Digital Works V: Digital Projects and Perspectives from 2018 – Meeting Report

Written by Claire Mitchell, emotive

The PM Society's fifth Digital Works event was held at The Royal Society of Medicine on 14th November 2018. This latest in the series of educational events focussed on digital projects and perspectives featured views and case studies from across the NHS and industry and was a packed event.

Healthcare is being disrupted: *Kai Gait, Senior Global Digital Director, GSK Digital Innovation*

Kai Gait opened the meeting by introducing the many ways in which digital innovation is improving healthcare. He examined some of the disruptions we are facing in healthcare today, starting with how our health is being affected by the growing fast-food industry. He provided us with some facts on the big geographic differences in the UK; Cardiff has the most fast-food restaurants per person while Sheffield has the least. In light of our unhealthy lifestyles, Kai asked what can be done to educate and support people to protect and improve their own health?

A range of digital tools were discussed including Babylon, an app enabling patients to speak to a doctor quickly and online, rather than having to wait weeks to get an appointment and Sleepio, an app helping patients get better sleep. Kai also touched on the role of AI in the analysis and identification of patterns in large patient data-sets.

In a quick poll of the room, it was apparent that a large proportion of the audience was wearing some kind of movement tracker, such a Fitbit or Apple watch. At present, the data collected by companies is merely collated to understand what people do but Kai outlined that there is so much more that could be done with this information. In his opinion "if we've got the knowledge to do something, we should be converting this to action".

He closed by touching on how we should approach the development of digital health technologies; There are four key considerations that should be met when we develop new solutions. They should always be:
1. Clinically significant
2. Behaviour-based
3. Collaborative
4. Scalable

Kai closed with the hope that the pharma industry begins to collaborate more and more with tech companies to improve our health in the future.

Our first patient chatbot; a view from Norgine: *Kym Jacks-Bryant, Global Digital Marketing Lead, Norgine*

In the second presentation, Kym Jacks-Bryant talked about a digital project she manages in her role as Global Digital Marketing Lead at Norgine. Norgine develop, manufacture and commercialise medical devices and pharmaceutical products across multi-specialist therapy areas, including cancer and gastroenterology.

Kym designed and implemented a patient chatbot for UK patients taking a bowel preparation prior to colonoscopy and she is now working on additional country roll-outs. Patient chatbots are valuable digital tools for patients, particularly in GI, and provide answers to questions posed by patients using algorithms and key words. There are a number of questions that patients feel uncomfortable asking their doctor or other people. What's more, the bowel preparation must be taken outside of doctors' working hours, so they aren't available if patients have questions. If the preparation isn't done properly, this can impact the quality of the colonoscopy and polyps may be missed, increasing the chance of missing a cancer.

Through the development of the chatbot, Kym gained insight into the kinds of questions that patients wanted answers to, as well as how they were asking them. For example, her team learned that longer questions are being asked, than had been assumed. Some of this data is shared with HCPs who can then understand what it is patients really want to know. The team also involved patients in testing the program during development, enabling a better understanding of what patients were really going through and to gain really valuable feedback. Kym also used AnswerThePublic, a tool that allowed them to understand the questions that patients were asking in Google. Kym commented that these were quite different to the questions she thought would be asked.

Throughout the course of this project, Kym inspired and maintained engagement of colleagues and teams through training days. It has been a great success and has sparked interest from other Norgine brands.

Kym ended her presentation by sharing her key learnings from this experience. She highlighted the importance of not assuming that people within your organisation understand the 'why', 'what' and 'how' of a new project – clarification is key. She added that group and face-to-face meetings with all key stakeholders at the start were fundamental to accelerating the implementation of the chatbot and overcoming approval challenges. Finally, she shared a very valuable learning – "you should ask 'how can we' do something rather than 'can we' do it, if you want to get things done".

Digital tools for the NHS – what is working well? *Martin Moth, Health Tools Lead, NHS Digital*

In the next presentation, Martin Moth discussed digital tools being developed within the NHS and recent changes within NHS Digital.

