



North Central London
Integrated Care Board

Summary

The Digital Diagnostics 5 Year Plan: 2025-2030

Investing in digital to enable smart
diagnostics.....

NCL Digital Diagnostics 5-Year Strategy

North Central London's healthcare system is embarking on a bold 5-year journey to revolutionise diagnostics through digital innovation. This strategy is designed to deliver faster, smarter, and more equitable diagnostic services, placing patients and healthcare professionals at the heart of the transformation

We aim to create a seamless, efficient, and digitally enabled diagnostic ecosystem that delivers:

- **Faster, safer results** to improve patient outcomes.
- **Streamlined workflow** for healthcare professionals.
- **Equitable access** to diagnostic services across all care settings.

We will....

Digitize and Modernise: Upgrade infrastructure and digitize workflows across imaging, pathology, and more.

Empower Patients and Staff: Equip users with intuitive tools and give patients access to their health information.

Drive Collaboration: Foster partnerships among NCL providers to streamline processes and share resources.

Harness Innovation: Leverage AI and advanced analytics for smarter, data-driven care.

Our path to success has four overarching aims:

- Developing inclusive governance to align strategies across organisations.
- Building digital-first cultures to empower healthcare teams.
- Ensuring sustainable investment to maintain momentum.
- Enhancing access and equity for all patients, regardless of digital literacy or resources.

“Diagnostics are the backbone of healthcare, informing over 85% of clinical pathways. Yet, challenges such as outdated processes, varied digital maturity, and fragmented systems limit our potential. With diagnostic tests forming a critical part of care for 1.7 million NCL residents, modernisation is not just an option—it’s a necessity.”

By 2030, NCL’s diagnostics system will be more connected, agile, and innovative. Patients will experience quicker diagnoses and improved health outcomes, while healthcare professionals will benefit from streamlined processes that free up time for care.

This plan isn’t just about technology; it’s about transforming how we think, work, and care—together.



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1. How is Digital Diagnostics Important to NCL?

The NHS spends over £6bn a year on over 100 diagnostic services, and with this carries out an estimated 1.5 billion diagnostic tests. Diagnostic activity forms part of over 85% of clinical pathways.

The centrality of diagnostics to the NHS' ability to deliver patient services has come to the fore like never before. Imaging, pathology and genomic laboratories have played a key role in our response to the COVID-19 pandemic. Diagnostics capacity has emerged as one of the main enablers for restoring patient services as part of the recovery and has been a priority focus for national programmes.

The creation of Community Diagnostic Hubs is a core recommendation of the 2020 Recovery and Renewal Report authored by Professor Sir Mike Richards. These will both relieve the burden on acute hospital sites and provide patients with easier access to one stop diagnostic services. Importantly these will support earlier diagnosis for patients with cancer, as well as providing Covid-19 secure facilities.

Digital technology and connectivity is an essential enabler set out in Recovery and Renewal Report. It highlights the need to complete the implementation of the NHS Long Term Plan commitment, underpinned by digital infrastructure; as well as making the case for allowing the NHS to benefit from emerging digital technology in diagnostics, such as AI. A networked, digital approach – which will be extended to cover endoscopy and cardio-respiratory services – will drive patient care improvement through:

- faster diagnostic turnaround times,
- better use of staff capacity, and
- make NHS funds go further through improved procurement and a reduction in average cost per test.



2. Understanding the Challenges



COLLABORATIVE CHALLENGES

Although the NHS providers have been working together for some time, collaboration across the system is a challenge. Digital Diagnostics has been a good use case in testing the levels of maturity for system mindset and behaviours. Whilst there is the appetite to work together, there continues to be numerous barriers to delivering digital transformation at scale.

Further work is required to support system working and harmonise views on information governance, clinical safety, investment, financial planning and procurement; and who facilitates this coordinating role.



DIGITAL MATURITY

Digital maturity across NCL is varied. Whilst Digital Maturity Assessment show that on average NCL is performing well against peer systems, there is vast disparity in maturity across providers.

Most notably there is less maturity and functionality within mental health and community providers and smaller Trusts, which needs additional funding.

Addressing baseline infrastructure therefore is vital before building additional Digital Diagnostics capability.



FOUNDATIONS

Provider level infrastructure is varied across NCL and so there is additional complexity when establishing a centralised infrastructure and foundation. Until more recently there has been no governance to support the development of this infrastructure and architecture.

As NCL moves towards greater interoperability through workflow, alignment of architectural strategic direction will be required, along with tools and products that facilitate the matching and flow of data, based on standardisation and best practice.

