House of Commons

Health and Social Care Committee

Digital transformation in the NHS: Government Response to the Committee's Eighth Report

Eleventh Special Report of Session 2022–23

Ordered by the House of Commons
to be printed 5 September 2023

HC 1803
Published on 6 September 2023
by authority of the House of Commons

Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health & Social Care.

Current membership

Steve Brine MP (*Conservative, Winchester*) (Chair)

Lucy Allan MP (*Conservative, Telford*)

Paul Blomfield MP (*Labour, Sheffield Central*)

Paul Bristow MP (*Conservative, Peterborough*)

Martyn Day MP (*Scottish National Party, Linlithgow and East Falkirk*)

Chris Green MP (*Conservative, Bolton West*)

Mrs Paulette Hamilton MP (*Labour, Birmingham, Erdington*)

Dr Caroline Johnson MP (*Conservative, Sleaford and North Hykeham*)

Rachael Maskell MP (*Labour (Co-op), York Central*)

James Morris MP (*Conservative, Halesowen and Rowley Regis*)

Taiwo Owatemi MP (*Labour, Coventry North West*)

Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publication

Committee reports are published on the Committee's website at www.parliament.uk/hsccom and in print by Order of the House.

Committee staff

The current staff of the Committee are Joanna Dodd (Clerk), Sandy Gill (Committee Operations Officer), Libby McEnhill (Senior Committee Specialist), James McQuade (Committee Operations Manager), Anne Peacock (Media and Communications Manager), Yohanna Sallberg (Second Clerk), Emma Stevenson (Committee Specialist), Katherine Woolf (Parliamentary Academic Fellow), and Catherine Wynn (Committee Specialist).

Contacts

All correspondence should be addressed to the Clerk of the Health and Social Care Committee, House of Commons, London SW1A 0AA. The telephone number for general enquiries is 020 7219 6182; the Committee's email address is hsccom@parliament.uk.

You can follow the Committee on Twitter @CommonsHealth

Eleventh Special Report

The Health and Social Care Committee published its Eighth Report of Session 2022–23, Digital transformation in the NHS (HC 223), on 30 June 2023. The Government response was received on 22 August 2023 and is appended below.

Appendix: Government Response

Introduction

This is the Government's formal response to the recommendations made by the Health and Social Care Committee (the Committee or HSCC) in its report, '*Eighth Report – Digital transformation in the NHS*', published on 30 June 2023.

The Committee heard evidence relating to the key aspects of NHS digital transformation, such as: digitalising health and care records for interoperability so that they can be accessed across primary, secondary and social care; legacy IT systems in the NHS, and; the how digital health inequalities could be prevented to inform patients of the potential benefits of digital approaches to healthcare. The Committee's report set out its conclusions and recommendations in the following four parts:

- Innovation in Digital Healthcare
- Systems and Interoperability
- Training and the Role of the Workforce
- Digital Exclusion

The report makes eight recommendations. The structure of this response directly corresponds to the four parts of the Committee's report and their eight recommendations.

Summary of Government Response

The Government welcomes the Committee's report, and we are grateful to everyone who contributed their time and expertise to the inquiry, and for the recommendations to support the NHS to digitally transform the delivery of health and care services. The Government recognises the Committee's concerns that there have been attempts to digitally transform the NHS previously, but welcomes the praise for the rapid pace of digitisation since the pandemic, and their assessment that the current programme of work has the potential to be different.

The landmark *A Plan for Digital Health and Social Care*[1] 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

1 https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care

more responsive and effective, delivering more personalised care. At present, 31 of the commitments within the Plan have been completed, including establishing new and continuation of existing digital learning offerings through the NHS Digital Academy, publishing technical requirements for IT suppliers serving pharmacy, optometry, dentistry, ambulance and community health sectors alongside an offer of support for ICSs to implement requirements, and publishing a *Cyber Security Strategy for Health and Social Care*.[2] Further commitments are on track for completion.

At the same time, we also published *Data Saves Lives: the data strategy for health and social care*,[3] 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 59 of these commitments have been completed, including: agreeing a target data architecture for health and care, the establishment of an online Analytics Hub, agreeing frameworks, guidelines and policies to support the analytical community and addressing the concerns raised in the Goldacre review, and the publication of a data framework for adult social care. Further commitments are on track for completion.

