

## A Digital NHS: An Introduction to the digital agenda and plans for implementation

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## **A Digital NHS: An Introduction to the digital agenda and plans for implementation**

This report by the King's Fund in September 2016 sets out a summary of the current progress being made in the digitization of healthcare in the NHS. It gives a summary of the current policies in place as well as the barriers and opportunities involved in digitizing the NHS.

### Timeline of the Digitization of the NHS

The report starts by setting the landscape of digital infrastructure in the NHS:

- Digitization within healthcare is not a new phenomenon – the first computers to be used in the NHS came in the 1960s.
- Years later the National Programme for IT (NPfIT) created in 1998 under Labour government failed miserably and was cut by 2011. This was because the decision-making was too centralised and thus the needs of the users of the NHS were not heard as well as providers having little say in the implementation of the digital solutions.
- In 2013, Jeremy Hunt challenged the NHS to 'go paperless by 2018' which was expanded upon in the NHS's '*Five Year Forward*' review in 2015.
- Although there is great enthusiasm to drive towards a paperless NHS between now and 2018/2020, there are some who say that expectations have been set too high and there has been a lack of clarity about the funding available to support this work.
- Following these scrutinises, the Wachter review's conclusion stated that current funding would be insufficient to achieve the goals set for 2020, the idea of 'digital maturity' within the NHS in reality should be set at 2023.
- Now national governments must set out credible timescales which are realistic and plans which are achievable within this timescale.
- The efforts to digitize the NHS have resulted in great progress with primary care services implementing various digital solutions although it is evident that secondary care services have continued to lag behind in progress. There is the realization that the digital solutions could become too fragmented where systems do not work together. However, this is in contrast to the previously described situation where centralised decision-making means that local needs are not met. So there is a requirement for policy-makers to find a middle ground through interoperability which will act as the 'glue' the NHS requires to interconnect all the digital solutions which are currently flourishing.

### Why implement Digital Solutions?

The report goes on to summarise the benefits of using digital solutions within the health care industry:

- Patients feeling empowered to take control of their own health and care.
- It can facilitate advances in medical practice and improve the quality of care provided.
- Clinicians can save time on data access, and allow them to be able to remotely monitor their patients.
- It can help deliver efficiency improvements whereby it is proposed that digital solutions would reduce health expenditure by 7% and 11.5%
- It can lead to a more integrated care network where the patient is at the centre of the service.

### Progress being made so far

Three commitments in the area of digitization have been described in this report:

1. **Interoperable Electronic Health Records:** In primary care, the vast majority of practices have some form of electronic health record system because most primary care IT systems in England (75 per cent) have been centrally funded, with commissioners choosing an approved system on behalf of their local GP practices via the GP Systems of Choice (GPSoC) framework. EMIS Health and TPP systems cover about 90 per cent of patients in England. More needs to be done to support the implementation of EHRs in secondary care though. The Wather's review states that input from clinicians is the most important factor in this. He states that national interoperability should be aimed for by 2022 through national resources and local funding. Any trust not interoperable by then would be deemed as 'non-compliant on quality and safety grounds'
2. **Patient-centred Digital Technology:** The main aims in this area are:
  - to enable patients to have access to their health records, including:
    - accessing a summary of the record by March 2015
    - accessing the full record by 2016
    - viewing information from all health and social care interactions by April 2018
    - adding comments and preferences to records by April 2018
  - to make online access routinely available for booking GP appointments and repeat prescriptions
  - to expand the set of NHS-accredited health apps for patient use
  - to promote uptake of health innovations, including by creating new 'test bed' sites for innovators.

Despite this, the awareness of these capabilities are still low among GPs right now with only 5.2% being aware of the ability to access records online at their practice.

Online transactions (National Information Board published plans for a single point of access (likely to be through the NHS.UK website) for all transaction services, including the appointment and prescription services) and expanding NHS-accredited Apps for patient use (Jeremy Hunt announced that a new apps library would be live by March 2017) are also being built upon.

3. **Secondary Data-Use, Transparency and Consent:** The main aims in this area are:
  - to link hospital, GP, administrative and audit data to support research, quality improvement and risk stratification efforts (ie, datasets for 'secondary uses')
  - to achieve comprehensive transparency of performance data – including outcomes and patient feedback – so that:
    - professionals can compare themselves with their peers
    - patients can make informed choices
    - CCGs and NHS England can commission the best quality care
  - to allow patients to retain the right to opt out of their information being shared.

