



House of Commons
Health and Social Care
Committee

**Government Response
to the Health
and Social Care
Committee's Expert
Panel: evaluation
of Government's
commitments made on
the digitisation of the
NHS**

**Eighth Special Report of Session
2022–23**

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Health and Social Care Committee

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Eighth Special Report

The Committee published its Fourth Special Report of Session 2022–23, [Evaluation of Government commitments made on the digitisation of the NHS](#) (HC 780), on 17 February 2023. The Government response to the Expert Panel was received on 17 April 2023 and is appended below.

Appendix: Government Response

Introduction

This is the Government's memorandum response to the Health and Social Care Committee's Expert Panel 'Evaluation of Government commitments made on the digitisation of the NHS'.

The Government welcomes this report and the "significant progress" that it highlights in the digital transformation of the NHS, in areas such as the NHS App and use of data for research and development. Whilst we don't recognise the overall rating of inadequate as reflective of progress to date and plans in place on digital transformation of the NHS and social care, the report provides very helpful insights and learning for improvement on the specific areas focused on that we look forward to building into our programmes.

The landmark *A Plan for Digital Health and Social Care* was published in June 2022 and sets out the digital reform agenda and how we plan to digitise, connect and transform health and care. The Plan outlines how the delivery of health and social care will change, taking forward what we have learned from the pandemic, and from tech providers from across the world. The ambition is to deliver a health and social care system that is more responsive and effective, delivering more personalised care.

As set out in their report, the Expert Panel focused on nine out of a wide range of commitments outlined in *A Plan for Digital Health and Care*. We also look forward to the Select Committee's wider inquiry into digital transformation in health and social care as set out in our Plan for Digital Health & Social Care and Data Saves Lives; the data strategy for health and social care, published in summer 2022.

The publication of this report has since been superseded by progress on our commitments made in *A Plan for Digital Health and Social Care*. For example, we have supported ICSs to meet their target of reducing unnecessary outpatient appointments and follow-ups by at least 25%, and the successful launch of a multi-agency advice service for digital and AI deployment in the NHS, made up of NICE, the MHRA, CQC and Health Research Authority (HRA), to streamline regulatory advice for AI technologies in health and care.

We are on track for 90% of Trusts to have electronic health records by December 2023. Additionally, 80% of CQC-registered adult social care providers will have digital care records by March 2024; and constituent organisations of an ICS will be connected to an integrated life-long health and care record by 2024, enabled by core national capabilities, local health records and shared care records, giving individuals, their approved caregivers and their care team the ability to view and contribute to the record.

We also published *Data Saves Lives*: the data strategy for health and social care, which aims to drive transformation in health and care, creating a system which delivers for both patients and professionals now and in the future. The strategy sets out a variety of commitments to achieve our transformation vision, and over a third of these commitments have already been completed including agreeing a target data architecture for health and care, establishment of an online Analytics Hub and publication of a data framework for adult social care. Further commitments are on track for completion in the coming months. Whilst we have made good progress, a number of commitments remain open (such as publication of the NHS Cloud Strategy and the development of a data orchestration layer). We regularly review progress and work to resolve at risk and delayed commitments.

Key leaders who have recently been appointed will work to address the challenges raised by the report. Namely, Professor Joe Harrison (Chief Executive of Milton Keynes University Hospital Trust) as NHS England's new National Director of NHS Digital Channels. With NHS England, we are accelerating the planned rollout of new functions in the NHS App, and this new role will have a focus on ensuring that plans for it and NHS.uk are ambitious and deliverable.

Given the factual nature of the Expert Panel's work, there was unfortunately no opportunity for responsible Ministers to provide evidence on this important topic. For a more holistic view on the status of NHS digitisation since this report's publication, we would recommend readers to also look to the Hansard record of the Select Committee's wider inquiry on this topic, particularly the 14 March session¹ with the Lord Markham CBE (Parliamentary Under-Secretary of State at Department of Health and Social Care) - Dr Tim Ferris (National Director of Transformation at NHS England), and Kathy Hall (Director for Digital Transformation and Head of the Joint DHSC/NHSE Digital Policy Unit at Department of Health and Social Care) were also in attendance.

1 <https://committees.parliament.uk/event/17727/formal-meeting-oral-evidence-session/>

Expert Panel Report Summary

The Expert Panel evaluated the following nine Government commitments on the digitisation of the NHS:

1. The care of patients and people in receipt of social care:
 - a) Our aim is that, by 2024, 75% of adults will have registered for the NHS App with 68% (over 30 million people) having done so by March 2023.
 - b) By increasing digital connection and providing more personalised care, we can support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and independently for longer.
 - c) Roll out integrated health and care records to all people, providing a functionally single health and care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records.
2. The health of the population:
 - a) Through the Data for Research and Development programme we will invest up to £200 million to transform access to and linkage of NHS health and genomic data sets for data-driven innovation and inclusive clinical trials, whose results will be critical to ensuring public confidence in data access for research and innovation purposes.
 - b) NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019.
3. Cost and efficiency of care:
 - a) We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing).
 - b) We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards.
4. Workforce literacy and the digital workforce:
 - a) We will co-create a national digital workforce strategy with the health and care system setting out a framework for bridging the skills gap and making the NHS an attractive place to work.
 - b) We will enable recruitment retention and growth of the digital, data, technology workforce to meet challenging projected health and care demand by 2030 through graduates, apprentices and experienced hires creating posts for an additional 10,500 full-time staff.

