

Executive Summary

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1. Introduction

- 1.1. The LIFT Council is pleased to respond to the House of Commons Health and Social Care Select Committee's inquiry into digital transformation in the National Health Service.
- 1.2. NHS LIFT companies are partnerships between the health service and independent partners. The NHS has a 40% stake in all LIFT projects, with the remaining 60% coming from partner investment. This means LIFTCos, and the buildings that have produced are very much part of the NHS family and we greatly value this relationship. The LIFT Council is the umbrella body for independent partners, working with the Department for Health and Social Care/NHS on these schemes.
- 1.3. The members of The LIFT Council are proud to partner with the NHS in delivering high-quality, flexible healthcare infrastructure across England. Established in 2001, the LIFT (Local Improvement Finance Trust) programme has brought about the largest and most concentrated investment by the NHS and the private sector in the primary healthcare and community estate. It has meant that many communities are able to have health facilities that otherwise may not have been possible.
- 1.4. The projects have been designed to support better patient outcomes, make services more accessible for those in greatest need, and provide modern, purpose-built environments for staff. The 350 integrated health, community and wellbeing schemes delivered by the LIFT Programme support community-based healthcare and wellbeing and the integration of local services for the benefit of citizens.
- 1.5. A comprehensive piece of research commissioned in 2014 by Amion Consulting demonstrated that:
 - The LIFT Programme has driven a significant improvement in the quality of accommodation, improving working conditions via better quality facilities for NHS and care workers, and ensuring a wide range of service providers.
 - Outmoded and inadequate premises have been replaced with high quality, flexible accommodation conforming to NHS standards.
 - LIFT projects have played a key role in providing modern and flexible facilities necessary to meet the diverse health and wellbeing needs of disadvantaged populations.
 - LIFT has brought care closer to patients and integrated a greater range of services under one roof, in better environments. It has also facilitated other programmes aimed at promoting healthier lifestyles and more outpatient activity.
 - 9 out of 10 LIFT buildings were in areas with above average health needs.

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- 40% of total investment has been made in the 10% most deprived local communities – key to the levelling up agenda.
 - LIFT developments provided employment opportunities for 30,000 mostly local people.
 - £1.3bn was injected into the SME sector.
 - 80% of infrastructure investment when realising these community assets was with local businesses.
- 1.6. The members of The LIFT Council are strategic estates partners for the NHS, with a 20-year track record of delivering high quality, modern primary and community care facilities for hundreds of doctors, nurses and healthcare professionals across the country. We wish to offer our perspective on how the push for digital transformation in the NHS will impact this space.
- 1.7. To this end, The LIFT Council has focused our submission to the Committee on the following area of the Committee' call for evidence:
- IT systems and digital infrastructure for out-of-hospital settings.
 - How the Government can effectively foster co-operation between the NHS and the private sector to develop and implement innovation in healthcare.
 - How the creation or exacerbation of digital inequalities can be avoided in digital transformation.

2. IT systems and digital infrastructure for out-of-hospital settings

- 2.1 The LIFT Council believes that digital transformation and innovation in the NHS are needed to improve productivity and transform patient and staff experience and should be given the same political emphasis as delivering new acute sector infrastructure through the New Hospitals Programme.
- 2.2 Reviewing the terms of reference prepared by the Select Committee for this inquiry, we note the lack of specific points covering digital transformation across out of hospital settings, specifically mental health services and community care. Instead, the Committee is examining only the question of digitising health and care records specifically for primary, secondary and social care. We would hope that a greater emphasis would be placed on fostering integrated care records that can follow patients as they move through the system.
- 2.3 This scope is a missed opportunity to reflect on the new realities imposed on primary and community care settings by the pandemic, for example with most GP surgeries switching to seeing patients remotely.
- 2.4 Whilst the Department for Health and Social Care (DHSC) is preparing its Capital Strategy for the next decade at the time of writing, the main political focus of ministers appears to be on delivering physical infrastructure for the acute sector.
- 2.5 We urge the Committee to examine the need for digital transformation across all care settings as a key priority. The aims of the NHS Long Term Plan to move more services out of hospital settings post-COVID will only be delivered with substantial digital transformation across all care settings. Without specific recommendations from the Select Committee in this space, policymakers may overlook the need for action in this area.

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2.6 The King's Fund highlighted the digital and IT issues facing primary care settings in their work undertaken for DHSC in summer 2020, it noted that:

'While the pace of change was phenomenal, the process during the pandemic wasn't entirely smooth. It's clear that while [General Practitioners] adopted technology at pace, other parts of the health system couldn't keep up.'

