**1. INSIGHT**

**JOURNEY STEPS: 1, 2**

**Insight:**

* CCGs are overloaded with 'data noise' and they do not appreciate being alerted on their time off.

**Evidence:**

* We heard them saying that there are too many irrelevant emails and notifications, and it is really difficult to find important information.
* We heard them saying they don't want to receive anything on their time off.

**This means that we need to:**

* Provide you with relevant and focused notifications when it's most needed.
* Consider when you have time to read things.

**Our design does this by:**

* Sending carefully selected notifications and/or emails.
* Sending you notifications and alerts when we know you are not busy with other things, like patients or meetings.

**2. INSIGHT**

**JOURNEY STEPS: 1, 2, 3**

**Insight:**

* CCGs want to understand the correlations between different data sets, and potential multifactorial influencers.

**Evidence:**

* We heard them saying that they want to understand what different factors have an impact on patients.

**This means that we need to:**

* Preanalyse the data that AI has identified as important.

**Our design does this by:**

* Providing NHS Digital Statistician support that analyses and finds correlations between different data sets, and provides focused and relevant insight that CCGs need - it can be achieved by a combination of AI and people.

**3. INSIGHT**

**JOURNEY STEPS: 1, 2, 3, 7**

**Insight:**

* CCGs are sometimes wary about the trustworthiness of different data sources.

**Evidence:**

* We heard them saying that they want to be sure that the data is real and usable and nobody has 'modified' it to gain financial benefit.

**This means that we need to:**

* Provide you tools to validate data.

**Our design does this by:**

* Providing peer validation on data.
* Providing information on which data sources have been used.

**4. INSIGHT**

**JOURNEY STEPS: 1, 2**

**Insight:**

* CCGs worry that unnoticed and unactionable notifications make them liable if something negative happens.

**Evidence:**

* We heard them saying that they need to understand what actions are required and the potential risk if no action is taken.

**This means that we need to:**

* Provide you potential risk assessed notifications.

**Our design does this by:**

* Notify of preanalysed data insight (NHSD Statisticians + AI), that provides relevant, timely and focused information with risk and/or cost analysis.

**5. INSIGHT**

**JOURNEY STEPS: 1, 2, 3, 4, 5, 6, 7**

**Insight:**

* Real time data is business critical to CCGs.

**Evidence:**

* We heard them saying that they need to base your decisions on 'rear mirror' view, data is too old when they finally get it.
* We heard them saying that real time data helps to be proactive instead of reactive.
* We heard them saying that it is needed in different business functions, e.g. planning, monitoring.
* We heard them saying that if data is not on real time, e.g. notifications become useless.

**This means that we need to:**

* Provide access to real time data.

**Our design does this by:**

* Utilising real time data.

**6. INSIGHT**

**JOURNEY STEPS: 1, 2, 3**

**Insight:**

* CCGs want actionable insight.

**Evidence:**

* We heard them saying that they want to be able to identify risk groups from bigger data sets because they need to be able to prioritise competing money requirements and spot the 'false hypothesis' which require money but aren't based on real facts.

**This means that we need to:**

* Preanalyse data.
* Drill down to patient level.

**Our design does this by:**

* Providing preanalysed information with understanding how and when to act (combination of AI and NHS Digital Statisticians)
* Allowing spotting the people at most risk and show the financial impact on targeting the issue.
* Securely recognising who the user is, allow drilling down to individual data where necessary.

**7. INSIGHT**

**JOURNEY STEPS: 3, 4**

**Insight:**

* CCGs want to understand the implications of their actions.

**Evidence:**

* We heard them saying that they want to understand what kind of an impact their decisions have and potentially play with different scenarios.

**This means that we need to:**

* Make it possible for you to test and see what is the potential impact of your decisions.

**Our design does this by:**

* Offering tools that allow you to test different parameters and create scenarios.

**8. INSIGHT**

**JOURNEY STEPS: 2, 3, 4, 5, 6, 7**

**Insight:**

* Stakeholders provide various type of expertise, and CCGs need to be able collaborate and gather the insight and knowledge they have.