The Expert Panel rated the Government’s progress against each of these commitments using a ‘Care Quality Commission-style’ (CQC) rating. The overall rating across the nine commitments was ‘inadequate’. The CQC-style ratings for each of the commitments are summarised below.

Care of patients and people in receipt of social care

Commitment	Commitment Met	Funding and Resource	Impact	Appropriateness	Overall
Our aim is that, by 2024, 75% of adults will have registered for the NHS App with 68% (over 30 million people) having done so by March 2023.	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement
By increasing digital connection and providing more personalised care, we can support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and independently for longer.	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Roll out integrated health and care records to all people, providing a functionally single health and care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records.	Inadequate	Inadequate	Inadequate	Good	Inadequate

Health of the population

Commitment	Commitment Met	Funding and Resource	Impact	Appropriateness	Overall
Through the Data for Research and Development programme we will invest up to £200 million to transform access to and linkage of NHS health and genomic data sets for data-driven innovation and inclusive clinical trials, whose results will be critical to ensuring public confidence in data access for research and innovation purposes.	Inadequate	Good	Inadequate	Good	Requires improvement
NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019.	Inadequate	Inadequate	Inadequate	Good	Inadequate

Cost and efficiency of care

Commitment	Commitment Met	Funding and Resource	Impact	Appropriateness	Overall
We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing).	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement

<p>We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards.</p>	<p>Requires improvement</p>	<p>Requires improvement</p>	<p>Requires improvement</p>	<p>Requires improvement</p>	<p>Requires improvement</p>
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Workforce literacy and the digital workforce

Commitment	Commitment Met	Funding and Resource	Impact	Appropriateness	Overall
<p>We will cocreate a national digital workforce strategy with the health and care system setting out a framework for bridging the skills gap and making the NHS an attractive place to work.</p>	<p>Inadequate</p>	<p>Requires improvement</p>	<p>Inadequate</p>	<p>Good</p>	<p>Inadequate</p>

<p>We will enable recruitment retention and growth of the digital, data, technology workforce to meet challenging projected health and care demand by 2030 through graduates, apprentices and experienced hires creating posts for an additional 10,500 full-time staff.</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>	<p>Inadequate</p>
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The Committee's Inquiry into digital transformation

The Health and Social Care Committee also began its inquiry into digital transformation in the NHS on 13 May 2022.

The care of patients and people in receipt of social care

Commitment 1 – Our aim is that, by 2024, 75% of adults will have registered for the NHS App with 68% (over 30 million people) having done so by March 2023.

The Expert Panel gave this commitment an overall rating of “requires improvement” whilst acknowledging that progress on meeting the commitment has been good. The Panel’s report noted:

“Some of the evidence we received indicated that the NHS App is proving beneficial to some patients...”

“Overall, we conclude that progress on meeting this commitment is ‘good’, given the first target has been reached before the time set out in the commitment.”

The Panel’s primary concern was that the NHS App was a crucial tool in the fight against COVID-19, but there was a need for a coherent long-term strategy. There are currently over 31 million sign-ups for the NHS App (and 75% of userbase has logged in in the last 6 months). 17% of monthly transactions are to access the COVID pass. A breakdown of the remaining transactions show:

- c.53% are looking at health records, information & test results
- c.16% are to order repeat prescriptions and medicine
- c.14% are to book appointments, consultations and messaging

We are pleased that a core user base remains engaged with the App beyond access to the Covid Pass. However, like the Panel, we are committed to going much further to ensure the NHS App can act as the digital front door. We have set out a roadmap for its future development and are currently working on a transformation strategy and delivery plan to go further and faster to ensure it delivers for patients and the public.

There are six key focus areas which include enabling people to be able to see new information added to their GP health record,² to book and manage their hospital outpatient appointments³ as well as Covid 19 and flu vaccination appointments, modernising the digital prescription service, creating condition-specific hubs for assured digital therapeutics, enhancing and extending the use of messaging⁴ and improving navigation to appropriate services. This work sees a step-change in the NHS App by leveraging this channel as part of the NHS’s core service offer for people in England.

2 In November 2022 we began rollout of changes to GP IT systems to enable patients to access new (prospective) health information when it is entered into their record, including test results and consultation information. 22% of GP practices have now fully enabled this access for c6.5 million patients.

3 The programme (Wayfinder) is currently live to 25 million patients across 23 Trusts (since launch in September), with 40% ICS coverage.

4 Phased introduction of this has already started.

Despite the positive progress being made to meet this commitment, the Panel rated funding, impact and appropriateness of the commitment as “requires improvement”. The government is ambitious for the development of the NHS App and is committed to providing the required funding to deliver its transformation to the digital front door of the NHS.

The Expert Panel report commented on the need for greater insight on patient outcomes, the need for a coherent long-term strategy on the App, as well as the ability for the App to integrate with other health systems and apps.

We have a coherent policy in place to ensure positive patient outcomes, with a suite of features planned which will be refined, expanded, and modified as we conduct more user research, make discoveries, and examine usage data to tell us what features really are the most useful and impactful for citizens and the health and care system. This includes an NHS App user panel (c.5,000 members) who are regularly engaged in user research to support and inform product development. The panel will be refreshed over the coming months to ensure it remains representative of the wider user base.

