Sussex Primary Care Provider Collaborative

Digital Innovation Community of Practice (CoP)

Purpose & Strategic Alignment
Why this CoP exists
To connect, support and upskill primary care leaders and practitioners across Sussex so they can experiment with, test and learn from digital innovations that improve patient outcomes, staff experience and system productivity.

What this CoP is (and isn't)

- **Is:** An innovation testbed and learning community—a safe space to explore ideas, run small pilots, share evidence and turn frontline experience into system learning.
- **Is not:** A governance body or a delivery programme. It does not approve investments, set policy, or mandate implementation.

Strategic fit

- Feeds early insights into PCPC digital workplan and neighbourhood/ICT priorities.
- Reduces duplication by surfacing "what works/what doesn't"
- Builds a pipeline of innovation opportunities for potential adoption.

Scope (Domain)
Digital innovation in everyday primary care, including:

- Emerging and established tools (e.g., AI, RPA/automation, remote monitoring, NHS App optimisation, MDT collaboration platforms).
- Data-enabled improvement and decision support.
- Digital inclusion and accessibility for patients and staff.
- Safer, smarter workflows (e.g., referral optimisation, demand/supply balancing).
- New products and ways of working that leverage digital capabilities.

Principles: practical, clinically anchored, small-scale/rapid cycles, evidence-seeking, and user-centred.

Community (Who participates)
Open, cross-professional, opt-in membership for anyone working in or with primary care who has a role or interest in digital innovation:

- GPs and practice-based clinicians with innovation interests
- Practice Managers, Operations and PCN Managers
- PCN Digital Leads; data/quality analysts
- Pharmacy, dental, optometry colleagues
- ICB digital colleagues (contributors)
- Innovation partners (AHSNs/HIN), suppliers by invitation for *show-and-learn*
- VCSE partners supporting digital access and literacy

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Membership should be:

- **Opt-in** (interest-driven, not mandated)
- **Fluid** (people can dip in and out depending on relevance)
- **Peer-based** (not hierarchical)

Culture & norms

Peer-led • collaborative • psychologically safe • no-blame • practical • inclusive

What the CoP Does (Practice)

A. Innovation Sessions (approximately 2 months, 60–90 minutes)

- Short case studies: what was tried, with whom, what it achieved, what failed.
- Show-and-learn demos (live or recorded).
- Key considerations for safe experimentation.

B. Live Problem-Solving

- Members bring real challenges (e.g., "How can we automate X?", "What's the simplest way to do Y safely?").
- Rapid, collective troubleshooting and signposting to known assets/resources

C. Quality Improvement Support

- Encourage small, time-limited tests
- Provide practical scaffolding: quality improvement tools, resources to support implementation
- Emphasis on *learning fast*—including deciding not to proceed.

D. Shared Outputs

- Pilot Summaries (what did we do, what we learned; keep/stop/change).
- Reusable artefacts: templates, SOPs, consent/communications exemplars.

These can be shared via:

- Via PCPC channels, newsletters, PCPC website and via local networks/fora

This is how **local innovation becomes system learning**.

E. Two-way Insight Flow

- Insights upwards to the SPCPC Digital Steering Group.
- Insights across to ICTs/ICB digital teams and neighbourhood fora.
- Requests back to the CoP to explore priority questions or blockers

The CoP does not approve or mandate solutions and is non-decision-making.

Potential Model (to be refined with the CoP)

Months 1–2

- Open invite; MS Teams meeting
- Innovation mapping: who's trying what, where.
- Agree 3–4 priority themes

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Months 3–4

- First themed CoP sessions
- Potential for themed face to face workshops
- Share learning through networks

Examples:

- “How one practice implemented RPA – what worked, what didn’t”
- “Using Plexus properly in MDTs – practical tips”
- “AI in primary care: what are people actually using today?”

Months 5–6

- Share Pilot Summaries and reusable artefacts.
- *Show-and-learn* showcase (what worked/what didn’t).
- Review participation, themes and next-step pipeline.

What Success Might Look Like

By the end of 2026/27, you’d expect to see:

- Increased confidence in digital adoption across practices
- Reduced duplication of effort
- Faster spread of effective digital approaches

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