Overall, we largely agree with the Committee's recommendations and our current package of work is already delivering on the areas highlighted to achieve digital transformation, focussing specifically on removing legacy IT systems and fostering innovation through new developments to the NHS App, supporting digital maturity and interoperability between systems, upskilling the digital and wider health and care workforce, and ensuring this transformation is inclusive of those facing barriers to accessing digital channels.

Innovation in Digital Healthcare (NHS App)

Recommendation 1: We recommend that the Department and NHS England set out in response to this report:

- **A timetable for introducing the new, "native" NHS App, and**
- **Their plan for communicating the benefits and features offered by the new App to users of the current "portal" version.**
- **Further detail of the proposed communications campaign on changes to the App announced in May 2023.**

The Select Committee's report summarised evidence[4] from witnesses which differentiated between the existing version of the NHS App versus an updated version of the NHS App which leverages the smartphone's "native architecture".

As we have already outlined in our response to the Expert Panel,[5] we have set out a roadmap for the future development of the NHS App, published quarterly on the NHS England website. This includes extending the underlying capabilities of the NHS App platform

2 https://www.gov.uk/government/publications/cyber-security-strategy-for-health-and-social-care-2023-to-2030/a-cyber-resilient-health-and-adult-social-care-system-in-england-cyber-security-strategy-to-2030

3 https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data

4 Paragraph 25 of the report summarises evidence heard from Dr. Timothy Ferris at the 14 March 2023 oral evidence session.

5 https://publications.parliament.uk/pa/cm5803/cmselect/cmhealth/1313/report.html

including technical code base changes to leverage the smartphone's native architecture.

We also have 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,[6] to book and manage their hospital outpatient appointments[7] 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 messaging[8] and improving navigation to appropriate services. In May 2023, we also announced plans to increase patient choice via the NHS App to help reduce hospital waiting times.[9] 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.

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. 40,000 members) who are regularly engaged in user research to support and inform product development. A range of activity is underway over the coming months to promote and raise awareness of new or improved features within the App, including national media; social media; digital and physical materials in different health and care settings (such as GP surgeries and pharmacies);[10] and partnerships with charities and patient groups to support people with specific needs.

Systems and Interoperability

Recommendation 2: We support the Hewitt review's recommendation that the Department, NHS England and ICSs should work together to develop a standards framework to be adopted by all ICSs. This should improve interoperability and data sharing within and between systems. This should include working closely with sectors that could feed into shared records in the future, including pharmacy, mental health and community health, to ensure that what is put in place meets their needs.

The first issue relates to information sharing standards, which underpin interoperability between systems. In England, the obligations of data controllers towards each other and users of the care system are covered by a range of statutes and regulations such as the Health and Social Care Act, Data Protection Act, and common law, with statutory bodies such as the Department of Health and Social Care and NHS England ('NHSE') charged with setting and enforcing standards. The key challenge is to clarify and improve how

6 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. As of May 2023, 25% of GP practices have now fully enabled this access for c7.28 million patients.

7 The programme (Wayfinder) is currently live to over 30 million patients across 29 Trusts (since launch in September), with 48% ICS coverage.

8 Phased introduction of this has already started.

9 https://www.gov.uk/government/news/more-choice-to-help-cut-hospital-waiting-times

10 A toolkit of promotional materials is available for use in practices and we continue to add to these as we roll out services further. Materials are also used and messages amplified through a network of App Ambassadors (300 frontline staff who work across the country in surgeries, PCNs, ICBs and hospitals to educate patients about the NHS App and promote its services). See the NHS App Promotional Toolkit: https://digital.nhs.uk/services/nhs-app/toolkit and NHS App Ambassador webpage: https://digital.nhs.uk/services/nhs-app/become-an-nhs-app-ambassador#top

these duties are to be discharged and to assure conformance to relevant standards. The Health and Social Care Act imposes duties on care providers to conform to relevant information standards published by NHSE or the Secretary of State. Currently this duty requires providers to give "due regard" to standards.

To support improvement in the delivery of standards and interoperability, as committed[11] we have published a draft strategy in Spring 2022 which sets out the work we will do with health and care services to support the development and implementation of a range of standards, final publication is expected in Winter 2023. As noted in our response to the Hewitt review, we have been working to support interoperability in the interim, including by launching the Standards Directory service and publishing an information standards roadmap, which details standards that are required for implementation and planned for the future.

