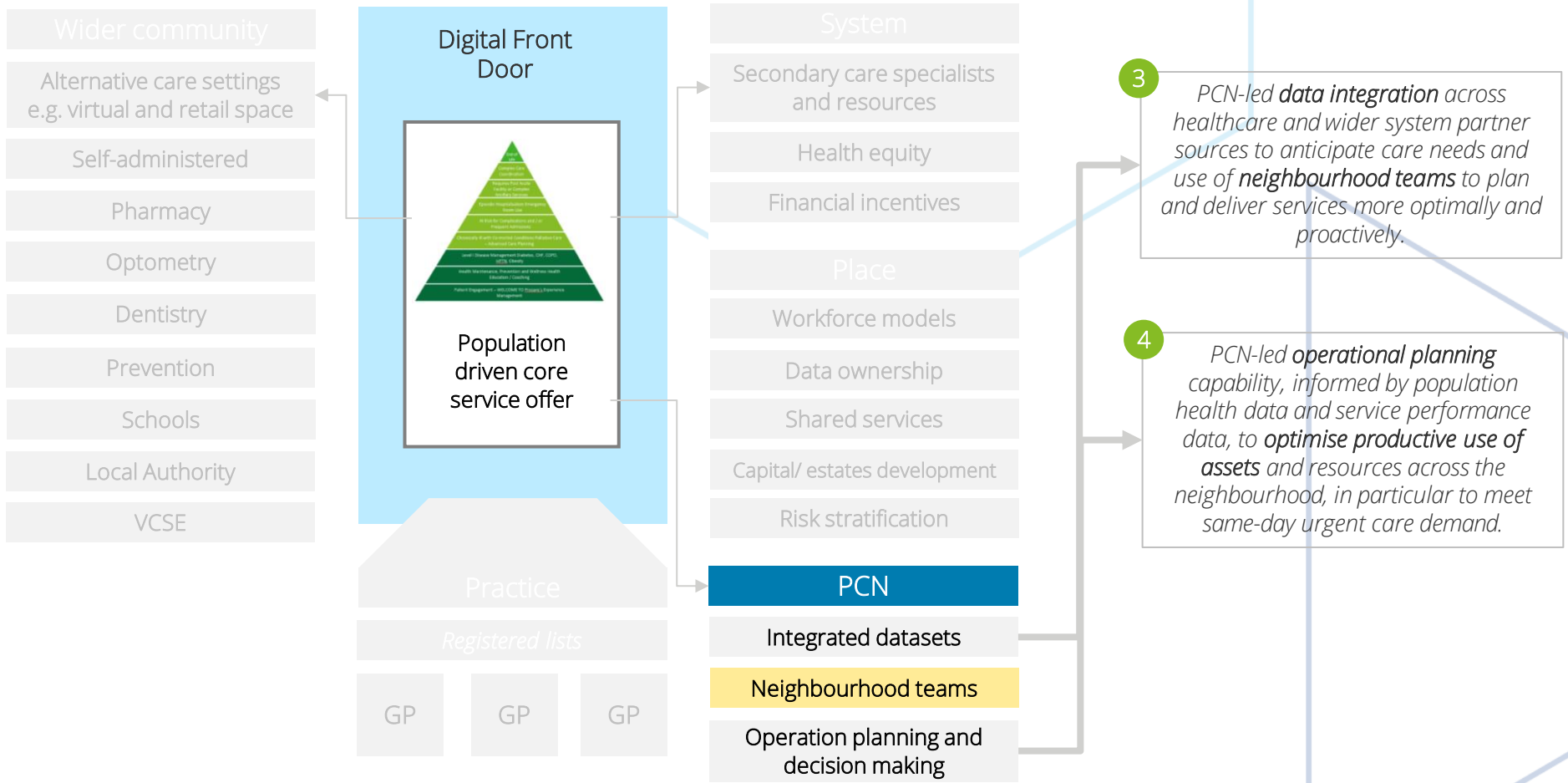
The future model reflects a population-led, digitally enabled service offer

At **Practice level** the contact between practices and patients is digitally-enabled and practice are set up to tailor care to best meet the needs of different patient cohorts. Practices maintain registered lists as a foundational aspect of the overall model.