The Expert Panel report was also concerned about the accessibility of the App. We are working to provide parents, carers and guardians with proxy access to support digital inclusion for vulnerable groups. By mid-May 2023, the “digital proxy requesting” ‘Minimal Viable Product’ pilot (for adult to adult proxy access) will launch; around 100 practices have been recruited to a pilot so far. This will be followed by the parent to child proxy access by late July 2023. This will support patients to have genuine choice in the ways they interact with services; digital channels create the opportunity for greater access to more streamlined and personalised user experiences and free up resource on the frontline to ensure that traditional channels remain open to those who wish to use them (e.g. telephone). Current external research is measuring public usage and perceptions of the NHS App, and the research will include a specific focus on the experience of people with narrow/low digital skills.

NHS England are also rolling out a suite of materials to support awareness and adoption of existing, new and improved features in the App, including ‘how to’ guidance for GP practice staff and accessible content for patients – with clear messaging around the ease and benefits of use. This messaging will also form the basis of regional and national campaign opportunities and help to support frontline staff with NHS App rollout.

The Expert Panel report also highlights the positive impacts of the App’s current and upcoming functionality:

“[Stakeholders provided evidence from independent evaluations which] emphasised the NHS App’s positive impacts in supporting people who lived with complex conditions and co-morbidities, and who therefore have to access various letters, test result and appointment notes in order to monitor their health. They argued that being able to access this through the NHS App gives patients a sense of control over the management of their own health.”

“The positive impacts of patients having improved control over their health via their use of the NHS App were mentioned by a participant in the stakeholder roundtable discussions.”

“Ordering repeat prescriptions via the NHS App was highlighted by the Department as an area of good practice and was also mentioned in some evidence submissions.”

We view the commitment as appropriate to deliver a proactive, personalised experience that pre-emptively responds to need as well as choice, matched by necessary investment which is welcome. Overall, this commitment will support patients to access more services and resources proactively, have more control over their care, and benefit from more personalised and preventative offers which ultimately deliver better health outcomes.

Commitment 2 – By increasing digital connection and providing more personalised care, we can support people to monitor and better manage their long-term health conditions in their own homes, enabling them to live well and independently for longer.

The Expert Panel gave this commitment an overall rating of “requires improvement” whilst acknowledging the significant potential and positive impact of specific projects under this commitment:

“The evidence we received shows that digital tools have significant potential to reduce pressure on the NHS and deliver better care. We found that progress on this commitment was supported by additional funding allocated to digital initiatives during the Covid-19 pandemic. There are now a large number of smaller projects, many of which are reporting positive outcomes in specific groups of patients within specific areas.”

As outlined above, our National Digital Channels (the NHS App and NHS.uk) will be the primary route to addressing this. The ambition for the National Digital Channels is to enable people in England to access digital health and care services in order to stay well, get well, and manage their health and care. The aim is to deliver a proactive, personalised digital NHS experience for people, as well as offering choice. We have outlined our plans (and progress) in the six key focus areas in Commitment 1 above. All NHS App services are also available through the NHS Website via NHS Account, ensuring parity in access to services regardless of device preference.

Beyond the App, our virtual wards and Supporting People at Home programme has supported at home monitoring. There has been good progress on virtual wards, with over 300 services operational across England. Virtual wards provide hospital-level care and remote monitoring for patients who would otherwise be in hospital (i.e. by preventing admissions or allowing them to return home sooner where they can continue their treatment). There is a national programme of work supporting ICSs to increase virtual ward “bed” capacity. In 2023/24 the focus is on ensuring virtual wards are tech enabled and utilising remote monitoring/point of care testing. 37 ICSs have virtual wards enabled by technology, which translates into 180 services (of 352 total). Work is underway to ensure the remaining 5 ICSs have at least 1 virtual ward enabled by technology by the end of March 2023.

As part of the Supporting People at Home programme, 554,000 people have been reached with new models of care (between April 22- Jan 23). Projects implemented with at least one digital home care project in every ICS across England via the Regional Scale Programme (sub-programme of Supporting People at Home) include long term condition management (COPD, diabetes, cardiovascular disease and asthma); care homes vital signs monitoring of residents; annual physical health checks in people living with severe mental illness as well as virtual wards enabled by technology. Through the Regional Scale Programme, 48,669 people living with severe mental illness have been supported via technology enabled annual physical health checks across all seven NHSE regions (23 ICSs) between November 2020 to January 2023.

Evaluation work has been progressing locally and regionally over the last 18 months and will be scaled nationally. This builds on early local evidence of the benefits being realised

from ICSs which include reducing accident & emergency attendances; reducing non-elective admissions; reducing length of stay in hospitals and increasing clinician time all potentially contributing to lessening the burden on NHS frontline services.

The funding model took into account insights from established virtual wards and hospital at home services. As a major contribution towards the set up and development of virtual wards, NHSE published planning guidance in December 2021 which made up to £200 million available in 2022/23 and up to £250 million in 2023/24 to ICSs.

Similarly, for Supporting People at Home, funds have been coordinated by the seven NHS Regions and passed onto CCGs and latterly ICSs. This includes local selection and commissioning of technology platforms.

The Expert Panel report also questioned whether delegating implementation to ICSs would impact on outcomes given the variation in digital maturity at local level, and highlighted that further work needs to be done to monitor benefits to patients.

Digital maturity has not been an early barrier for implementation of remote monitoring. Typically, remote monitoring, including those used for supporting virtual wards, can stand alone so lack of digital infrastructure does not hold them back. Some of the most substantial examples of scaled Virtual Wards such as in West Hertfordshire and Norfolk and Norwich are within Trusts that do not yet have an EPR.