The second, and larger, issue highlighted by the Select Committee report was on the variation between NHS organisations in terms of digitisation. In this sense, interoperability can take two forms: interoperability across local systems (e.g., primary, community, acute, social care etc.) and interoperability between institutions using the same class of IT systems.

On the former, we are meeting our national targets, and in some instances excelling. Our ambition is for all trusts to meet our core digitisation standards, including for 95% of trusts to have electronic patient records (EPR) by March 2025.[12] EPR coverage nationally is 88% and is expected to increase to 91% by December 2023. We are investing £2 billion in digitising and connecting the frontline for secondary care, which will be matched further by local systems. Where feasible, we're encouraging systems to explore ICS-wide solutions to support integrated care (convergence). We are providing targeted funding and support to NHS trusts to help them "level up" to a core level of digitisation; trusts that are less digitally mature will get more funding and support than those that are more digitally mature.

More than 50% of care providers currently have a digital social care record, up from 40% in December 2021. Last year, we invested almost £50 million to support digitisation, including making more than £35 million 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.

To further address potential variation between ICSs, as part of the What Good Looks Like programme, digital maturity assessments will give health and care organisations a baseline, so they know where they are. This will enable more targeted support for those organisations that need it. Digital maturity assessments will be updated yearly to track progress on their journey to achieving what good looks like.

11 *A plan for digital health and social care and Data Saves Lives included milestones for setting standards on interoperability.*

12 https://www.gov.uk/government/publications/nhs-mandate-2023/the-governments-2023-mandate-to-nhs-england

Every Integrated Care Board in England has also been supported to acquire and implement a basic shared care record to address record sharing between general practice, acute care, secondary outpatient care, mental health and social care. In the most mature areas, such as across London, 55,000 professionals access the multi-ICS shared care record 1.3 million times a month. Our priority for the coming year is to establish a national federated network of Shared Care Records so any authorised professional will be able to access the records of patients regardless of where they live in England. In parallel with the development of local shared care records, the long-standing Summary Care Record continues to be available for those who do not currently have access to their local shared care record – e.g., community pharmacists and some paramedic services. Around 90% of the registered practice population in England (58 million) have a summary care records with additional information.

In terms of interoperability between institutions using the same class of IT systems, we are also encouraging systems to explore ICS-wide solutions to support integrated care. As part of our Frontline Digitisation support offer, we are working to build an England-wide community to share lessons learnt, improvements and develop peer-to-peer networks so best practice can be shared with others.

Training and the Role of the Workforce

Recommendation 3: To ensure that the NHS is able to recruit the best candidates and sustainably meet demand for DDaT specialists, now and in the future, we recommend that the Department apply to implement the DDaT Pay Framework for NHS England DDaT specialists, which would allow additional pay measures including bonuses/"capability based allowances" for staff.

We are working to improve recruitment and retention of DDaT specialists, including the review of pay measures. However, 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.
- Across the UK there is a DDaT skills shortage affecting all sectors, which intensifies competition.
- 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').

A similar issue was raised in the recent Hewitt Review[13] which recommended action be taken to allow competitive salaries to be paid for specialists in fields such as data science, risk management, actuarial modelling, system engineering, and general and specialised analytical and intelligence. The Government's response[14] explained that the Agenda for Change (AfC) framework does currently allow for certain pay flexibilities, such as the use of Recruitment and Retention Premia (RRPs), which can either be applied nationally or locally, where market pressures would otherwise prevent the employer from being able to recruit and retain staff they need. These can be worth up to 30% of basic pay. Awarding an RRP may allow for competition with the private sector for DDaT roles. However, any RRP would first need to be suitability assessed and approved via the appropriate process.

NHS England recently carried out an extensive stakeholder engagement project and found that despite these flexibilities, there is an issue with attracting and retaining talent, which they attributed in part to inflexibility within AfC banding. The project found that budgetary issues are often an obstacle to the utilisation of local RRPs as these have to be locally funded, but also that even where they are applied, salaries are still not as competitive as industry and so are having limited impact. Despite these findings, we would still encourage trusts to use the available flexibilities where possible.

We would also direct the Committee and readers of this response also to the Long-Term Workforce Plan[15] which will help ensure that we have the right numbers of staff with the right skills set to transform and deliver high quality services fit for the future.