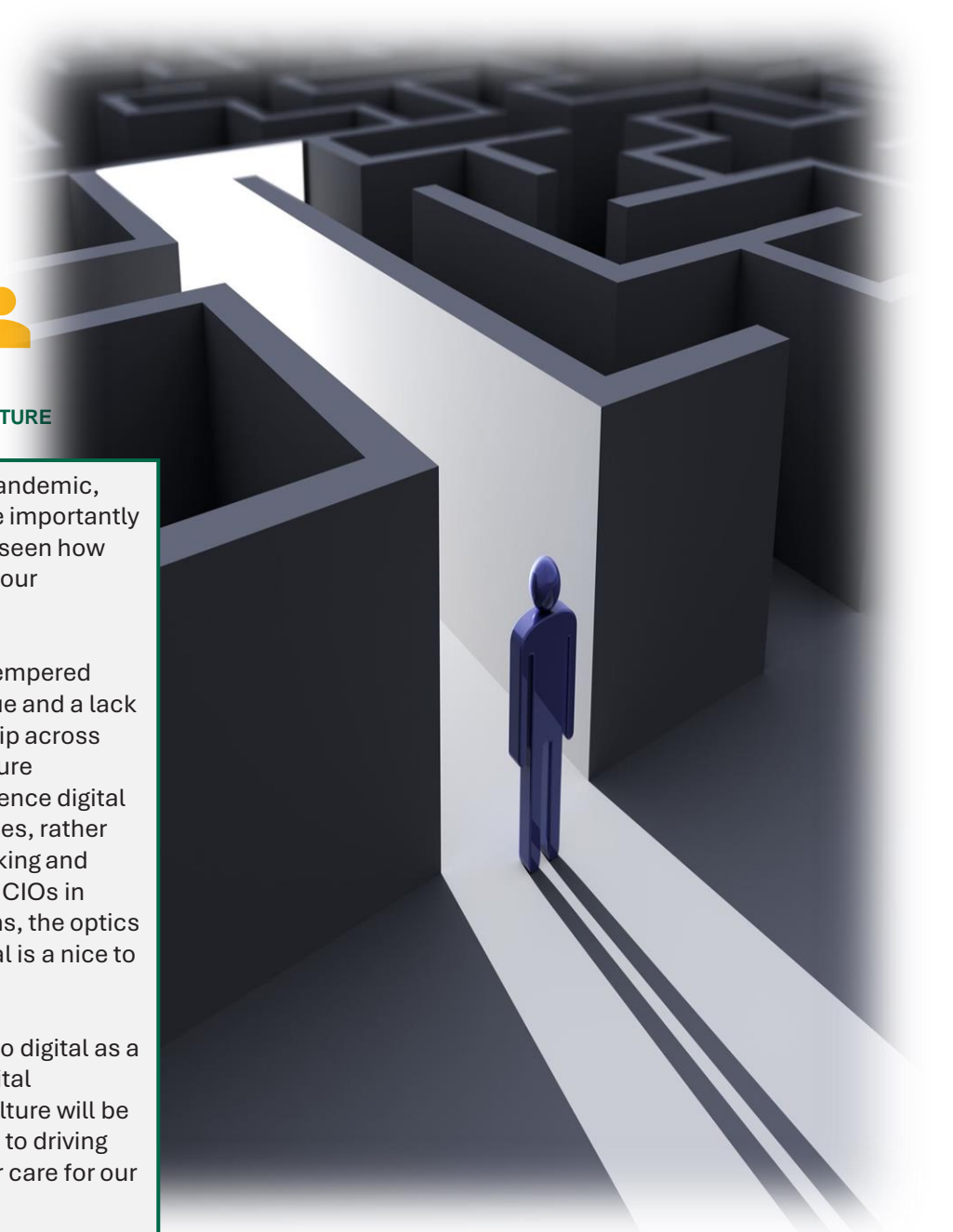


DIGITAL CULTURE

Since the Covid Pandemic, the NHS and more importantly our patients have seen how we can transform our services.

However, this is tempered with change fatigue and a lack of digital leadership across the NHS. Our culture continues to reference digital as technical devices, rather than a way of thinking and working. With few CIOs in Executive positions, the optics reflects that Digital is a nice to have.

As NCL commits to digital as a change agent, digital leadership and culture will be a vital component to driving the way we deliver care for our citizens.



2. Understanding the Challenges



DECISION MAKING & GOVERNANCE

Over recent years there has been shifts in the digital governance landscape, with notable gaps in both digital clinical representation and specialist architectural and technical authorities. This has resulted in disjointed implementation and fragmented interoperability, with no shared strategic direction.

Recently this has been rectified with a refresh of the governance structure, but there is still much to do in terms of ensuring digital assurance and decision making is embedded in all transformation work.

Further collaboration across digital and transformation is required to successfully drive change.



DIGITAL CAPACITY

We recognise that digital, data and technology expertise is in short supply across the UK, which undoubtedly impacts our ability to deliver effectively. This has been noted regionally with attempts to develop capacity through workforce transformation.