The future model reflects primary care at each level of the system

At **PCN level** there is a key focus on operational planning across practices to optimise resources and meet urgent care needs in a timely way. Neighbourhood teams deliver coordinated care to cohorts managing long term conditions and exhibiting frailty.

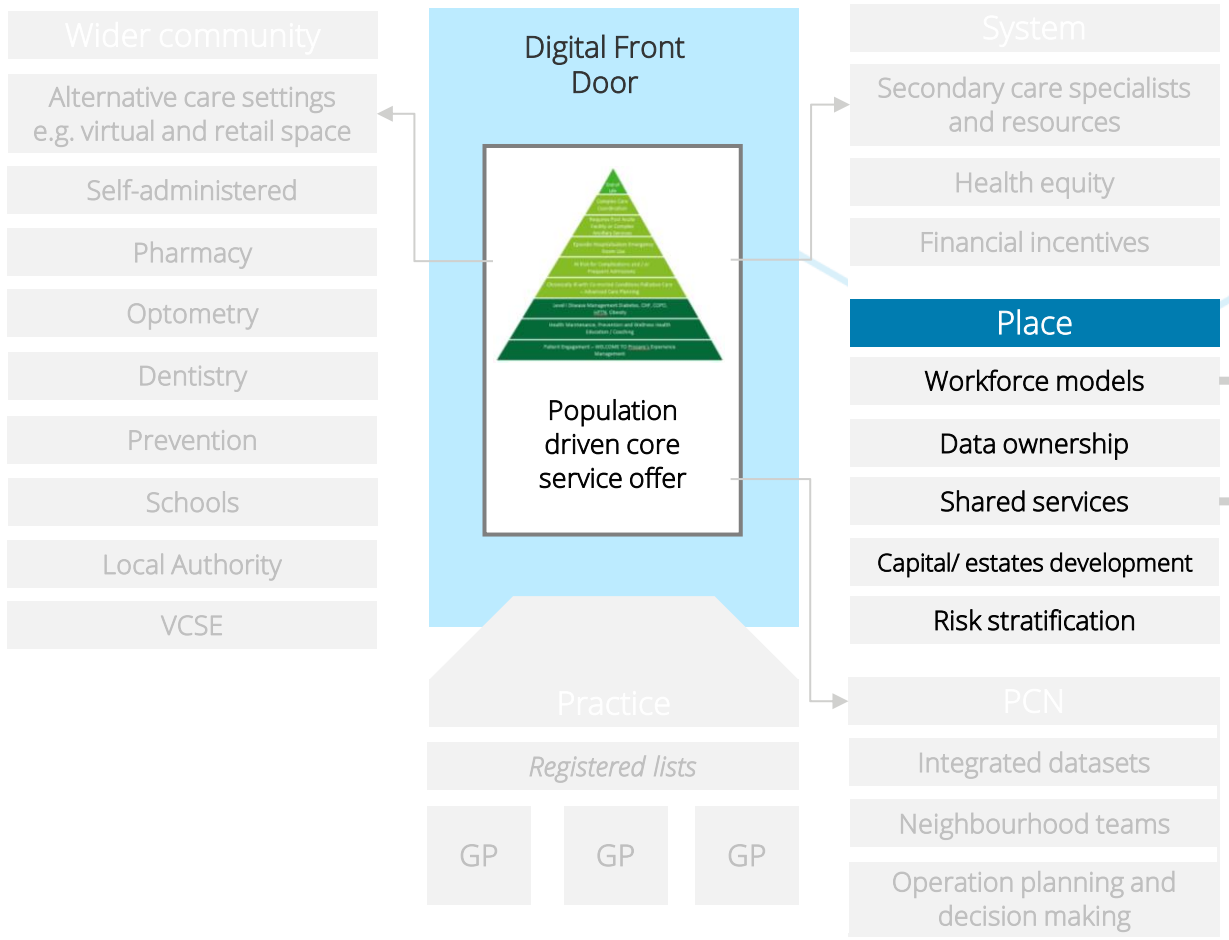


Level of the system

Care offer

The future model reflects primary care at each level of the system

At **Place level** the focus is on aggregating core functions and support services where appropriate to maximise the benefits of primary care operating at scale.



5 *The new model for primary care workforce is developed and delivered at place level, incorporating **multi-disciplinary teams** across primary, secondary and social care to improve patient outcomes through a holistic approach.*

6 *Opportunities to **share support services** such as HR, finance and technology are maximised at place level to leverage additional value for primary care from operating on a larger footprint.*

Level of the system

Care offer

The future model reflects primary care at each level of the system

At **System level** and with **wider community** partners primary care has clear representation and autonomy enabling services to work collaboratively with secondary care, social care and VCSE to design and deliver alternative care models for local populations.

7 *System partnerships leveraged to maximise use of **alternative care settings** particularly for generally well cohorts, through tech-enabled virtual care and community estates such as retail spaces.*

Wider community

- Alternative care settings e.g. virtual and retail space
- Self-administered
- Pharmacy
- Optometry
- Dentistry
- Prevention
- Schools
- Local Authority
- VCSE

Digital Front Door

Population driven core service offer

System

- Secondary care specialists and resources
- Health equity
- Financial incentives
- Place
- Workforce models
- Data ownership
- Shared services
- Capital/ estates development
- Risk stratification

Practice

- *Registered lists*
- GP
- GP
- GP

PCN

- Integrated datasets
- Neighbourhood teams
- Operation planning and decision making

8 *Representation of primary care at system level through a **Primary Care Collaborative**, establishing a clear unified voice.*

