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East Midlands Acute Providers (EMAP)

# **Taking a platform approach to digital transformation through radical collaboration**

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**The East Midlands Acute Providers Digital Design Collaborative (DDC) was formed by six trusts that used their Frontline Digitisation funding to procure Nervecentre as their EPR. It became the forum for agreeing a shared vision, making collective decisions, and maximising resources by sharing knowledge and capabilities.**

**Now expanded to include all eight East Midlands acute trusts, the group collaborates on shared recruitments, procurements, and strategic priorities, using collective leverage with suppliers and NHSE to drive efficiency and improve outcomes.**

**It's made possible by a willing coalition of people across EMAP and the support of the region's digital and clinical leaders**



**Michael Humber**



**Andy Carruthers**



**Andy Callow**



**Nikki Turner**



**Debbie Loke**



**Will Monaghan**



**Jon Cort**

# The East Midlands Digital Design Collaborative



## Nervecentre



UHDB



CRH



NUH



NGH



UHL



ULTH

## EMAP non-NC



SFH



KGH

## Non-regional, Nervecentre peers



Lancs &  
South  
Cumbria



Luton &  
Bedford



York,  
Harrogate, &  
Scarborough



Cwm  
Taf



LDH



Coventry &  
Warwickshire

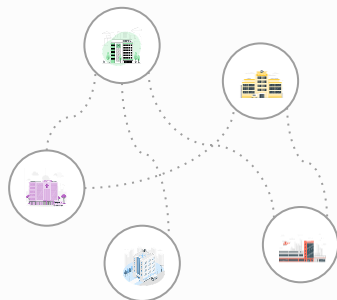


Northumbria

**We want to deliver on a bold,  
digital vision for the future of  
healthcare in the East  
Midlands.**

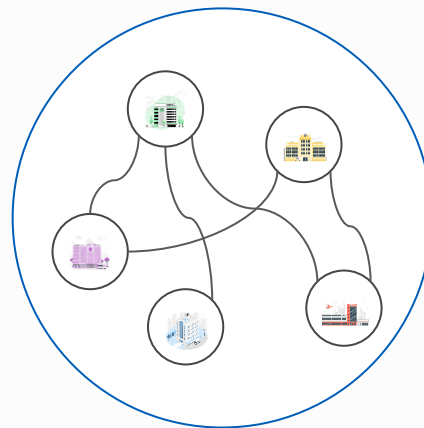
# The collaborative's ambition is to strategically operate as one healthcare system

FROM THIS



**Individual** healthcare systems **digitally transforming on their own...**

TO THIS



**...collective** healthcare systems strategically planning and **digitally transforming together**

# Why work together in this way?



## **Maximise our resources**

We believe we can get best value for us all by using our resources collectively.



## **Build shared capabilities**

We believe we can build shared capabilities design, delivery, and transformation for the long term.



## **De-risk transformation**

We believe we can minimise the risk of our transformations by planning as one whole region.



**By working in this way and realising these benefits - we can create better outcomes for our patients, staff, and populations.**



# We co-created as one multidisciplinary team drawn from all providers...

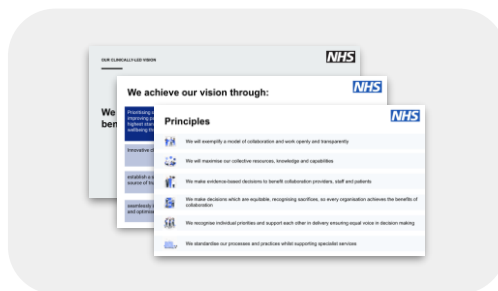


# We have codified how we work together as one unified collaborative



## Insights and design decisions

A clear set of needs and past learnings that informed how we work together.



## Shared vision and principles

An agreed vision and principles for us to follow, that help keep us true to each other and our goals.



## Clear process and stakeholder groups

A defined process for us to adhere to and to **accelerate others on a similar journey.**

# Our vision for the future

1

**Deliver the Nervecentre transformation, working with other providers in the system, through radical collaboration**

2

**Through this new way of working, deliver transformation more effectively - cheaper, faster, better, safer**

3

**Build our own capabilities in Nervecentre transformation and help other NHS organisations in a sum-positive way**

**Realising this vision will make a  
tangible difference for a range of  
people across our region**

# Realising this vision will make a tangible difference for staff and patients in the East Midlands

## Staff

"I'm able to work across different trusts, see data across different sites, provide the best care, and use an intuitive system that works for me - reducing my workload."



## Patients

"I receive the best possible care with great choice across the East Midlands, my data shared safely and securely, only telling my story once."



## Digital Leaders

"We still have autonomy but plan, work, and deliver transformation as one healthcare system - realising savings, learning, and skills together."



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**Working together, as one  
system, to realise this vision  
has not been easy.**

We've already moved beyond Nervecentre

**Moving onto Nervecentre reduces the need for multiple, fragmented systems - but we can further consolidate our architecture.**

**Fewer integrations mean fewer points of failure, lower costs, and greater efficiency.**

**Standardising patient communication, archiving and decision support tools could improve interoperability.**

**Strategic consolidation leads to better procurement leverage and shared service models.**

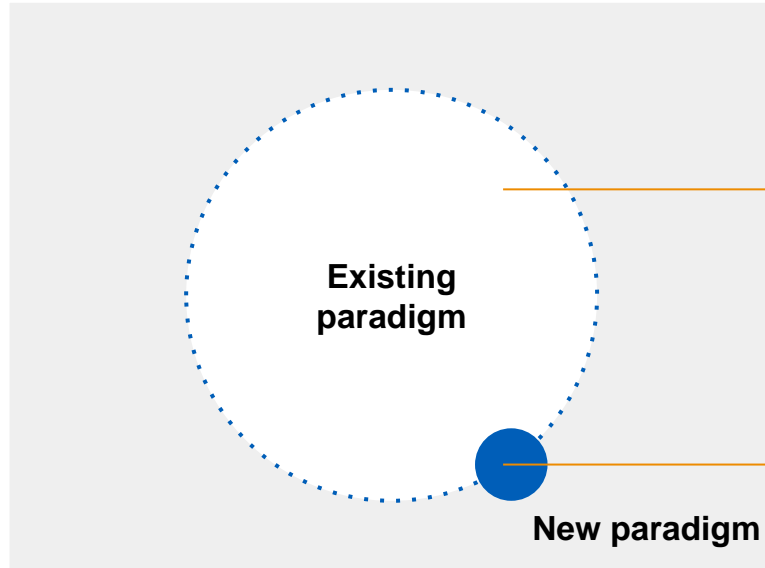
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**But working as a system means working against the system, it's hard, it's slow and it's counter cultural.**

**Competition has been king for too long.**



# This is a new way of working in an old landscape. It doesn't fit existing governance & financial structures



From existing, individual ways of working with siloed governance and financial structures...

...to new, collaborative ways of working with **collective procurement, sharing resources, shared decision-making**, and more.

- **Six independent trusts with separate SFIs and procurement policies.**
- **NHSE funding requirements only support trust-level spending - making it harder to leverage our scale.**
- **There's a huge variation in digital maturity across trusts.**
- **Different local priorities mean alignment on a single approach takes time. We need to bring everyone along - but avoid being slowed down unnecessarily**