Presently a vast proportion of system change is required of Provider staff, who are busy doing the day job. Given local priorities, additional capacity is required to facilitate the system work, and expertise developed in digital transformation and system change.

Digital workforce transformation is in its infancy. NCL are developing the new model and strategy for a specialist and expert DDaT capacity, shared across NCL



FINANCIAL PLANNING

To date all Digital Diagnostics delivery has been funded through national DDC public dividend capital, with directives around the scope of delivery. There has been little to no consideration about the broader requirements and how this will be funded across NCL. Larger Trusts have the opportunity to consume any overhead costs, but this disadvantages the smaller Trusts will significantly less budgets.

As we consider a more strategic approach to addressing digital diagnostics maturity, system wide financial thinking and planning is required to ensure a strategic commitment to enacting change.



Our NCL Ambition

Vision

As an integrated care partnership of health, care and voluntary sector services, our ambition is to work with residents of all ages in North Central London, so they can have the best start in life, live more years in good physical and mental health, in a sustainable environment, to age within a connected and supportive community and to have a dignified death.



Population Health Outcomes Framework

Start well	Live well	Age well
<p>Every child has the best start in life and so child is left behind</p> <ul style="list-style-type: none"> Reduce maternal health and reduced inequalities in pregnancy outcomes Reduce inequalities in neonatal mortality Reduce inequalities in child and young people who are supported to live good lives, change and communities wide <p>All children and young people are supported to have good mental and physical health</p> <ul style="list-style-type: none"> Early identification and prompt support for mental health conditions Reduce prevalence of children and young people who are overweight or obese Reduce inequalities in children with long term conditions Young people and their families are supported to lead flourishing adult lives 	<p>Early identification and improved care for people with mental health conditions</p> <ul style="list-style-type: none"> Reduce need for acute hospital in mental health Improve physical health in people with mental health conditions Reduce health inequalities <p>Reduced early deaths from cancer, cardiovascular disease and respiratory disease</p> <ul style="list-style-type: none"> Reduce prevalence of key risk factors: smoking, alcohol, obesity Improve air quality Early identification and prompt treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease <p>Reduced unemployment and increase in people working in flourishing economy</p> <ul style="list-style-type: none"> Reduce an appropriate city or job, including mental health and homelessness services Increase employment of local people in our industries, making them rich, healthy, strong, physically fit, and working sustainably, and increasing our 'city ready', 'city living' and 'business ready' communities and economy 	<p>People live as healthy, independent and fulfilling lives as possible as they age</p> <ul style="list-style-type: none"> People get timely, appropriate and integrated care when they need it and when they need it People are equipped of fully with active aging People prevent, detect and manage of long term conditions, including dementia in their own homes <p>People remain connected and thriving in their local communities as they age</p> <ul style="list-style-type: none"> Reduce care needs and costs for the health system Reduce an shared and not add-on services Support for ageing flourishing including for people with dementia

"I" Statements

We have worked with residents and partners to develop 'I' statements that define what our new system needs to feel like for our residents, our communities and our service users

- A whole person**
 - I am treated as a whole person and you recognise how disappointing being ill is
 - I am listened to and respected
- Feeling empowered**
 - I have the support that I need to stay healthy, both physically and mentally, and to live as independently as possible
 - I am supported by people who see me as a unique person with strengths, abilities and aspirations
- Housing and community**
 - I live in a safe place with access to lots of green spaces
 - I feel part of a community
 - I can easily access and afford local activities / services
- Patient choice and effective self-care**
 - I am involved in decisions regarding my life, my health and the support or care that I need
- Information on services, communication and integration**
 - I have the information and advice that I need, when I need it and in a form that I can understand
- Integrated care**
 - I tell my story once
 - My care is coordinated across services
 - When I move between services, settings or areas, there is a clear plan and the transition feels seamless

Our Digital Diagnostics Vision

Vision

- To provide efficient, dynamic and digital diagnostic **workflows**
- To **standardise** ordering and reporting across NCL
- To generate quicker, accurate and safe **reporting** as part of the holistic care proposition

Goals

- Digitising and levelling** up digital maturity across NCL
- Developing better **access to healthcare information**.
- Optimising workflows** and capacity across NCL.
- Developing and enhancing the foundation of an operational model to **facilitate system working**.
- Driving a **design thinking approach** to all new technology and challenging processes
- Delivering **smarter system workflows** through innovation

Critical Success Factors

- Ensuring sustainable financial investment.
- Developing a digital culture based on doing what is right, rather than what we can.
- Developing a highly skilled and digital workforce.
- Working towards digital access and inclusion for our citizens, ensuring that they are at the heart of their own care.