2.7 Its work also identified other 'longstanding issues' that pre-dated the pandemic, including lack of access to adequate hardware and WiFi in GP practices. In addition, there are considerable gaps in the partial digital transformation that took place throughout the pandemic. The GP Patient Survey from NHS England highlighted that 86% of patients are trying to book appointments by phone, compared to just 8% via the NHS App. With nearly a third of patients not seeking further support if they cannot obtain an GP appointment, it is imperative that innovation in the NHS facilitates the demand for in-person appointments.

2.8 Buildings delivered under the NHS LIFT programme represent some of the most modern and flexible spaces available for clinicians and among the easiest to upgrade with the necessary infrastructure for delivering digital care.

2.9 To remedy these issues, the Government and NHS England could consider the recommendation made by Policy Exchange in their ['At your service report'](#) for a £6bn 'rescue package' to enable improvements to GP practices. In the short-term, we stand ready to work with our public sector partners Community Health Partnerships (CHP), Integrated Care Boards (ICBs) and NHS England to ensure that the existing LIFT estate is most effectively utilised to enable and support digital transformation in primary and community care.

3. How the Government can effectively foster co-operation between the NHS and the private sector to develop and implement innovation in healthcare

3.1 The LIFT Council is eager to support the NHS in more ways than just the traditional LIFT development vehicle. Examples of this are already taking place all over the country including: the health estates planning LIFT partners are offering to the North Central London ICS; delivering the West Hull Health Hub; or supporting NHS and public sector premises in Worthing moving to net zero through the installation of heat pumps. We wish to play our part in driving digital transformation for patients across England in partnership with the new Integrated Care Systems (ICSs).

3.2 Our members are strategic estates partners with the NHS and offer services that can be pre-procured, alongside expertise in digital solutions and infrastructure that can be leveraged to better support patients and those who care for them, including through exploiting new technologies.

3.3 The NHS is emerging from a period in which it has faced unprecedented demands but must still confront the same long-term challenges as before. Even two years on, the longer-term impacts of the pandemic are still relatively unknown, and we are entering a period where any number of fresh healthcare challenges will emerge that demand careful thought and the right tools to address. We believe digital transformation is one such tool.

3.4 As explained above, partners in the NHS LIFT programme can offer our NHS two decades of experience in rising to meet the challenges presented by digital transformation. To achieve this, the new Integrated Care Systems should be empowered with the understanding of how

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to make the most of existing strategic estates partners in their areas, in addition to maximising benefits from the existing LIFT estate, to create fully digitally connected ICS areas across England.

4. How the creation or exacerbation of digital inequalities be avoided in digital transformation

- 4.1. NHS Digital has identified that 11 million people in the UK, or 20% of the population, lack basic digital skills or do not use digital technology at all. Groups most likely to fall within this range are older, less educated people and those in poorer health.
- 4.2. Throughout our two decades of working with the NHS, The LIFT Council has been fully committed to levelling up health outcomes across our country. Almost nine out of ten LIFT projects have been delivered in areas of above average health needs with 40% of investment being in the 10% most deprived local communities in England.
- 4.3. In some areas, for example the Norfolk Park Health Centre in Sheffield, the LIFT building offers the main presence of health and care services for the local population, in addition to forming a crucial wider piece of social infrastructure. Many LIFT buildings also offer the co-location of vital public services for an area, with the Bolton One premises housing both the local authority and a leisure centre alongside NHS facilities.
- 4.4. We agree with the position of NHS Digital that whilst digital transformation can offer considerable benefits for addressing minor conditions, helping those who are mobility impaired and tackling elements like loneliness, there are considerable drawbacks. As detailed in the section above, we have seen how many people do not seek medical help if they cannot obtain a GP appointment or instead attend A&E.
- 4.5. Avoiding the creation and exacerbation of existing digital inequalities must begin by acknowledging that digital transformation is not a silver bullet. Instead, The LIFT Council would recommend that digital innovation in primary and community care be undertaken with the aim of facilitating personal contact between the clinician and patient, including through facilitating booking in-person appointments online and an investment in high-quality video conferencing technology.
- 4.6. Crucially, it is our experience that many areas in which we operate with our NHS partners, a wholesale shift to digital healthcare is not viable because of a lack of sufficient broadband and digital communications infrastructure. The move to digital healthcare in the NHS must not come at the expense of investment in physical primary and community care estate, otherwise wider health inequalities will only worsen.

5. Questions

- 5.1. The LIFT Council hope the Committee will raise the following questions for the Government and NHS England in its final report:
 - **What are the Government's plans to support the primary and community care estate in the push for digital transformation, including making the necessary improvements to GP premises and making the best use of existing high-quality facilities, including the LIFT estate?**

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- **How will Integrated Care Systems be empowered with the knowledge of which strategic estates partners are available to assist in their drive to deliver fully digital care for their populations?**
- **How will digital transformation sit alongside investment in physical infrastructure to prevent the exacerbation of health inequalities?**

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