9 ***Collaborative team working** with secondary care specialists for cohorts with **highly complex needs** e.g. consultant geriatricians, enabled through risk-sharing models to incentivise activity outside acute settings.*

Level of the system

Care offer

Where to start: short term opportunities

While the overall future model constitutes a significant transformational shift, primary care can begin working towards this vision now through delivery of tactical actions using existing infrastructure such as PCNs

Y0

1

Population-driven care models: Patients can be segmented in line with the cohorts identified and approaches to their care delivery can be tailored through tactical interventions. This could include changes to how patients are monitored, and better joined up working across the organisations responsible for keeping certain cohorts well.

Examples of how this can be achieved with minimal investment in enablers are outlined below:

Generally Well Population: Patients who are generally well need a streamlined system to ensure resilience and safe care. We should review the available resources within a PCN, how finances are managed to maintain these services, and how these services are delivered at scale.

Y1

Frail: Frail patients require identification and continuous monitoring, including with PCN teams. Balance of care must prioritise community response to deteriorating needs, like acute back-to-GP or specialized care team interventions, ensuring treatments are managed or escalated as needed.

Long-Term Conditions: Patients with long-term conditions should be managed by a range of providers according to the severity of their condition. For example, managed through virtual platforms and coordination with community. A balanced care approach must ensure all patients have access to services.

2 **Data-Driven Reviews:** Implement weekly reviews of data for LTC revaluations, frailty management, and other collaborative health services. This should also include monthly practice reviews covering flow, finance, workforce, safety, and overall service quality to identify improvement opportunities.

Y2

3 **System-Wide Resource Optimisation:** At the PCN level, daily links with practices are essential for resilience and support. Regular reviews of service planning, resource allocation, and patient care strategies will be conducted to enhance system efficiency and patient outcomes.