Mechanisms

- Digital and transformation teams will work closely to ensure duplication is avoided, cross fertilisation is endorsed and that all transformation approaches consider a system response with people, process and technology at the heart.
- Embedding robust and inclusive governance, leadership and management.
- Ensuring collaboration and partnership across all organisations and with our users and citizens.
- Developing the right operational environment model to facilitate collaboration

4. Our Vision?

To provide efficient, dynamic and digital diagnostics workflows

1

Diagnostic workflows vary, with an inequitable digital capabilities and maturity. Many workflows continue to support paper or driven through excel spreadsheets and emails. During the past 3 years additional focus has been placed on pathology and radiology. However, new Community Diagnostic Hubs have not been party to the same automated workflow as acute sites and other ologies, such as endoscopy, cardiology, ophthalmology and audiology continue to be analogue in nature.

Our vision is therefore to approach diagnostics holistically and strategically. Ensuring that all diagnostic workflows are considered, mapped and redesigned, with digital processes and technology overlaid, to facilitate efficiency and dynamism. Where possible processes will be automated, to reduce the burden on the clinician, who will be central to our design principles. Data will be captured once and used to prepopulate, alert and direct care, whilst providing broader data currency which will inform our commissioning and population health management.

To standardise ordering and reporting across NCL

2

Ordering and reporting across NCL organisations is varied. Ordering and reporting across modalities is varied. We recognise that for clinicians ordering into diagnostic centres, the user experience is poor, complex and time consuming.

We aim to standardise ordering and reporting across NCL, supporting multiple modality ordering, improving front end ordering experience, providing equitable ordering access across all places of care and standardising the reports sent back to our clinicians and Allied Health Professionals. As we seek to generate direct access services and develop community capabilities, access for both primary and community care will be fundamental. This will also support the commitment towards parity of care in mental health and physical health.

To generate quicker, accurate and safe reporting as part of the holistic care proposition

3

Reports and diagnostics are central to many pathways, both for direct care and as part of the holistic care and treatment for our NCL citizens. As such we will consider how data and information is shared for each of these processes, ensuring suitable workflow to share reporting with ordering clinicians and AHPs but also to be surfaced as part of the wider patient record.

Strategically the London Care Record has been identified as the place in which patient data will be amalgamated and shared across all organisations across NCL.

As part of patient empowerment, it is also vital that we consider and support the safe sharing of diagnostic reports with our citizens. We will therefore work the Digital Team who are leading on the Patient Engagement Portal and NHS Apps transformation teams to ensure that we have a standardised and safe approach to sharing reports with both benign and adverse results.

5. Our Goals



Digitising and levelling up digital maturity across NCL

NCL is a large geographic footprint within London, representing 1.7million citizens, with an additionally large cohort coming into area to access tertiary services. Our 7 acute trusts, 200 GP practices, 2 Mental Health Trusts and 2 Community Trusts have varying degrees of digital maturity.

We are committed therefore to [levelling up the digital infrastructure](#), ensuring that all there is [equitable access to ordering](#) diagnostics in all places of care, access to reporting, building in [prompts and alerts](#) and surfacing data in native electronic patient records where possible. This will [further include investing in architectural infrastructure](#) such as an integration engine, which will consolidate patient information across NCL; and a service management capability to support all new system digital products.

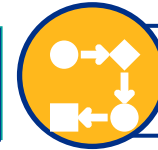


Developing better access to healthcare information

We know that sharing information for more holistic care for our citizens improves decision making and improves outcomes for our citizens. [Diagnostics is a key component to any clinical pathway.](#)

We will seek to share images and reporting for all diagnostics, with health and care professionals to support and facilitate the care of our citizens. This will be enabled through our London Care Record, ensuring a rich source of data and central source of truth, surfacing information from all our providers.

[Our patients are key to decision making](#) and we know that they are keen to access their health and care information. We will therefore be working with the system to ensure [that patients can safely access their reporting information](#), as part of the broader NHS App and Patient Engagement Portal national strategies and delivery plans.



Optimising workflows and capacity across NCL

With growing demand for services across health and care, developing capacity and driving efficient and productive workflows are operational priorities. Whilst services are under intense pressure, our data tells us that services are not under pressure at the same time. The ability to flex capacity across NCL could therefore make a significant impact on reducing waiting list and improving access to services.

We are committed therefore to:

- facilitating [shared patient tracking lists](#) where possible across NCL, which will allow us to flex capacity across the system;
- empowering [our patients to use booking systems](#) to access services [at a time and place convenient to them](#); and
- [delivering digital workflows](#) for our diagnostics teams to expedite reports and ensure quicker diagnoses

5. Our Goals



Developing the foundations of an operational model

Despite the shared brand of NHS, health and care organisations have never been set up to work together collaboratively, with separate and autonomous processes, finances, responsibilities and payment mechanisms. **Patients do not see organisational boundaries and want to be treated as an entire person.** We know that holistic treatment and management is a more effective approach to patient care. We know that by working together and developing economies of scale and centralising effort, that we can deliver transformation at pace.

