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DIGITAL-FIRST NHS: FALLACY OR FUTURE?

In October, we held an event with the Yorkshire & Humber AHSN and key figures in the field of digital health to explore the question; **Digital-First NHS: Fallacy or Future?**

This report covers the key takeaways from the day, which we hope will provide some shared learning for healthcare organisations in the north and beyond.

Foreword

By Richard Stubbs

Chief Executive, Yorkshire & Humber AHSN

The recent COVID-19 pandemic meant that many NHS trusts and healthcare organisations had to quickly transform the way they delivered care. The peak of the coronavirus crisis saw the mass adoption of alternative, digital ways of accessing health and care services to reduce the number of people physically accessing buildings and meeting people face-to-face.

This culture of innovation has accelerated with many healthcare providers adopting digital tools such as **video consultations, digital appointment letters and scheduling** to enable them to do this over the last 18 months or so. It can be a difficult job to get the NHS to adopt innovation at pace and scale and what we want to do now, as an AHSN and with other organisations, is help to empower people to make decisions on the frontline, to bring systems and sectors together and to facilitate conversations.

The next mountain to climb is the backlog and in particular the backlog of elective surgery. This needs to be scaled when we already have a burnt-out workforce. In order to reach what can seem an insurmountable peak we need to work smarter, not harder. It is about reinventing the way we do our work in the sector to think about a new way of how we deliver care by working in partnership with those that can help to deliver this.

Now is the time to reinvent, not only how we deliver healthcare but how we think about health. We need to move towards a model of prevention rather than sickness. We need to make space for holistic care that recognises a person's mental and social health as interdependent with their physical.

With the Secretary of State for Health and Social Care recently announcing that technology was one of his three top priorities and with the now legislated Integrated Care Systems, we now need to think about how we revolutionise our healthcare. This will ultimately help us to tackle health inequalities and think more widely about a person's wellbeing.

Parts of the country are ahead of the curve and **embedding digital health services as business as usual** such as digital outpatients, video consultations, the ability to change and book appointments via smartphones. At the Yorkshire and Humber Academic Health Sciences Network (AHSN Network) we try to ensure we are working with suppliers, trusts and others in the sector to help evidence the best solutions available and share the learning.

We hope that our key takeaways in this report will show you how we might achieve a digital-first NHS, now and in the future, so that it doesn't become a fallacy.

Ensuring the future of a Digital-First NHS

1. Health Inequalities

Technology has the potential to reduce health inequalities by enabling people to better manage their health and care through digital health information and tools. However, there is a digital divide and when we develop a technology we need to make it for the simplest use possible and work up.

It is also important to mitigate against digital health inequalities by addressing access and skills barriers and being aware of digital literacy. This can be achieved by involving users and tailoring services from the outset and also making sure that individuals are supported with improving their digital skills. As Richard Stubbs says "it needs to be baked in from the beginning". Digital inclusion is not just about being online, it is also about building skills and confidence and in turn, willingness.

However, it's not as black and white as it seems. The North, which is often associated with some of the widest health inequalities in the UK, has recently demonstrated higher digital adoption than the South. Our recent data shows that patients are becoming increasingly acceptant of a digital first NHS. Digital engagement has increased by as much as 383% compared to before the pandemic, with both clinicians and patients becoming more engaged and adopting these tools. This is likely to be because of the benefits of not having to travel to different hospitals.

A LOOK AT THE NUMBERS

- **383%** increase in the number of patients opening and responding to digital letters
- More than **28,000 video consultations** took place across trusts in the North and Midlands
- Adoption of video consultation technology **21% higher** in the North compared to the South
- Patient Engagement with Drdoctor's platform increased by **937% since october 2019**
- Number of patients choosing to reschedule appointments using digital tools increased by **62% in the North**, compared to **23% in the South**

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2. Prevention

Paul Dimitri, Professor of Child Health and Consultant in Paediatric Endocrinology, Sheffield Children's NHS Foundation Trust, highlighted that a lot of health issues that manifest when we are 50, actually start in childhood.

He emphasised the need to invest more in children's healthcare and technology, which is currently fragmented and poorly adopted, so that we are looking at how we keep them well.

Healthcare technology needs to be developed with patients to ensure it fits within the clinical pathway. We need to deliver healthcare in a different and exciting way for children to get the best education, for example by providing care outside of hospital and engaging them with technology.

Not all technology is likeable in healthcare and there are trust issues about who has developed this, how their data is being used and whether that technology is good enough.