#### What are the Barriers to Digitization of the NHS?

1. **Managing broader financial and operational challenges:** As the 2015/16 period showed key target performance deterioration and the largest combined debt in NHS history, the focus for the NHS currently is on dealing with immediate financial and operational pressures. This could mean that funding for capital investment may be redirected to day-to-day spending, while national funding is diverted to other purposes. There is an increasing risk that the endeavour of a 'paperless NHS' by 2020 will be ignored. Wachter's revised timetable should be adopted in recognition of the extreme challenges facing the acute hospital system, but efforts should be made to minimise impact on progressing the broader agenda, as improvements to patient-facing online services and unlocking benefits for a primary care sector are also under pressure.
2. **Money:** funding is a major challenge. The proportion of the funding announced in early 2016 that actually constitutes 'new money' remains unclear as do the criteria and route of access for local areas and expectations for what this funding will actually deliver. What has become clearer in recent weeks, however, is that this new money is 'heavily weighted' to the back end of the parliamentary period. If the government is serious about achieving its vision, whether by 2020 or 2023, clarity is needed about the funding available to support this, as well as consideration of whether further funding will be required.

3. **Incentives:** The digitization of the NHS has attracted some negative feedback from the healthcare quality commission which has resulted in a culture of risk aversion from healthcare leaders of trusts. These leaders must be supported through the complex transformation of the NHS and they must be incentivised to do so.
4. **Digital Exclusion:** there needs to be more awareness as well as educational resources to allow for all users to access the NHS through digital means. Roll-out of digital devices is not enough if people don't know how to use them.
5. **Clinical Engagement:** the clinicians must be given time to adapt to new systems and be given space to implement them. The front line users must be kept engaged throughout the process of implementation so that the digital solutions are fit-for-purpose.

#### What Opportunities are there Available?

1. **Learning lessons:** In England, learning can be taken from pioneering areas that have rolled out integrated records; areas that have been part of national programmes like the test beds; and other beacons of digital innovation. To take full advantage of the experiences of these frontrunners, a rolling programme of evaluation from NHS would be particularly valuable. It could contribute to our understanding of what works, where the real gains lie, and how to share learning between local areas.
2. **Consent:** there is an opportunity to increase public understanding and acceptance of data sharing in the NHS. The recommendation for a simplified and standardised approach to enable people to opt out of their personal confidential data being used for purposes beyond their direct care is necessary but not sufficient on its own; patients also need to be clear on the purpose, practice and protections associated with data sharing – as does everyone working within the NHS.
3. **The Relationship between Patients and Digital Technologies:** there are many apps and devices available to patients now whereby the NHS has the opportunity to learn from the relationship between the two as well as the data produced. The data produced can help providers better understand how patients can manage their conditions and promote a healthy lifestyle. In the longer term, the digitisation vision may expand to look at new ways of integrating individually generated data with health data stored by the NHS. However, a partnership between NHS England and the Tinder Foundation, which has trained more than 220,000 people, helping them to use online resources to contact their GP, manage medical conditions and choose services, with a particular focus on hard-to-reach communities

4. **Better aligned strategies:** It is promising to see funding to support digitisation more closely linked to whole system transformation. This could help ensure that technology investments are aligned with the wider priorities of local systems. It is also noted that a number of places developing new models of care are integrating better use of data and technology into their work to transform the way care is delivered.

### Conclusions

The NHS is pushing its digital vision but is experiencing unprecedented financial and operational pressures and there are risks that expectations may be unrealistically high. It is important to be clear that any potential cost savings from digitisation in health care will require up-front investment and will take time to deliver. With the funding made available to date uncertain and back loaded, the contribution to the financial challenge will not be of the magnitude predicted by some. In any case, focusing too heavily on cost savings and 'going paperless' detracts from the ultimate aim – to improve outcomes, efficiency and patient experience.

The low uptake of online services by patients in primary care demonstrates the difficulties for the NHS, first in getting the technology right and then in unlocking the benefits so that the technology in place is used to full effect. Users need to be more involved in digital innovation, and organisations need to explore how people want to engage with digitally enabled services.

Finally, despite a clear national vision for digitisation and a mandatory planning process to implement it, progress remains patchy beyond primary care. This is partly due to the barriers outlined above. Also, successful implementation of the 'go paperless' agenda will entail 'both technical and adaptive change'. The importance of engaging and involving clinicians and frontline staff in the design and roll-out of new technology should not be underestimated.