**Evidence:**

* We heard them saying that decision makers and stakeholders can help focus on key drivers and triggers.
* We heard them saying that team members and (clinical) experts can provide valuable insight from their perspective.
* We heard them saying that other CCGs can provide peer to peer support and knowledge, and learnings from best approach.

**This means that we need to:**

* Support personalised information requirements.
* Support collaboration.

**Our design does this by:**

* Providing a personalised view to the data.
* Allowing data, feedback and questions to be collected from stakeholders during presentations.
* Allowing stakeholders to provide input during analysis and presentation building phase.
* Providing a way to contact people who possess case specific insight and learnings.

**9. INSIGHT**

**JOURNEY STEPS: 3, 4, 6, 7**

**Insight:**

* CCGs want to know how other CCGs are doing and how they are solving problems. CCGs want to understand how are they doing comparing to their neighbouring CCGs.

**Evidence:**

* We heard them saying that CCG comparisons help them better understand the actions you need to take, and prioritise decisions.
* We heard them saying that they follow certain CCGs.
* We heard them saying that comparison knowledge supports CCGs when they are presenting proposals to the decision makers.

**This means that we need to:**

* Allow you to find and follow your 'favourite' CCGs.
* Provide clear comparison and actionable CCG insight.

**Our design does this by:**

* Providing you a feature that allows you to find and follow CCGs easily, and also find new ones to follow or interact with.
* Provide information of the neighbouring CCGs: how are they performing against our CCG on a certain scale.

**10. INSIGHT**

**JOURNEY STEPS: 4, 5, 6**

**Insight**

* CCGs want to tell a compelling story when they are presenting their proposals, but making a presentation should be easy and it should be based on real time data.

**Evidence:**

* We heard them saying thatit saves time because there is no need to reinvent everything.
* We heard them saying thatCCGs need to present a compelling business case with supporting data and insight.
* We heard them saying that quite often the decisions are purely budget driven.

**This means that we need to:**

* Enable you to build story from patient/customer perspective and emphasise the importance of better healthcare outcomes.
* Help you visualise where your decisions deliver value.

**Our design does this by:**

* Support ingpresentation building with automated data and insight collection.
* Providing prepopulated presentation and report templates that highlight the key factors.
* Automatically updating data if the original data shifts during presentation building.

**11. INSIGHT**

**JOURNEY STEPS: 5, 6**

**Insight:**

* It is challenging to gather all people together to discuss issues.

**Evidence:**

* We heard them saying that it's difficult to book meetings.

**This means that we need to:**

* Make it easier for you to book meetings with different stakeholders.

**Our design does this by:**

* Offering easy access to online meeting facilities through existing platforms and systems.
* Automatically suggesting suitable meeting times with identified stakeholders.

**12. INSIGHT**

**JOURNEY STEPS: 6, 7**

**Insight:**

* Services should be improved based on the customer feedback.
* It's important that CCGs are able to feed back their learnings and experiences.

**Evidence:**

* We heard them saying that if something has been succesful or a failure, it's important that learnings can be utilised in next case.
* We heard them saying that they need a way to collect their learnings as too often projects finish without feedback.

**This means that we need to:**

* Provide easy way to gather feedback.
* Make a system that learns from feedback and know how we can be more helpful.

**Our design does this by:**

* Providing an easy access dashboard.
* Allowing both automatic and manual feedback gathering and feeding.

**13. INSIGHT**

**JOURNEY STEPS: 3, 5, 6, 7**

**Insight:**

* Different organisations, e.g. CCGs and GPs, have siloed budgets, and the overall picture of spending and best approach is not clear and consistent enough for positive outcomes to occur.

**Evidence:**

* We heard them saying that everyone takes care of their own budget and short-term gains.
* We heard them saying that the overall view is required so that the chain of care would be more joint.

**This means that we need to:**

* Show the implications of decisions on a larger scale and patient pathways.

**Our design does this by:**

* Providing view to the bigger picture by showing the implications of short-term savings vs long-term gain on the chain of care.