As we commit to the NCL Digital Diagnostics 5 Year Strategy, we will in turn:

- develop **new processes and governance** that will allow **quicker and uniform decision making** around more contentious issues such as information sharing, clinical safety, procurement and asset ownership.
- As a system, we will invest together to deliver a **new NCL roadmap**, ensuring digital **diagnostics remains a strategic priority for the system.**



Driving design thinking and challenging processes

The **NHS is the last industry to digitise in the UK.** Many of our practices are manual and have a deep-seated history of being done in a certain way. As we seek to modernise and innovate our care, it is vital that **we reassess our clinical and operational processes to ensure they are fit for purpose**, before digitising. In so doing,

- we will ensure that we do not inherit processes and pathways that are no longer fit for purpose.

Our staff, our biggest asset, are incentivised with higher salaries for length of service. They are therefore experienced in undertaking more manual processes and managing the care of our citizens in more traditional ways. We will therefore:

- **support our workforce in their digital competency**, ensuring they are equipped to work in new ways and use new systems.
- ensure that we **invest in products that reflect the way in which our staff care** for our citizens, giving time back to care, rather than tethering them to computers.



Delivering smarter system workflows through innovation

Across health and care, vast amounts of data and information is captured, often in small siloes. As we further develop our interoperability, **we are starting to be able to build an end-to-end picture of the patient journey, experience and activity.**

Further steps towards data standardisation, centralised and aggregated data will ensure we can harness the data for the benefits of residents..

As we improve the foundations of our system, we will:

- create **proactive alerting** within workflows to prompt action, **using our staff's time better**
- work with both NCL Digital and the Cancer Alliance to **develop smart systems that alert on received diagnostics for MDTs**, to improve productivity and reduce delays
- explore AI workflows for specific **pathways releasing time back to care**
- manage our assets with new tracking innovations to ensure **assets are available when needed**

6. Our Critical Success Factors

SUSTAINABLE INVESTMENT

- To date Digital Diagnostics has been funded through national capital budgets ringfenced for specific projects. Whilst this has driven the work achieved to date, scope has been restricted to those areas such as histopathology and order comms.
- Our new strategy seeks to **expand to all areas of diagnostics** and include access to ordering and **supporting the workflow of all diagnostic modalities**.
- As of 2024, the Networks are more mature, as is the collaborat5-yearross NCL. This puts the system in an optimal position to develop a peer funded, sustainable financial model that facilitates a 5-year trajectory of transformation.
- Whilst direction from Whitehall suggests there will be funding from FY2025, **NCL will develop a financial plan that builds in both capital and revenue streams to ensure we continue to develop our capabilities**.

DIGITAL CULTURE

- Digitisation of health and care remains a new concept for many organisations. The use of computing and recording information happened slowly and has been a challenging adaption due to lack of user-based design approach.
- As we move into the Fourth Industrial Revolution and deploy digital processes, and data becomes the new currency for decision making, it is important that we **focus on culture, hearts and minds and strategic direction**.
- We will **work with Boards across NCL** to place greater emphasis on digital value, strengthening digital leadership, developing user-based ideation and design, generating consistent messaging across NCL that digitisation and a digital first approach is a priority.

DIGITAL WORKFORCE

- **Our staff are the biggest asset within our organisations**. A vast percentage of staff have worked within health and care for decades and are highly experienced in delivering excellent care to our citizens using manual processes.
- Asking staff to change the way in which we deliver care is challenging. Is it therefore important that we are **user centric** in our approach.
- As part of our transformation programme, we will work closely with the Digital Workforce Transformation team, to ensure our **staff are supported to change their practices and use new tools**.
- Multiple avenues are available for consideration including reforming training for staff, building in mentoring and shadowing, engaging with junior staff who are more digitally minded and ensuring new starters are equipped to thrive in new environments.

CITIZEN ACCESS & INCLUSION

- As we seek to digitise services, it is vital that we consider all of our citizens and **do not provide inequitable access to services**.
- We recognise that in recent years, austerity and the Covid Pandemic **have placed significant pressure on families and increased deprivation across the UK. Our citizens' ability to afford broadband and digital devices has undoubtedly been impacted**.
- Equally there are **patients who are not digitally literate** and may not feel confident using technology or struggle to use new applications.
- As we develop new digital processes and pathways, **we will ensure suitable consideration to improve access to digital services** for our citizens and support the understanding and use of new products, **whilst ensuring non-digital access is maintained**.

7. Mechanism For Creating Change

Developing and installing the right operational model to facilitate collaboration and partnership

Historically health and care organisations have worked in silo. The introduction of the Better Care Fund and the Health & Care Act went some way to generating shared funds for investment. However, responsibilities for financial health, clinical safety and data security remain with individual providers. As more digital products are owned and managed centrally, it is vital we develop the operational mechanisms to facilitate new ways of working. This will include new models for procuring, contract management, data sharing, consensus around information governance, data security and clinical risk. As part of our strategy and in partnership with the ICB, we will develop new ways of seeking consensus to ensure these aspects do not hinder our ability to transform.