However, optimising services does require an increased level of digital maturity enabling interoperability and use of digital tools to support access to care information, delivery of care and enhancing clinical productivity alongside the operational requirements for data and reporting. As part of the What Good Looks Like programme, digital maturity assessments will baseline health and care organisations so they know where they are. Digital maturity assessments will be updated yearly to track progress on their journey to achieving what good looks like. These will include community health organisations which will provide insight into any challenges for implementation and embedding virtual wards into systems, focus needs to continue to support investment at a system level to ensure that all partners delivering virtual wards benefit from digital investment and improved digital maturity.

Commitment 3 – Roll out integrated health and care records to all people, providing a functionally single health and care record that people, their carers and care teams can all safely access, enabled by a combination of nationally held summary data and links to locally held records, including shared care records.

The Expert Panel rated this commitment as ‘inadequate’, whilst also acknowledging the appropriateness of and progress made against it, which has been significant:

“The Department stated that success of the ShCR Programme meant that 100% of ICS had a basic ShCR at the end of financial year 2021/22... This progress was also recognised by stakeholders who provided written evidence to our evaluation. NHS Providers stated that most ICSs now have some form of ShCR and that there has been an expansion of existing ShCRs, connecting more partner organisations within a system.”

“We have rated the appropriateness of [the health and care record] commitment as ‘good’. This reflects the general agreement across stakeholders we heard from that the commitment represents the understanding of the need to share information effectively across health and social care.”

The Report highlighted the variation in delivery against this commitment across ICSs, and that social care records were often overlooked.

We are aiming to address this variation through a £2bn investment to digitise and connect the frontline over the next 3 years, which will:

1. Ensure every NHS trust has an Electronic Patient Record (EPR). Currently 88% of trusts have an EPR and this is expected to rise to 91% by December 2023 (against a target of 90%). We are funding up to 80% of the implementation costs for the trusts with no EPR.
2. Ensure all trusts meet our core digitisation standards; and,
3. Improve the capability of Shared Care Records (ShCR) to enable ICSs to better provide integrated care. All ICSs now have a basic ShCR in place.

We recently launched a national digital maturity assessment to help ICSs and trusts understand where they are and to plan what they need to do – results will be available in May 2023. This will also enable us to provide targeted support for the systems and trusts that need it.

In terms of social care, we have launched a new programme of digitisation, and invested almost £50m this year. This includes making more than £35m available to Integrated Care Systems (ICSs) to support care providers to adopt digital social care records (DSCRs) and other care technologies that help improve the quality and safety of care, or support people to remain independent at home for longer. We will invest a further £100 million over the next two years to ensure people, providers and the wider health and social care system are able to realise the benefits of digitisation. Latest data from the CQC Provider Information Return (PIR) shows adoption of digital social care records by CQC-registered providers has increased from 40% in December 2021 to approximately 52% in February 2023. Plans are in place to meet our updated target of 80% of CQC-registered providers, and

at least 80% of people in receipt of care in England, by March 2024. ICSs commit to meet targets set out in their yearly planning and report progress on a quarterly basis; we assure against their plans using information from the CQC's Provider Information Return in combination with local reporting of progress.

The health of the population

Commitment 4 – Through the Data for Research and Development programme we will invest up to £200 million to transform access to and linkage of NHS health and genomic data sets for data-driven innovation and inclusive clinical trials, whose results will be critical to ensuring public confidence in data access for research and innovation purposes.

The Expert Panel rated this commitment as ‘requires improvement’ whilst noting that the funding and appropriateness of this commitment were ‘good’:

“Given the potential for [the Data for R&D] commitment to deliver positive benefits if the funds promised are delivered over the next three years, we have rated the funding for this commitment as ‘good.’”

“Stakeholders were generally very supportive of the Data for Research and Development aims set out in ‘Data Saves Lives’, and regarding the value of building on the lessons learnt during Covid-19.”

“[The Data for R&D] commitment has the potential to deliver substantive benefits for patients and people in receipt of social care.”

In our Data Saves Lives strategy, we set out our intentions to move from a model of data sharing, to one of carefully controlled and fully transparent data access by implementing an interoperable NHS Research Secure Data Environment Network. Our approach was endorsed by the Goldacre review on the efficient and safe use of health data for research and analysis.

The Data for Research & Development Programme is jointly funded up to £200m across DHSC, NHS England and BEIS to deliver on research data commitments across the Life Sciences Vision, NHS Long-term plan, Genome UK and the Future of UK Clinical Research Delivery.

The Expert Panel rated progress and impact as ‘requires improvement’. In its first year the Programme has so far:

- Awarded funding to 11 NHS-led Sub National Secure Data Environments to develop into an interoperable network providing near real-time access to granular multimodal (imaging, pathology, genomics, and Electronic Health Record) data at a scale of ~5million population each.
- Funded Patient and Public Involvement and Engagement (PPIE) discovery work across all 11 teams to support design and delivery of future phases of PPIE in 23/24 and 24/25.
- Supported the ongoing expansion and development of the NHS England Secure Data Environment for Research, onboarding more users.
- Established an NHS Research Secure Data Environment Network Community of Practice, designed to develop targeted solutions to ‘knotty issues’ including interoperability, business models, and patient and public involvement and engagement.