Given the complexity of the problem, the solution requires a broader approach. We have already emphasised throughout this inquiry, and the Expert Panel evaluation, that the upcoming National Digital Workforce Plan will set out additional measures and actions that will be taken over the next 5 years to build the capacity of Professional Digital, Data and Technology skills, and Clinical Informatics skills across health and social care, through:

(1) Working with the NHS Staff Council to understand how the pay system can support recruitment and retention of digital roles

(2) Attracting new and diverse talent (a national awareness campaign; graduates and apprenticeships; place based shared resourcing models and partnerships working))

13 https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems

14 https://www.gov.uk/government/publications/government-response-to-the-hscc-report-and-the-hewitt-review-on-integrated-care-systems/government-response-to-the-house-of-commons-health-and-social-care-committees-seventh-report-of-session-2022-to-2023-on-integrated-care-systems-aut#annex-response-to-additional-hewitt-review-recommendations

15 https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/

(3) Growing and retaining our own (Upskilling; reskilling; widening opportunities)

(4) Professionalising the DDaT and Clinical Informatics Workforce (Competencies; career pathways and profession governance)

(5) Realising the value of DDaT workforce (leadership development; succession planning, what good looks like guidance)

(6) Improving the tools for workforce planning (tools for workforce planning and regional workforce planners)

Over the next two years, we will also set in train the following:

The establishment of Regional DDaT profession partnerships, responsible for leading local:

- Implementation and uptake of professional guidance, standards, and competency frameworks.
- Demand-led pipeline development to recruit, train and deploy talent.
- Development of frameworks to guide local industry placements.
- Regional navigation and provision of education and training

National guidance development and enablers that ensure the system can:

- Better attract, recruit and retain DDaT talent in a competitive market for skills.
- Forward plan capacity and capability demand and workforce transformation
- Establish responsive resourcing models and agile teams.
- Develop leaders that can operate effectively at board level.
- Leadership level education and training provision

As noted previously, progress to date focusses on:

1. Graduates

The DDaT Graduate scheme was launched in April 2022 and is helping to address the skills shortage by developing new pipelines of talent. Since launch, the scheme has onboarded 60 new DDaT Graduates, with a further 180 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, until recently the Fast Futures programme[16] which 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.

16 https://www.fastfutures.com/

2. Apprenticeships

In last academic year 21/22 circa 600 DDaT apprentices were onboarded across provider organisations. 432 DDaT apprentices have been onboarded in 22/23 (Aug -22 to Jan-23).

3. Professionalisation

We are progressing initiatives to professionalise the specialist digital, data, technology and informatics workforce. 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 (starting with the job families: IT Operations; Technical; Data; User Centred Design)
- Defining career pathways that allow for vertical and horizontal career progression
- Defining the professional standards and accreditations to drive recruitment and career advancement.

The programme will also proceed with an open procurement to identify the DDaT Profession partner to assist the programme team in leading on and delivering on the items listed above. Combined, this package of work is intended to ensure that the right conditions and foundations are in place to foster:

(1) The Right Roles

(2) The Right Talent

(3) The Right Profession Recognition

Recommendation 4: Investment in the NHS's specialist digital workforce needs to be matched by investment in the wider workforce's forces digital skills. It is important that digital is understood as a thread that runs throughout healthcare, not as a specialist skill set that is only relevant to some staff and occupations. We recommend that when devising professional training, the Department work with NHS England to ensure that digital training is integrated throughout its wider learning programmes.

Our 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 already have a number of programmes and packages in place to digital training across the wider workforce, 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, which has been used by 13,000 people.
- **Health Innovation Placement (HIP) Programme** - A personal development offering for digital innovators. 20 delegates have piloted the programme.
- **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.

This demonstrates that government is embedding digital skills more generally, through workforce training, for all health and care staff across a variety of professions.

Digital Inclusion

Recommendation 5: Responsibility for promoting digital inclusion does not rest solely, or even primarily, with the health service, and we are encouraged that the Department recognises the importance of cross-departmental working to address digital exclusion from its services. We recommend that it sets out its approach to cross-departmental working in response to this report and in its action plan for addressing exclusion.

We continue to work with the Department for Science, Innovation and Technology and other partners to tackle the barriers to digital uptake, especially for those most at risk

of exclusion. NHS England will be publishing a framework for NHS action on digital inclusion this summer, and we will co-develop further resources to support systems in practical action.

Recommendation 6: Many patients could benefit from encouragement and support to use digital services that might not initially be their first choice, but there will be some patients who continue to prefer physical channels. The Department and NHS England must ensure that non-digital channels remain available, especially as it develops and implements its digital offer.