Drive collaboration and partnership across our NCL organisations and with our users and citizens

Collaboration and partnership across NCL is vital to achieve transformation at scale. Through the new 5-year strategy, we will be working closely with our providers to ensure a committed approach and shared accountability, delivery and design. Our staff users will be central to developing new processes and we will be committed to working with our citizens to ensure we deliver functionality required to meet their needs and expectations. As part of our programme, we will develop new communication and engagement capabilities to ensure we can engage at every level, ensuring we address clinical and operational needs to provide the best care for our local people.

Driving robust and inclusive governance, leadership and management

As part of the NCL digital governance refresh, additional authorities have been developed to ensure a clinically focussed approach to all we do. New bodies have been developed to ensure suitable scrutiny to new products and test integration capabilities. Digital leadership is being strengthened across NCL ensuring a more collaborative approach at system, organisation and neighbourhood level. Further emphasis is being placed on developing digital cultures within the leadership, transformation and service management. All decision making will be socialised and proceed through these structures to ensure suitable support and appropriate scrutiny and challenge.

Networks, digital and transformation teams working collaboratively

Over recent years there has been an element of siloed working between the networks, NCL Transformation and the Digital Diagnostics programme. As we forge ahead with transformation across diagnostics for NCL, we will endeavour to work together more closely to ensure a system response for diagnostics, identifying people, process and tech requirements. This has commenced with the closer collaboration and senior levels within the networks, the CDC programme and the directors working in both digital diagnostics and transformation. This strategy seeks to identify the direction and clarify the role each of the teams play within delivering transformation.

8. Our Roadmap

DIGITISE

CONNECT

TRANSFORM

	DIGITISING AND LEVELLING UP	ACCESS TO HEALTHCARE INFORMATION	OPTIMISE WORKFLOWS	FACILITATE SYSTEM WORKING	DESIGN THINKING	SMARTER WORKFLOWS
Horizon 1	<ul style="list-style-type: none"> Single order comms for Path and Radiology NMR Digital Registry Inclusion of Mental Health order Comms for path via HSL link within Rio EPR Extend community order comms for pathology Extend radiology order comms for Mental Health and Community via Clinisys ICE Extend order comms into CDCs and reporting back to both 1° and 2° 	<ul style="list-style-type: none"> Shared info either by EPR or IEP Connecting private providers into dataflows 	<ul style="list-style-type: none"> Develop a CDC PTL Provide an image sharing repository Order comms ordering and access to nonmedical referrers E-requesting across all POC Remote reporting across NCL Continuation of Radiology convergence with ImageWise 	<ul style="list-style-type: none"> Single DSA for NCL Service desk/ Understand requirements of new products for BAU MOU for shared investment and profit share Procurement/commercials and contract management solution Clinical safety processes 	<ul style="list-style-type: none"> Contextualised ordering Provision of CDS capability for Mental Health practitioners to support diagnostic ordering 	
Horizon 2	<ul style="list-style-type: none"> Order comms for cardiology, endoscopy, audiology and ophthalmology in acutes, mental health and community Digitising the workflow and reporting to include cardiology, endoscopy and ophthalmology Exploration of how batch diagnostic orders could be supported 	<ul style="list-style-type: none"> Developing the VNA repository for diagnostics AHP ability to view diagnostics availability to direct orders and requests Access to information about diagnostics test requested Cardiology, Endoscopy, audiology and Ophthalmology inclusion in data centres Read access to NCL PACS hospital record 	<ul style="list-style-type: none"> Inclusion of cardiology, endoscopy, audiology and ophthalmology workflow for reporting F2F and virtual clinic provision Early warnings in systems that stops rebooking- build into Order Comms Shared PTL and waiting list visibility Continuation of ImageWise convergence 	<ul style="list-style-type: none"> Strategic steps towards replacing MRN numbers in radiology Early AI use for smart pathways Private providers/suppliers contractually obliged to integrate data 	<ul style="list-style-type: none"> Continuation of ImageWise convergence Order Comms convergence for pathology and radiology 	
Horizon 3	<ul style="list-style-type: none"> Asset management systems Batch ordering capability to be developed 		<ul style="list-style-type: none"> Integrated booking system Inclusion of workflow for reporting in audiology Workflow platform for imaging, audiology, cardiology and pathology 	<ul style="list-style-type: none"> New strategy for the Diagnostics Programme 		<ul style="list-style-type: none"> Horizon scanning for digital innovation VNA with AI Complete LCR with AI Development of proactive SMI monitoring of patients to manage a caseload and provide holistic care

