**We learned:**

Real time data is business critical to CCGs.

* It helps to be proactive instead of reactive.
* It is needed in different business functions, e.g. planning, monitoring.
* If data is not on real time, e.g. notifications become useless.

**Design has to:**

* Provide access to real time data.

**We learned:**

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

* It is needed so that CCGs can understand what different factors have an impact on patients.
* It helps CCGs to understand the bigger picture.

**Design has to:**

* Provide 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.

**We learned:**

It's important that CCGs are able to feed back their learnings and experiences.

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

**Design has to:**

* Allow both automatic and manual feedback gathering and feeding.

**We learned:**

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

* Decision makers and stakeholders can help focus on key drivers and triggers.
* Team members and (clinical) experts can provide valuable insight from their perspective.
* Other CCGs can provide peer to peer support and knowledge, and learnings from best approach.

**Design has to:**

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

**We learned:**

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

* They need to understand what actions are required and the potential risk if no action is taken.

**Design has to:**

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

**We learned:**

CCGs want to understand how are they doing comparing to their neighbouring CCGS.

* It helps them better understand the actions they need to take, and prioritise decisions.
* Comparison knowledge supports CCGs when they are presenting proposals to the decision makers.

**Design has to:**

* Provide information of the neighbouring CCGs: how are they performing against our CCG on a certain scale.

**We learned:**

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.

* It saves time because there is no need to reinvent everything.
* CCGs need to present a compelling business case with supporting data and insight.

**Design has to:**

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

**We learned:**

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.

* Everyone needs to take care of their own budget and short-term gains.
* The overall view is required so that the chain of care would be more joint.

**Design has to:**

* Provide view to the bigger picture by showing the implications of short-term savings on the chain of care.
* Allow collaboration between different organisations, and provide supporting data that help them understand the importance of joint chain of care.

**We learned:**

CCGs want actionable insight.

* They need to understand who are most at risk, on a patient level.
* They need to be able to prioritise competing money requirements.
* They need help spotting the 'false hypothesis' which require money but aren't based on real facts.

**Design has to:**

* Provide preanalysed information with understanding how and when to act (combination of AI and NHS Digital Statisticians).
* Allow spotting the people at most risk and show the financial impact on targeting the issue.

**We learned:**

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

* CCGs want to be sure that the data is real and usable and nobody has 'modified' it to gain financial benefits.

**Design has to:**

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