4 **Collaboration Across PCNs:** Practices and PCNs must collaborate closely to manage their population effectively. This includes centralizing back-office functions such as HR and finance to reduce costs and improve service delivery, and opportunities to contract with systems to provide care for specific cohorts.

5 **Innovation and Technology Integration:** Embrace technology to bridge gaps in workforce capacity and enhance the patient journey through the health system. AI-driven schemes for triage, patient coding, and clinical decision support will streamline operations and improve care accuracy

Y3

6 **Building Sustainable Healthcare Networks:** Enhance network capabilities through negotiation of contracts with ICS's, focusing on quality improvement, staff development, and leveraging digital. Strengthen relationships with neighbouring trusts and explore funding to enhance service delivery and infrastructure.

Monitor
Deloitte.

About us

Designing a primary care model of the future will require a blend of innovative thinking, credible challenge and subject matter expertise.

As the largest specialist healthcare consultancy in the world, backed by a broad range of end-to-end capabilities ranging from clinical model redesign to digital transformation, Deloitte is able to offer access to a fully integrated, comprehensive suite of services to address your most complex problems in primary care.

Strategic delivery partner to the NHS

We work side-by-side with partner organisations across the NHS to take leaders and staff on a journey from developing a vision to planning and implementation, bringing end-to-end capabilities needed for successful transformation.

Clinical primary care expertise

We recognise the value of lived experience and peer engagement with clinicians and our team includes clinicians including Dr Karen Kirkham, an experienced GP and former NHSE National Clinical Advisor in Primary Care. We understand the unique value of primary are and can provide credible check and challenge.

Whole system view

We work closely with NHS, social care and wider public sector organisations across ICSs and have a deep understanding of the drivers of poor outcomes for populations. This insight is essential to informing a primary care model which works optimally in the wider system context, including outcome based contracting.

Market leading data and digital expertise

Our data and digital practice is market leading and we have experience implementing a number of key enablers essential to the primary care model such as integrated datasets to inform PHM and digitised front door services.