- Funded NHS DigiTrials, which supported the NHS-Galleri early cancer detection study to recruit 140,000 participants in just 10 months, and has invited over 9 million citizens to take part in the Our Future Health study. This work is supported by a dedicated Patient and Public panel, which co designs the NHS DigiTrials service.
- Funded two Genomics driver projects, one with the University of Cambridge developing federation across genomics data assets, and one with Genomics England to develop our understanding of cancer from a molecular (genomic) and spatial (histological and radiological) perspective.
- Supported linkage from the NHS App to NIHR's 'Be Part of Research' research volunteering platform. In its first 10 days this drove 30k people to the Be Part of Research platform with a remarkable 30% conversion to sign up-rate.
- Jointly funded 'Understanding Patient Data' through the NHS Confederation to undertake a 3-year programme of work on engaging with the public about Secure Data Environments.
- Undertaken Public Deliberations in Q4 of 22/23 on both commercial principles for data access, and public expectations for transparency around data use.

We will also undertake further work in the coming years so that by March 2025 we will have a globally competitive NHS-wide health data infrastructure that enhances patient care, sustains the NHS and supports innovation.

The Expert Panel report mainly focussed on what is being done to achieve public confidence in secondary uses of data, ensure there is interoperability between data sets, and give researchers secure access to data whilst continuing to protect privacy.

The programme has made progress moving the NHS England Secure Data Environment and NHS DigiTrials out of 'minimal viable product' and awarding funding to NHS-led Sub National Secure Data Environment teams. Work is being funded to support federation across genomics and pathology data assets, and the Programme has founded a community of practice to ensure interoperability of process and technology across the NHS Research Secure Data Environment Network. Compliance with interoperability requirements will be enforced through funding agreements and, in due course, SDE accreditation.

It is acknowledged that Patient and Public Engagement and Involvement are critical to the success of the Data for R&D Programme. £2.5 million of the Data for R&D programme budget is allocated to supporting public and patient involvement focussed commitments set out in our Data Saves Lives strategy (published June 2022). Significant patient and public engagement work has been undertaken by the programme (see above).

We also published 12 clear guidelines on Secure Data Environments in December 2022, and patients' data is additionally protected by the Data Protection Act 2018 and the UK GDPR. This research programme is complementary to but distinct from the Federated Data Platform, which will connect data platforms for operational purposes. Data may be drawn from and enhanced by instances of the Federated Data Platform when and where they exist.

From April 2023 we will also undertake a pilot communications campaign to increase understanding among the public that NHS data is used for public good, for purposes other than care. We expect to expand this pilot into a full campaign.

Commitment 5 – NHS Digital will develop and implement a mechanism to de-identify data on collection from GP practices by September 2019.

The Expert panel rated the overall commitment as ‘inadequate’, whilst acknowledging the appropriateness of this commitment was ‘good’:

“[One stakeholder] emphasised the importance of the commitment in ensuring good quality datasets to address health inequalities and [another] agreed that de-identification of data is necessary.”

“Despite the challenges required to implement it effectively, we rate the appropriateness of this commitment as ‘good’, given its continued importance for the digitisation of the NHS.”

The commitment to improve secure and appropriate access to GP data for the benefit of health services, and the care and treatment it provides, remains appropriate. However,

The Expert Panel was concerned that the lessons from this programme have not been learned nor the reputational damage mitigated. We are in the process of learning lessons and considering – working with stakeholders – the best way to realise that commitment whilst also addressing concerns and meeting the tests we have outlined publicly.

During the summer of 2021 substantial public, patient and professional concerns were raised about the changes we were proposing to improve the control, security, and consistency of access to data from general practice (GP). This led to GDPR being ‘paused’ with a set of Ministerial commitments which must be met before data can flow for planning and research purposes - the programme will only begin data collection when:

- **Patients are able to opt out (or back in) to sharing their GP data with NHS England, with data being deleted even if it has already been uploaded** - We have met the commitment to clear the backlog of opt-outs and have designed an online service which could be used to manage type one opt-outs.
- **A Secure Data Environment (formerly Trusted Research Environment) is available where approved researchers can work securely on de-identified patient data** - The NHS Digital Secure Data Environment (referred to as a Trusted Research Environment in the Ministerial commitments) is running and we are onboarding new users. This will provide a secure way for researchers and NHS planners to analyse de-identified data and to take only anonymised and aggregated results out of the secure environment.
- **A campaign of engagement and communication has increased public awareness, explaining how data is used and patient choices** - This will launch in June 2023 and help to rebuild public trust. Findings from research and action notes from regular stakeholder and patient groups continue to be published to aid transparency. Examples of stakeholder communications so far include:
 - A public, nationally representative **survey of 2000** people examining their current knowledge about the programme, data sharing more generally and their attitudes and beliefs on this topic – findings published

- Pro-active recruitment of a **panel of around 60 members** of the public who have a range of different views and backgrounds, to both be active on our patient panel and to take part in shorter pieces of research.
- A range of small focus groups looking at communication creatives, opt-outs and other areas of interest or concern and have published findings
- A survey of GPs and practice staff, supported by the BMA and RCGP, to understand attitudes, awareness and levels of understanding about data and the programme – findings published.⁵

From June 2023 we will also undertake a pilot communications campaign to increase understanding among the public that NHS data can serve purposes other than direct care that benefit the public. This is a separate initiative from the GPDPR campaign which will meet our commitments around transparency and provide the public with access to detailed information and does not in any way replace the need for that work. Instead, this initiative will support greater awareness of some of the ways that data is used to improve health and care and this awareness will support our communications about the programme at the appropriate time.