The NHS Digital team develop and maintain interactive health tools for the NHS UK website as well as syndicating tools for external sites. In recent years, this has involved restructuring and refining the tools available to the public, as well as implementing new tools to help people improve and take control of their health. Recently, the NHS Choices page has become NHS UK and a greater emphasis has been put on what patients really want.

Many older tools have been decommissioned, including the blood pressure quiz. Martin explained "There has been a move away from 'pop quizzes' that don't really work and just generate a smugness quotient for those who already know". In light of these changes, Martin commented, "know the user you want to reach, not the one that's irrelevant". As such, tools with a greater focus on how people really want to care for their health have become the focus. A great example of this is the recently implemented heart age test (Heart Age v3), an incredibly successful tool that has been rolled out through multiple channels and allows people to find out their heart's "age" quickly and easily. It is not only

on the NHS UK site but has also been embedded in other places to reduce the need for people to click through to find it. This has really worked as a strategy.

The NHS develops such tools to influence behaviour change, reduce the impact on primary care facilities and steer people towards answers. Martin explained that often finding where to go for help is the problem; his team want to make this easier.

In Martin's words, what's next for digital in the NHS is "fewer tools done better". This includes tools in mental and sexual health; both areas where people often don't want to talk to a health professional face-to-face. As such, digital is the perfect starting place in mapping out the journey that the user needs to take. Delivering these tools to users enables the NHS to do more towards the ultimate objective of a healthier population.

Martin ended by directing the audience to a useful reading list:
- Five Year Forward View
- GDS
- Gov.uk Service Manual
- Matt Hancock's NHS Expo Speech

Panel discussion

During a short panel discussion the first three speakers were joined by Mary Andrews, Senior Content Manager, Digital Marketing, GSK Europe and Dan Selby, Managing Director of Distinctive Marketing, to take questions from the floor.

The discussion started by covering how some the ideas considered in Kai's presentation can be implemented right now. Theoretically, some of these could be achieved quicker, but there was agreement that we need to get the fundamentals of basic technologies right before tackling bigger digital challenges in healthcare.

Another point raised was surrounding the limitations and differences in processes for digital tool development between organisations. Mary Andrews commented that no matter how large an organisation, processes are not always fit for purpose. It's always beneficial to review the processes before starting a new project as the wrong process can seriously impact project delivery.

The discussion came to a close with Kai remarking that the biggest step in innovation is getting people to define a problem. When a problem is clearly defined, generating solutions in the digital space is more straightforward. He also noted that getting ideas in early can bring great value to delivering innovative projects. Everyone agreed that you need to involve all stakeholders when getting a new digital project off the ground.

Ensuring patient centricity for your patient support programme: *Francesco Gagliardi, Product Manager, Incyte & Richard Jones, OPEN Health*

Patient centricity means putting the patient at the centre of your product strategy and designing a solution with patients, for patients. With this in mind, Francesco and Richard co-created the CML Life patient support programme, a digital tool for patients suffering with Chronic Myeloid Leukaemia (CML).

Francesco and Richard collaborated with Alma Mater Studiorum Università di Bologna, the Imperial College Healthcare NHS Trust, Leukaemia Care and expert patients, as well as

other organisations. They created an app to improve understanding of CML for both patients and carers, leading to patient empowerment and better self-management, to facilitate treatment engagement and experience, and improve quality of life for patients and their carers through advanced disease management.

Key to the development of the tool was working with expert patients such as Sara, who was diagnosed with CML as a young adult. This collaboration helped with the development of appropriate content including articles to support CML sufferers to understand treatments, hear other patients' stories and improve quality of life. Sara's insights ensured that the tool was developed around real patient needs. Other considerations were geographical; in South American countries, where in some instances, patients have access to the Internet but do not have easy access to doctors, translating CML Life into Spanish enabled patients to have a support platform that they could access wherever they are. This is a great illustration of the positive impact the tool has had on the CML community.

Francesco and Richard closed their presentation by demonstrating how to add value to a patient support programme. In the case of CML Life, they have made the decision to gift the tool to the patient advocacy network in the future, modifying the original objectives of the project. This process began in 2017 when the decision was made to open the platform to all CML patients, regardless of treatment regimen, meaning that the tool was developed above brand. A great amount of value was added in that the platform now serves the entire CML population, reflecting true patient centricity at the heart of the support programme.