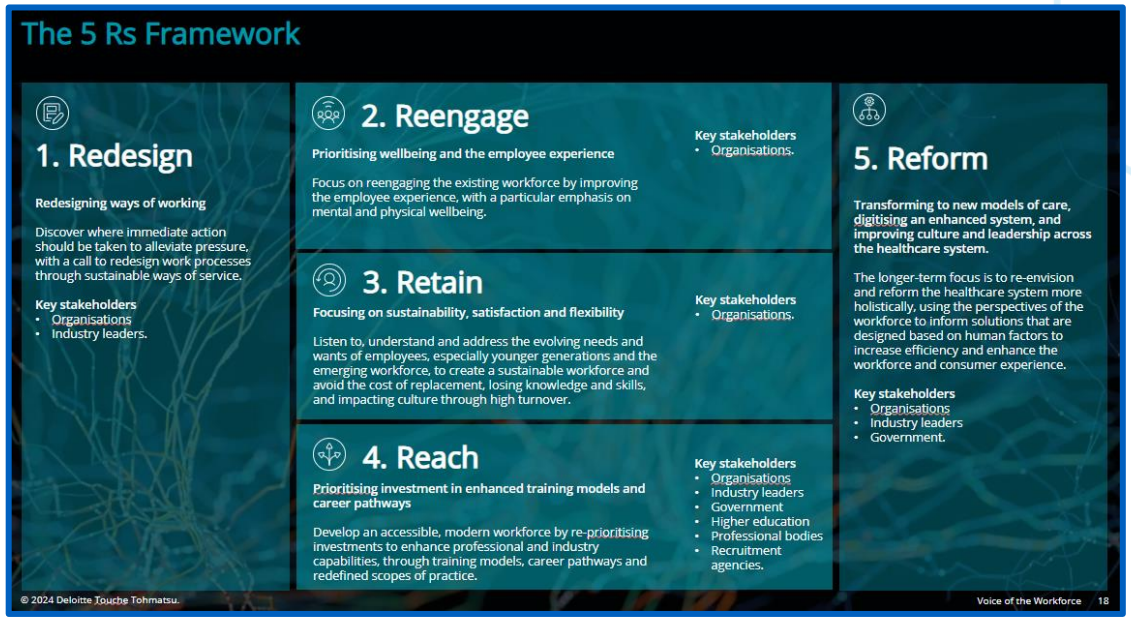
Forward thinking, global approach

We are thought leaders in the market in the UK and globally and have strong links with our healthcare practices across the globe. Our Future of Health research team is dedicated to providing actionable insights into trends. These insights enable us to challenge thinking and drive towards a vision that pushes boundaries.

Our tools and frameworks

We employ a number of tools and frameworks to bring together our range of capability to primary care transformation.

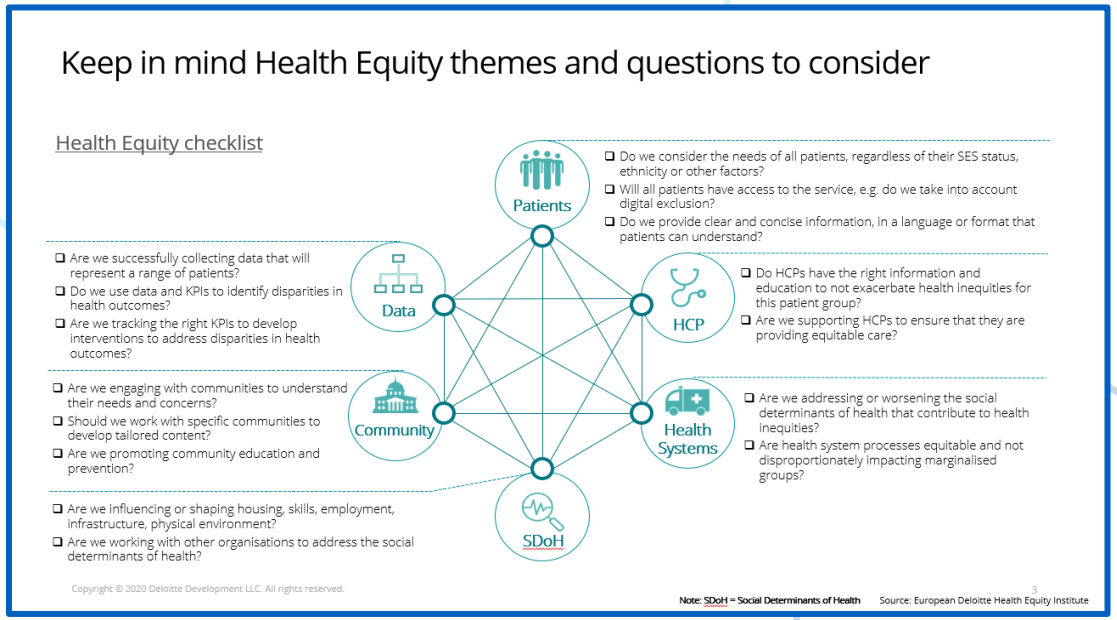
Workforce model for the future of healthcare



Our 5Rs framework outlines key levers to address workforce challenges in a healthcare context and is directly applicable to primary care.

Redesigning workforce models, reengaging staff in solution design, retaining staff through a focus on sustainability, reaching for future development opportunities and reforming the healthcare systems in which workforce operate are all essential to achieving the future vision of primary care.

Health equity framework



Our health equity checklist is a tool to ensure all healthcare system design puts health equity front and centre.

This is critical for the future of primary care on the basis that these services play a key role in preventing ill health through improved access at a hyper local level and working with broader public services to address wider determinants.

How we can support corporate and shared services for an end-to-end system transformation

We have multiple relevant capabilities that can support the NHS to drive cost efficiencies whilst transforming at-scale. Our modular approach enables organisations to approach their corporate transformation based on their maturity, unique configuration or most pressing need.