We are formulating plans by getting input from partners such as, health and care professionals including the Royal College of GPs, research organisations, patient charities, data experts, the National Data Guardian, patients and the public to establish how best to address the concerns raised. We will build our public engagement campaign off the back of this data gathering exercise.

5 <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/general-practice-data-for-planning-and-research/gpdpr-programme-reports-and-publications/gp-staff-survey-summary-report-general-practice-data-for-planning-and-research-gpdpr>

Cost and efficiency of care

Commitment 6 – We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing).

Commitment 7 – We will consolidate routes to market and strengthen our commercial levers for adopting standards through a new target operating model for procurement. This will include embedding standards as part of procurement frameworks, supporting NHS procurement teams to prioritise adherence to standards. Consolidation of the number of frameworks will encourage market entry and more choice in some markets, incentivising vendors to follow NHS standards.

Commitments 6 and 7 refer to the same programme of work and we provided written evidence jointly on these two commitments; we will similarly provide a single response for both commitments.

A first iteration of the NHS digital framework recommendations has been published, which has consolidated routes to market. This part of the commitment has been met overall and new objectives have been set for further consolidation. We are also working to accelerate technical standards and API stewardship where needed to further support suppliers.

The Expert Panel has also acknowledged the positive work that has been done to meet these commitments:

“We recognise the work that the Department and NHSE have done to simplify the process of buying and selling technology to the NHS”

“NHS Providers told us that the commitment [to streamline contracting methods to leverage NHS buying power and simplify process of selling tech] had been met and argued that the NHS understands its role in commercial negotiations, pointing to the procurement and roll out of Microsoft 365 for NHS organisations during the Covid-19 pandemic as an example of successful procurement and roll out at speed.”

“We acknowledge the work that has been done by the Department and NHSE on national framework agreements and standards as well as improving procurement processes generally”

However, it is important to note that this is an ongoing piece of work (with the commitments still in their infancy) and the framework landscape is constantly developing (as agreements expire and new iterations are let).

The Expert Panel rated overall progress on these commitments as ‘inadequate’ whilst also recognising that “these commitments were made in June 2022, which means that the Government has had less than a year to work on implementing them at the time of the publication of this report.”

We are working collaboratively across a range of areas to support companies develop and deploy health-technologies and navigate the NHS commercial landscape, including:

- The **Small Business Research Initiative (SBRI) Healthcare award programme** that support innovators and entrepreneurs, covering feasibility to procurement-ready and investment-ready. As of 2022/23, SBRI has made cumulative **investments of over £129 million and has funded in total 324 projects.**
- The **AI in Health and Care Award** competitions ran in partnership with the Accelerated Access Collaborative and the National Institute of Health Research. It made £123 million available for 86 awardees to test and evaluate their innovations which will support areas such as urgent stroke care, home testing for disease and cancer screening. Round 3 of the Award, the winners of which were announced in March 2023 was the final round. The evaluations from the Awards are intended to generate clinical and economic evidence so that organisations such as NICE can look at recommending AI products for national commissioning.
- The **Clinical Entrepreneur Programme** (run by NHS England's Innovation, Research and Life Sciences group) is a workforce development programme for clinical and non-clinical NHS staff with an interest in entrepreneurship and innovation.
- **Innovate UK** provides funding to support and stimulate innovation in the UK economy. The funding offering is grants of between £25,000 and £10 million and innovation loans of between £100,000 and £1 million.
- **The National Institute for Health and Care Research** work with industry at all stages of the clinical development pipeline. Funding is available to support promising innovations to generate the evidence needed to get to market.

We are also working to encourage market entry and ensure there is a systematic method to enable buyers and sellers to operate at scale. NHS England are working collaboratively with NICE, AAC, MHRA and other partners to create a clear, efficient and user-centred commercial pathway to scale DHTs in the NHS. The pathway is being co-designed with views from industry and will be reflective of the dynamic market. The proposed pathway will determine how products will be recommended across the NHS, which will provide clarity for innovators. The process will support the emerging DHT market, whilst providing value for money for the NHS.

The Expert Panel report also raised concerns on how Adult Social Care factors into the NHS commercial landscape. In a joint initiative between DHSC and NHS England, we launched a Dynamic Purchasing System (DPS) targeted at suppliers of digital social care records, helping social care providers have confidence to purchase a solution that meets security and interoperability standards. There are currently 12 assured suppliers on this list. To qualify as an assured supplier, companies must demonstrate that they meet critical cyber security and interoperability standards as well as provide key features identified by social care providers e.g., use of the 'about me' standard to ensure core information can be recorded and shared, as well as the functionality for records to be shared with families or carers, with appropriate data sharing agreements. Funding and support, through our

Digitising Social Care programme, is only available to providers using a solution from our assured list, future proofing their technology purchases against contractually-mandated interoperability standards.

Workforce literacy and the digital workforce

Commitment 8 – We will co-create a national digital workforce strategy with the health and care system setting out a framework for bridging the skills gap and making the NHS an attractive place to work.

This commitment relates to both the specialist professional digital, data, technology and informatics workforce, as well as the broader (generalist) workforce.

The Expert Panel rated progress on this commitment as 'inadequate', whilst considering that the financing as 'requires improvement' and appropriateness was 'good'.

A Digital Workforce Plan is on track to be published in 2023, as per the commitment. We are currently undertaking workforce planning activity which will be included in the full plan and are planning further data collection for social care.