Gilead's 2018 multichannel HIV campaign: what made it work so well?
Bahar Turkoglu, Director, Public Affairs, Gilead Sciences UK & Ireland & Peter Impey, Managing Director PR, 90ten

The next presentation was given by Bahar Turkoglu and Peter Impey who discussed their successful multi-channel campaign for people living with HIV (PLHIV).

Their aim was to build a campaign for a specific sub-group of people living with HIV, ie men who have sex with men (MSM). Inspiring and engaging this group specifically, as well as understanding the audience in order to deliver the campaign via the relevant channels, was hugely important. Peter highlighted the importance of targeting a specific audience, commenting "if you do a campaign that tries to reach everyone, you will reach no-one".

The team created *My Journey: Flight HIV101*, a short comedy film that showed HIV positive passengers taking control of their flight from the air steward, demonstrating that they can take control of their own journey managing HIV throughout their life. The aim was to begin a conversation about issues that people living with HIV face as they get older.

Innovatively, the filmed starred Panty Bliss, the popular HIV positive drag queen who serves as an icon for people living with HIV. For both Gilead and 90ten, it was important that the audience engaged with an influencer who they would relate to. It was key to find out where the target group would be connecting online and so a key channel used was the dating app Grindr. The campaign also involved a set of key influencers who shared content themselves on social media, expanding the reach of the messages.

Peter expanded on this, saying "for us, what's important is whether this translates into action". The campaign video was a great success, reaching 18% of the target group and

gaining 17,500 social media interactions. This was an award-winning multichannel project that exceeded all expectations.

Real-time insights through Digital Advisory Boards: *Felix Jackson, Founder of medDigital & medCrowd*

In the final presentation of the afternoon, Felix Jackson of medDigital talked about his work in the use of a Digital Advisory Board platform.

Traditional advisory boards present a number of limitations. They can be expensive, require travel time in busy schedules, are often difficult to complete follow-ups with participants and can provide inaccurate answers due to language barriers. As a result, the outreach of traditional advisory boards is limited. What's more, they are run within a specific time period, set well in advance, when in actual fact, Felix explained, it would be more useful to be updated on the latest information as it's happening or give doctors longer to answer questions.

In light of this, Felix and his team wanted to create a modern and intuitive system allowing patients and professionals to provide insights without having to compromise their time. It needed to be a platform where people were easily connected and motivated to share opinions and discuss topics with others worldwide. Digital Advisory Boards enable the capturing of insights in real time, in any place, in a secure and compliant way.

One example of this was achieved with ViiV Canada, where Canadian clinicians with experience of treating people living with HIV formed a panel to develop insights into current research in the disease area. The experts were asked to review the literature and discuss treatment options. An advantage of the digital format in this instance is that it is still ongoing and continuously collecting more information. Felix commented that on this project a very high proportion of participants have engaged with the tool each time a new question is asked or an interaction required.

Felix concluded that the benefits of running advisory boards digitally are extensive, explaining that even those who haven't normally attended ad boards really engaged with the platform. They enable you to really tailor your interactions to your needs. For example, you are able to get a broad view on your activities from a range of people or deep-dive into a certain group if that's what your project requires. Online advisory boards equalise language and time differences, allowing participants to contribute equally to the platform in closed, international conversations.

Panel discussion

The talks ended with speakers Richard Jones, Bahar Turkoglu and Felix Jackson, being joined by the two additional panel members, Mary Andrews and Dan Selby.

A key point highlighted was the fact that the end users of all these digital tools are human. This can be easy to lose sight of when working on complex projects. Whenever digital tools are being created, it is important to remember that what is produced should be engaging and relatable to the target audience.

The HIV101 campaign by Gilead was a great reminder and example of connecting with an audience by appreciating them as human beings. It demonstrated engagement, authenticity and humour, which are ultimately indispensable for captivating your audience.

The meeting closed and was followed with the opportunity for networking.