Strategic Cost Transformation

What can you do now?

Description: Utilise proven schemes to add value to CIP schemes and create the space to deliver primary care focused programmes.
Impact: Improve financial position and create headroom to undertake primary care focused programmes.

Delivered using NHSI Corporate Service Benchmarking, SCS, Deloitte spend analytics

At-Scale Operational Design

The future corporate service functions will look different. How do you design it?

Description: Redesign corporate services by centring primary care, focus on high value add activities and utilise technology where possible.
Impact: Creation of a high performing primary care service at a lower cost of delivery. And the business case to support it.

Delivered using Deloitte Organisational Design methodology

Systems, Tech & Digital

Increase insight and allow resources to be better deployed

Description: Align core tech and systems once across the ICS (e.g. Oracle Cloud, Atamis, Inventory Management). Use best of breed solutions (e.g. AI, RPA, Integrated Planning Software) to allow automated and intelligent insight create by systemising high volume, highly repetitive tasks and connecting data sets to enable better decision making.
Impact: Reduce cost by up to 90%, eliminate human error, drive intelligent decision across functions to support integrated primary care outcomes.

Delivered using Deloitte Tech Strategy, Architecture and ERP teams

Function visioning & Road Map

How do you ensure your corporate function can meet short-, medium- & long-term changes?

Description: Ready functions for future changes including the shift to primary care centred integrated systems.
Impact: Maintain world class functions that sustain value-delivery in uncertain times and avoid unnecessary costs during periods of change.

Delivered using Visioning Workshops, Corporate Services SMEs, voice of the customer analysis

Process Improvement

The gateway to embracing future change and technologies

Description: Document current pain points and discrepancies in alignment to primary care services across the ICS and improve unnecessary/sub optimal process steps whilst standardising for productivity and visibility.
Impact: Efficient processes across the ICS, that enable seamless governance and approvals. Processes ready for automation where appropriate.

Delivered using Deloitte process optimisation approach

Collaboration

How do you deliver collaborative high performing functions?

Description: Where local partners/systems are willing and able to work together to promote an integrated primary care focused system, design a shared target operating model to exploit the benefits of economy of scale.
Impact: Greater level of savings, alignment with primary care outcomes.

Delivered using Deloitte Shared Services methodology

Overview of AI / Gen AI in healthcare use cases

A long list of potential use cases has been generated through conversations with health partners across the globe.

Admin & Ops	Care Coordination	Diagnostics	Care Delivery	National Planning & Surveillance	Prevention
Virtual Scribe and Document Storage	Departmental optimisation (e.g. ED, OP, Theatres, Discharge)	Identifying abnormalities in imaging and laboratory results	Multidisciplinary team outcomes	Predictive analytics using LLMs	Patient Q&A Chatbot
Marketing & communications content generation	Capacity management and flow	Summarisation of diagnostic results for ward rounds	Adverse event prediction	Demand and capacity planning using LLMs	Personalised care plans from wearable data
Chat Bots on staff IT/HR helpdesks	NHS111 AI Bot / Symptom triage		Automated Follow-Ups from ingested clinical notes	Cohort identification & patient screening (Genom, Cancer, LTC)	Personalised educational materials for patients
Resources within a hospital trust	Workforce planning and rota scheduling		Clinician training content	Public health surveillance	AI Friend
Call Centre Agent Assist for non-clinical use cases	Referral management		Summarisation of patient history & co-pilot for clinicians		
Clinical coding	A&E admissions - prediction modelling		Clinical Decision Support		
Regulatory and quality reporting; drivers of deficit	AI-enabled command and control centres		Drafting clinical plans and generating differential diagnosis		
Supply chain and inventory management	Care plan generation and tracking		Clinician training delivery		
Invoicing and billing	Outpatient appointments		Auto-generated medication plan		
	Generation of discharge summaries for patients				