Appendices



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Horizon 1: (0-1 years)		Digital Diagnostics	Digital	People	Process
Digitise	Digitising and levelling up (ordering and reporting)	<ul style="list-style-type: none"> Single order comms for Path and Radiology NMR Digital Registry Inclusion of Mental Health order Comms for path via HSL link within Rio EPR Extend community order comms for pathology Extend radiology order comms for Mental Health and Community via Clinisys ICE Extend order comms into CDCs and reporting back to both 1° and 2° 	<ul style="list-style-type: none"> ED Wayfinder Single Cancer Passport-interoperable solution Develop strategic direction around bi-directional information sharing, surfacing data back into EPRs for specific workflow 	<ul style="list-style-type: none"> Communications for engagement with primary care and other medical, nursing and non-medical staff Develop training strategies 	<ul style="list-style-type: none"> Develop a new end to end pathway for convergent order comms strategy for Path and Radiology Develop new processes for workflow path order comms for Community and extension of radiology order comms for MH and Community.
	Access to information to generate holistic care (direct care)	<ul style="list-style-type: none"> Shared info either by EPR or IEP Connecting private providers into dataflows 	<ul style="list-style-type: none"> Agree a minimum data set across NCL for LCR Identifying the requirements for mental health use case to be included in LCR Images and reports surfaced in LCR Strategic direction established around sharing results with patients 	<ul style="list-style-type: none"> Comms and people transformation to embed the use of LCR 	
Connect	Developing capacity and improve access (workflow)	<ul style="list-style-type: none"> Develop a CDC PTL Provide an image sharing repository Order comms ordering and access to nonmedical referrers E-requesting across all POC Remote reporting across NCL Continuation of Radiology convergence with ImageWise 	<ul style="list-style-type: none"> Patient Portal interoperable with self booking Operational provision for within CDCs to support sending reports to 1° and 2° orders for those not connected via order comms 	<ul style="list-style-type: none"> Impact assessment to workforce from shared resource for PTL Reassessment of people reallocation to support shift from bookings to admin relating to reporting 	<ul style="list-style-type: none"> Developing new pathway process for CDC PTL provision Commence pathway processes for audiology, endoscopy, cardiology and ophthalmology Commence pathway process mapping for forensic Mental health patients, ensuring safety of services
	Supporting collaboration and systems working (foundations and leadership)	<ul style="list-style-type: none"> Single DSA for NCL Service desk/ Understand requirements of new products for BAU MOU for shared investment and profit share Procurement/commercials and contract management solution Clinical safety processes 	<ul style="list-style-type: none"> Data quality Architecture- To be and TOM, mapped with digital maturity Integration engine and eMPI MOU for shared investment and profit share Develop new procurement optionality for service provision for system transformation 	<ul style="list-style-type: none"> Computer access for digitally excluded patients in acutes Development of digital literacy and competency Hearts and Minds cultural support for digital transformation 	<ul style="list-style-type: none"> Agree a single PTL principle Developing the processes for Mental health specific use cases including community, IP, forensic, CAMHS
	Improve user experience (Supporting Staff and patient empowerment)	<ul style="list-style-type: none"> Contextualised ordering Provision of CDS capability for Mental Health practitioners to support diagnostic ordering 	<ul style="list-style-type: none"> Driving digital culture and digital healthcare for the future <ul style="list-style-type: none"> Patient consultation into requirements Standardisation of incumbent PEPs and release time for results 		<ul style="list-style-type: none"> Review in to gaps in process around accessing digital and data input for direct care purposes