The workforce plan has been developed from the ground up, co-creating directly with stakeholders across all 7 NHS regions to define national, regional and local commitments. In total the team ran 16 regionally hosted workshops involving over 350 people across multiple disciplines – digital, HR&OD, finance, EDI, and transformation – with the aim of:

- 1) Establishing the 'as-is' situation across all regions;
- 2) Conducting a SWOT analysis;
- 3) Prioritising the list of 23 potential interventions for the regional context;
- 4) Scoping out the actions that needed to be taken to solve the local skills challenges, categorising into national, regional and local; and,
- 5) Establishing regional action plans as an output of the workshops (to be further developed).

Following thematic analysis, the outputs from these workshops underwent additional check and challenge from a broader mix of health and social care stakeholders at the national Accelerated Design Event (hosted by NHS Horizons). The plan has also been developed with input from colleagues working in cyber, adult social care, mental health, community, AI, data & analytics, and we have received input from the HEE Apprenticeships team and the DDaT professional bodies.

The upcoming National Digital Workforce Plan will set out additional measures and actions that will be taken over the next 10 years to build the capacity of Specialist Digital, Data and Technology skills across health and social care, through:

1. Attracting new and diverse talent. (a national awareness campaign; international recruitment; graduates and apprenticeships; agenda for change review)
2. Growing and retaining our own. (Upskilling; reskilling; widening opportunities)

3. Professionalising the DDaT Workforce. (Competencies; career pathways and profession governance)
4. Realising the value of DDaT workforce. (leadership; succession planning)
5. Improving the tools for workforce planning. (tools for workforce planning and regional workforce planners)

In addition, all 7 regions have been supported in developing their own indicative regional digital workforce action plans.

As well as progress on a digital workforce strategy, the Expert Panel report acknowledges that there is evidence of promising progress to bridge the skills gap:

“[T]he Panel recognises the important initiatives to digitally upskill the workforce which have been introduced, such as introducing roles like Chief Clinical Information Officer (CCIO) and Chief Nursing Information Officer (CNIO), and the NHS Digital Academy. Since 2017, the NHS Digital Academy has supported over 500 “digital change leaders across health and care”, according to its website.”

“[T]here are encouraging initiatives to bridge the skills gap[...].”

“Stakeholders were positive regarding the appropriateness of this commitment [to develop a workforce strategy], especially concerning long-term support and linked to support for other aspects of digital transformation”

Health Education England’s (now NHS England) vision is to create an uplift of digital skills, knowledge, understanding and awareness across the whole multi-disciplinary health and care workforce to support new ways of working. This is being addressed via the establishment of The Digital Academy which is now positioned as the home for digital learning and development. Through this we are making progress in areas such as board education, digital leadership, digital & health literacy roll out and digital workforce planning at ICB, regional and national level. We have a number of programmes and packages in place to support this, including:

- **Digital Health Leadership Programme** - A Post Graduate Diploma in Digital Health. 500 change leaders over five cohorts of the Digital Health Leadership Programme, with Imperial College London.
- **Topol Digital Fellowship** - Providing health & social care professionals with time, support and training to lead digital health transformations and innovations. 150 Topol Digital Fellows over four Cohorts, providing time and funding for digital innovation projects.
- **Florence Nightingale Foundation Digital Scholarship** - An introduction to the knowledge needed by digital nurses and midwives. Health Education England (HEE) has funded over 40 Florence Nightingale Foundation Digital Scholarship places for nurses and midwives.

- **Digital Boards and Digital ICS** - Embedding digital skills and awareness across our board level senior leaders, including bespoke development for Trusts and ICBs – engaged over 1,700 board members across around 200 Trusts.
- **Digital Skills Assessment Tool** - A new digital skills education tool to specifically address digital literacy.
- **Health Innovation Placement (HIP) Programme** - A personal development offering for digital innovators. 20 delegates have piloted the programme with another 20 going through the programme in 2023.
- **Digital Futures Programme** - Two cohorts of the Digital Futures programme provided team-based learning for 60 ICS leaders across health, education and social care/local government.
- **Delivering value with digital technologies** - Helping NHS finance professionals to support through digital technologies, in partnership with the Healthcare Financial Management Association.
- **Delivering free training programmes for social care** - Free training programmes to support social care professionals to develop their digital skills and help drive digital transformation and change across the sector – delivered in partnership with Skills for Care and the National Care Forum
- **Digital Skills Framework** - A draft digital skills framework and training database for the social care sector to help employers and social care workers plan their learning and development. An updated version of the digital skills framework will be published later this year.

Regardless of the extensive work we are undertaking to bridge the skills gap, the Panel's report still expressed concern that training was not rolled out comprehensively, leading to an uneven impact on patients. We are working to address this, for example:

- HEE has pump primed and helped set up 8 regional Informatics Skills Development Networks (ISDN) across England based on the successful North West regional model. These ISDN's led by mixed CIO/CNIO/CCIO steering groups provide a mixture of learning and development to the grass roots NHS workforce and are funded and supported by the regional ICBs/Trusts for the staff within that region.
- HEE has also set up an independent National Coordination ISDN Board led by an experienced trust CIO to own a vision for future top down and bottom-up improvement. The ISDN's are working closely with the Federation for Informatics Professionals, Association of Professional Healthcare Analysts, Faculty of Clinical Informatics, Chime, and others with an interest in professional recognition to link learning with professional certification and career development.