3. Integration

Digital adoption is about integration – we need to develop the technology with healthcare professionals to enable it to be fit for purpose in where it needs to work. We need to create the right environment for digital technologies.

The challenge is making sure we don't do a one size fits all approach. As Graham Walsh, Chief Clinical Information Officer at Calderdale and Huddersfield NHS Foundation Trust, highlighted it isn't about replacing what NHS trusts are already doing with tech. He highlighted how post-operative wearables are being used with patients after knee surgery.

This means the surgeon can monitor how the patient is doing without the need for them to take time out of their day to attend a follow up appointment. Walsh highlights that the barrier is often the clinician – by developing technology with them we can get them on board from the outset. It needs to have a value for them to enable widespread digital adoption.

Ensuring the future of a Digital-First NHS

4. Devolution

We have probably all seen the regional inequalities in healthcare in different parts of the country. To do this there needs to be a shift to opportunity to level up health, between NHS services and social care, between physical and mental health, and between treatment and prevention.

Paul Dimitri, for example, highlighted that we need to level up investment in prevention for children and young people's healthcare in a way that inspires innovation and technology-based healthcare for young people.

By doing this, young people would be healthier, our healthcare system would be less burdened, they would attend school more and society would be richer.



5. Culture of innovation

What we saw during the pandemic was a spread of innovation quickly and the breaking down of cultural barriers to adopting change. We now need to retain that momentum.

This can be achieved in a number of ways; by spreading the word between healthcare providers about what has already been done and by using AHSNs to work out where the warm conversations are. Relatively simple changes in behaviours and leadership processes can also have a great impact on the culture for innovation.

Healthcare providers need evidence that technology can deliver and mitigate risk. By engaging with them in this way and demonstrating what the tech does, rather than what it is, we can bring healthcare professionals with us.

Ensuring the future of a Digital-First NHS

6. Opportunity sits within the ICS

ICSs will enable flexibility for local areas to determine the best system arrangements for them. For ICSs to make the best use of technology, organisations need to work together to plan and invest in digital developments.

Digital innovations remain restricted to individual organisations, with limited shared learning or collaboration. This needs to be a joined-up approach so that once it is up and running in one area of the patch, it will trickle down to others.

7. Collaboration

There are increased levels of enthusiasm for digital products across the NHS, especially since the pandemic. AHSNs and NHSX are listening to suppliers to enable greater collaboration which will ultimately help to drive through change and execution in the NHS.

We need to re-look at how we deliver healthcare and we need to think about everyone together, especially with patients in mind.



Summary

Regardless of the reasons for the divide the fact that the NHS is now adopting digital will deliver benefits to all. We just need to make sure we all share our journeys and success stories so that the NHS as a whole, regardless of divides or geographies, benefits.

As Tom Whicher, Chief Executive, DrDoctor said, if we are to treat people efficiently and effectively then we will need to be open to embracing a digital-first NHS. We need to ensure that the temporary fixes inspired by the pandemic successfully transition to standard practice and build on that foundation to enable the greatest value from digitisation of healthcare provision.

At DrDoctor we have seen many NHS trusts in the North embracing data driven health and care and new ways of working. Some of the key areas where they have been able to make a difference are by validating waiting lists – digitally asking the question, 'do you still need to be seen?' This has led one hospital to cut its gynaecology waiting list by 27% in just a few days.

By using technology NHS trusts can identify those in most urgent clinical need and stratify the waiting lists. For example, automatically arranging follow up appointments online for those who need it most and allowing others to initiate their own appointments whether physical or video. We have also seen patient engagement with DrDoctor's platform increase by 937% since October 2019. What this reveals, is that patients have continued to engage in digital methods of care coordination, even when they are not mandated as a result of the pandemic.

As the NHS Long Term Plan set out the "NHS will offer a 'digital first' option for most, allowing for longer and richer face-to-face consultations with clinicians where patients want or need it". It also wanted greater use of tech in preventing fatal diseases.

All of these things are possible and to answer the question Digital-first NHS: Fallacy or the Future?

Whicher feels this is happening right now. To get to future not fallacy is going to take ambition, willing and work but the prize is massive. By applying pragmatic technologies that already exist today we can bring down the elective backlog and empower patients to have more involvement and control over their care. To solve the digital adoption problem, get digital transformation right we need to collaborate to create the change the NHS needs. It is ultimately about bringing about together the best of clinical practice with the best of change management and the best of technology. By doing this and looking at the problem as whole, we can create that change together.