We are striving for digital services to improve access, outcomes, and experience for the widest range of people, based on their preferences. Patients unable to use digital channels can continue to access services via telephone and through traditional face to face services.

We have successfully run a number of programmes to support patients, carers, and health service staff with their digital skills. These include:

- **NHS App 'Spoken Word' Pilot project** was designed to test the efficacy of promoting NHS digital health products and services in languages other than English, to underrepresented, ethnically diverse communities (notwithstanding that the products or services themselves are in English). The level of engagement suggests an encouraging degree of receptivity in relation to 'spoken word' communications, even if the digital products are only available in English.
- **Digital Health Champions programme** was a proof of concept to support citizens who have no or low digital skills with understanding how to access health services online. It comprised an online learning and support platform to train people to become 'digital health champions' who can then "train" or familiarise local communities about NHS health resources and how to access NHS Services, particularly in Primary Care.
- **The Widening Digital Participation (WDP) programme** ran from 2013 to 2020. This programme aimed to ensure more people have the digital skills, motivation and means to access health information and services online. The results from the phased programme with 220,000 participants in phase 1 (2013–16) and a further 166,162 in phase 2 (2017–20).

Digital channels can also help reduce pressures on staff so that they have the time to support patients who prefer to use traditional services. For example, NHS England is 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.

Recommendation 7: The NHS is a universal service, and people should not be unable to access it because of wider challenges around access to technology, connectivity and digital skills. The Department should work with NHS England and other Departments to understand what models would work best for supporting patients to use and access technology in different settings both in and outside the health service (for example, in the community).

We are committed to enabling people to access healthcare how and when they want.

Anyone can be digitally excluded during their lives because our willingness and ability to use digital services varies across time and in different contexts. But some people are more prone to digital exclusion than others—including older, people on lower incomes, disabled people and people living in rural areas.

Evidence points to a variety of approaches that can help people to develop digital skills and confidence, such as peer and intergenerational mentoring and engagement through community hubs, local libraries or in people's homes or care homes.

For example, the Widening Digital Participation (WDP) programme which ran from 2013 to 2020 involved pilot projects aimed at widening digital participation in health and care. Phase 1 (2013–16) focused on improving digital health literacy, using a 'Learn My Way' digital platform for free online learning and a Digital Health Information network of hundreds of local providers.

There are multiagency partnerships across the country which are working to support people to use digital services in different community settings, and we will continue to investigate and learn from these models.

Digital Health Technologies

Recommendation 8: The Department and NHS England should work together to introduce a more comprehensive accreditation scheme for third-party healthcare apps, in addition to the current approach of recommending specific apps on some nhs.uk webpages. Within this scheme it should be easy for people to check whether a healthcare app that they are using or considering comes recommended by the NHS. This scheme should be supported by publicity and communications that both promote the benefits of digital healthcare and explain the risks of using unaccredited apps, providing a clear steer on why using an accredited product matters and where to find them.

In 2021 NHSX, as part of NHS England closed the NHS Apps library and took a policy decision, in conjunction with the Department of Health and Social Care, that the assessment and accreditation of digital health technologies and health apps should be limited to those being recommended by and used in the NHS.

An assessment of the strategy and cost effectiveness of the programme was undertaken and it was determined to be ineffective and poor value for public funds. The closure was based on a number of factors (namely relating to broad selection criteria, leading to an eclectic mix of apps that did not align to national clinical policy or strategy and were not prioritised by clinical unmet need). This approach was agreed with the then CEO of NHSX and Secretary of State for Health and Social Care at the time.

It was identified that a baseline criterion was needed to support suppliers and commissioners to align on the baseline requirements for technologies ahead of adoption. The DTAC, Digital Technology Assessment Criteria, was established and sets the national NHS standard that all digital health technologies (not just apps) should meet and the MHRA regulates those which are medical devices. The assessment cost of an app as a result of DTAC is less than 5% of the then Library cost. These standards apply to digital

health apps used in the NHS. The NHS should not support, recommend or fund digital health technologies that do not meet these standards. However, this in itself is not an accreditation scheme. A directory of products meeting DTAC standards is planned for late 2023/24. As referenced in the response to recommendation one, NHS England and the Department of Health and Social Care are working towards surfacing a curated selection of digital therapeutics through the NHS App and other national digital channels. When the first therapeutics are available, there will be public-facing messaging to encourage the usage of the technologies via the NHS App.