Commitment 9 – We will enable recruitment retention and growth of the digital, data, technology workforce to meet challenging projected health and care demand by 2030 through graduates, apprentices and experienced hires creating posts for an additional 10,500 full-time staff.

This commitment relates specifically to the specialist professional digital, data, technology and informatics workforce only.

The Expert Panel rated this commitment as ‘inadequate’ across the board. Given that the commitment was only made last year and spans until 2030, it is too early to assess the full impact, however we are broadly on track against the revised timelines.

This commitment is based on evidence – for example, the Health Education England report, ‘Data Driven Healthcare in 2030: Transformation Requirements of the NHS Digital Technology and Health Informatics Workforce’. The report forecasts a shortage of 17,000 WTE digital and data specialists, without proactive intervention by 2030. The report recommends an increase in the workforce from a baseline of 46,000 in 2021 to 78,000 in 2030 to meet with the pace and demands of digital transformation. As noted above, we acknowledge that further evidence is needed on Adult Social Care and we are planning further data collection in this area.

The scale of the challenge is broad and the result of a combination of issues:

- The demands on the traditional IT functions within a provider are shifting from being purely managing the BAU technical infrastructure, to one which requires an equal focus on service transformation enabled through digital enablers (requiring broader technical skill sets and more of them).
- Providers traditionally have not invested in the pipeline development of DDaT specialists.
- The sector struggles to attract DDaT talent in comparison to other sectors due to pay points, unclear career progression, and a lack of a professional structure that supports technical and specialist expertise. It is not uncommon for DDaT staff to either leave a role to take up a similar role at a different (higher paying) role with another provider, or move to an industry which pays more for a similar role.
- Existing NHS funding mechanisms that are commonly used for funding the staffing on major digital projects are often Revenue vs Capital based, which makes it difficult to plan the workforce requirements beyond a single financial year, despite the programme extending well beyond this funding window. This often forces providers to resort to contingent labour to meet the skills gap.
- It has historically been difficult to accurately baseline and workforce plan for this segment of the workforce because the DDaT roles are poorly coded in the NHS Electronic Staff Record (these roles are coded as ‘Admin’).
- Finally, across the UK there is a DDaT skills shortage affecting all sectors, which intensifies competition.

We are working to improve the recruitment and retention of specialist DDaT skills.

A Digital Workforce Plan is on track to be published in 2023, as per commitment.

Over the last 6 months significant effort has gone into gathering evidence to support the case for change and to co-develop a system-wide Digital Workforce Plan. That addresses recruitment, retention and professionalisation. This effort has involved:

- Close to 300 respondents to a Call for Evidence
- Over 350 system-wide participants in hosted workshops involving specialist digital colleagues; HR&OD colleagues; Finance colleagues; EDI colleagues; ICBs; RDDTs.

The upcoming National Digital Workforce Plan will set out additional measures and actions that will be taken over the next 10 years to build the capacity of Specialist Digital, Data and Technology skills across health and social care, through:

6. Attracting new and diverse talent (a national awareness campaign; international recruitment; graduates and apprenticeships; agenda for change review)
7. Growing and retaining our own (Upskilling; reskilling; widening opportunities)
8. Professionalising the DDaT Workforce (Competencies; career pathways and profession governance)
9. Realising the value of DDaT workforce (leadership; succession planning)
10. Improving the tools for workforce planning (tools for workforce planning and regional workforce planners)

The Digital Workforce plan will identify other channels for assisting the sector in filling its existing indicative 3,500 vacancies. The plan will also set out how ICSs and Providers can implement sustainable approaches to re-skill and upskill existing staff and to build access to specialist DDaT capacity.

This will include:

- National awareness and recruitment campaign
- Scaling uptake of graduates and apprentices
- Collaborative working with industry
- Targeted international recruitment
- Shared resourcing models across ICS or regional footprints

Progress to date includes:

Graduates

The DDaT Graduate scheme was launched in FY22/23 and is helping to address the skills shortage by developing new pipelines of talent. Since launch, the scheme has onboarded

126 new DDaT Graduates, with a further 140 in the pipeline. This also includes a focus to help resource the Electronic Patient Record ('EPR') Trusts scheduled under the Frontline Digitisation Programme as well as new resources to support BAU activities.

We are also partnering with private initiatives to support the objective of growing the DDaT workforce. For example, the Fast Futures programme⁶ is aimed at helping school leavers and also works with University Technical Colleges across the country as feeders into the NHS including the DDaT workforce.

Apprenticeships

In last academic year circa 600 DDaT apprentices were onboarded across provider organisations.

Professionalisation

We are also working to professionalise the specialist digital, data, technology and informatics workforce.

Professionalisation progress to date includes:

- Funding the establishment of the Federation for Informatics Professionals (FedIP), and
- The Faculty of Clinical Informatics (FCI) - The FCI has already published the core competency Framework for the Chief Clinical Information Officer (CCIO) role and is now working with NHS provider organisations to design clinical informatics teams.

We are currently:

- Creating a consistent method of defining and banding job roles to stabilise pay, through:
 - Defining core competency frameworks for each job role across all job families
 - Defining career pathways that are vertical and horizontal.
- Defining the professional standards and accreditations to drive recruitment and career advancement.
- Reviewing all DDaT role profiles in Agenda for Change

The first tranche of competency frameworks will be ready for publication in 2023 and will cover:

- User Centred Design job family
- Data and Analytics job family
- Technical Job family
- IT Operation job family

6 <https://www.fastfutures.com/>