Horizon 2: (2-3 years)		Digital Diagnostics	Digital	People	Process
Digitise	Digitising and levelling up (ordering and reporting)	<ul style="list-style-type: none"> Order comms for cardiology, endoscopy, audiology and ophthalmology in acutes, mental health and community Digitising the workflow and reporting to include cardiology, endoscopy and ophthalmology Exploration of how batch diagnostic orders could be supported 	<ul style="list-style-type: none"> Inclusion of new system assets into the service management provision 	<ul style="list-style-type: none"> Reallocation of those A&C staff reallocated from bookings to admin reporting, that would be displaced due to new order comms created across the ologies 	<ul style="list-style-type: none"> Reassess the workflows and processes for cardiology, endoscopy and ophthalmology Commence reassessment of the pathways for audiology Exploration of how batch diagnostic orders could be supported.
	Access to information to generate holistic care (direct care)	<ul style="list-style-type: none"> Developing the VNA repository for diagnostics AHP ability to view diagnostics availability to direct orders and requests Access to information about diagnostics test requested Cardiology, Endoscopy, audiology and Ophthalmology inclusion in data centres Read access to NCL PACS hospital record 	<ul style="list-style-type: none"> Surface reporting and imaging of cardiology, endoscopy audiology and ophthalmology into the LCR Information to be surfaced through the LDS platform 	<ul style="list-style-type: none"> Strategic comms approach to share transformational change and translate using use cases 	<ul style="list-style-type: none"> Access to information about diagnostics test requested Reassess the workflows and processes for cardiology, endoscopy, audiology and ophthalmology
Connect	Developing capacity and improve access (workflow)	<ul style="list-style-type: none"> Inclusion of cardiology, endoscopy, audiology and ophthalmology workflow for reporting F2F and virtual clinic provision Early warnings in systems that stops rebooking-build into Order Comms Shared PTL and waiting list visibility Continuation of ImageWise convergence 	<ul style="list-style-type: none"> Strategic support for shared/NCL teams with shared PTL for specific services 	<ul style="list-style-type: none"> Capacity adjustments to reflect new processes 	<ul style="list-style-type: none"> Ensure effective processes for both f2F and virtual clinics Develop processes for early warnings as part of the pathway Developing new workflows and processes for shared teams and activity
	Supporting collaboration and systems working (foundations and leadership)	<ul style="list-style-type: none"> Strategic steps towards replacing MRN numbers in radiology Early AI use for smart pathways Private providers/suppliers contractually obliged to integrate data 	<ul style="list-style-type: none"> Strategic support towards the use of NHS number across all organisations and teams within NCL Architectural support for the impact of the NHS number changes with resource and capacity 		<ul style="list-style-type: none"> Identifying use cases in which AI might facilitate services
	Improve user experience (Supporting Staff and patient empowerment)	<ul style="list-style-type: none"> Continuation of ImageWise convergence Order Comms convergence for pathology and radiology 	<ul style="list-style-type: none"> Design led approach strategy Suitable governance to empower clinical staff Development of an AI strategy and scope 	<ul style="list-style-type: none"> Training strategy for improving capability Workforce transformation Strategy 	<ul style="list-style-type: none"> Assess pathways redesign for ImageWise Training and user design for order comms convergence for primary care

Horizon 3: (4-5 years)		Digital Diagnostics	Digital	People	Process
Digitise	Digitising and levelling up (ordering and reporting)	<ul style="list-style-type: none"> Asset management systems Batch ordering capability to be developed 	<ul style="list-style-type: none"> Inclusion of new system assets into the service management provision 		
	Access to information to generate holistic care (direct care)				
Connect	Developing capacity and improve access (workflow)	<ul style="list-style-type: none"> Integrated booking system Inclusion of workflow for reporting in audiology Workflow platform for imaging, audiology, cardiology and pathology 		<ul style="list-style-type: none"> Identify potential people and spec requirements to facilitate the workflow platform 	<ul style="list-style-type: none"> Reassess the workflows to develop a specification
	Supporting collaboration and systems working (foundations and leadership)	<ul style="list-style-type: none"> New strategy for the Diagnostics Programme 		<ul style="list-style-type: none"> Engagement with stakeholders, looping in GP alerts and operational issues 	<ul style="list-style-type: none"> Reassess processes
	Improve user experience (Supporting Staff and patient empowerment)		<ul style="list-style-type: none"> Continual engagement with staff and patient users to ensure suitable design thinking 	<ul style="list-style-type: none"> Continual engagement with staff and patient users to ensure suitable design thinking 	
Transform	Developing smart systems	<ul style="list-style-type: none"> Horizon scanning for digital innovation VNA with AI Complete LCR with AI Development of proactive SMI monitoring of patients to manage a caseload and provide holistic care 	<ul style="list-style-type: none"> Development of an AI strategy and scope 	<ul style="list-style-type: none"> Reassess workforce impact and opportunities to reallocate resource 	<ul style="list-style-type: none"> Identifying use cases in which AI might facilitate services

Funding Streams- Horizon 1

Items	Funding sources	Amounts identified
Delivery Team	Peer funding capital top slicing	£1,050,800
Service Management	Peer funding capital top slicing	£200,000
System integration engine and eMPI	Peer funding capital top slicing	£500,000
LCR connections to Digital Diagnostics	Peer funding capital top slicing	£140,000
Order Comms for Imaging and Path extending to Mental Health and Community services	FBC 2.0	TBA
Scoping ologies workflow, ordering and opportunities	Via programme team costs	Cost neutral
Extend order comms to CDCs	FBC 2.0	TBA
Exploration of batch orders across ologies	Via Programme team costs	Cost neutral
Scoping private providers for imaging capabilities	FBC 2.0	TBA
Delivery a CDC shared PTL	FBC 2.0	TBA
Extending access to non-medical referrers in imaging ordering	National funding- likely as part of Project Alpha	Cost neutral
Provision of a single imaging repository	As identified in 23/24 PDC via Soliton project	Cost neutral
Extending CDS capability for other POC	FBC 2.0	TBA

