

## **Written evidence submitted by the Digital Healthcare Council (DHS0022)**

### **Executive Summary**

The Digital Healthcare Council and our members believe that digital solutions have the potential to transform the quality of health and social care, as well as patients' experiences and the way in which care is accessed. That's why we're calling for digital provision to be seen alongside face-to-face services as part of the package of modern healthcare.

In the UK, there is a clear ambition to drive improvements in patients' outcomes and experience as well as patient safety and system efficiency through the use of digital technology. There has been significant progress but there is so much more we could do to unlock potential on a national scale.

We have many examples of partnerships with NHS organisations that have worked well and enabled our members to support NHS patients and staff. We have summarised some of these in this submission.

In terms of Government Commitment 6, the experience of our members is that contracting methods have not been streamlined and working with NHS partners is slow and complex. Our members experience highly localised decision-making even where there are national framework agreements.

In terms of Government Commitment 7, the view of our members is that routes to market have not yet been consolidated and there remains considerable uncertainty about how the new procurement regime will work in practice.

In this submission we set out some of the key challenges our members face:

- Establishing NHS partnerships is slow and uncertain
- Scaling can be difficult and slow
- Procurement opportunities are not frequent enough and too complex
- Interoperability is crucial but is controlled by large incumbents

We also set out some suggestions that our members believe would contribute to a vibrant digital healthcare ecosystem that works for patients. These focus on funding, political support for the use of innovative technology in health and care, government insisting on the uptake of best practice digital care solutions, patient control of care records and a review by NHS England of barriers to entry and expansion.

We must not allow our ambition to have an innovative NHS slowed due to political changes or funding pressures. Digital solutions can lead to improved NHS patient experience and outcomes, NHS staff able to work at the top of their skillset, as well as high quality, responsive services.

### **Introduction to the Digital Healthcare Council**

The Digital Healthcare Council is the go-to voice for digital healthcare, working to influence developments in policy and regulation.

We believe that digital solutions have the potential to transform the quality, experience, and access of patient care. Our aim is to create a vibrant digital healthcare ecosystem that works for patients, providers, clinicians, and commissioners.

Our members span the breadth of digital health and social care, delivering care directly to patients or by working in partnership with others.

The Digital Healthcare Council's members:

- Ada
- AskMyGP
- Babylon
- CheckUp Health
- Dr Fox
- Elder
- Feedback Medical
- HBSUK
- Livi
- Preventx
- TeleTracking
- Visiba Care

### **Focus on Commitments 6 and 7**

Our members have made significant improvement to the care of patients and service users (Policy area 1) as well as the health of the population (Policy area 2). Some examples are set out below.

Our main focus in this submission, however, is the Cost and Efficiency of Care policy area, in particular the Government's role in facilitating the digital transformation of the NHS through partnerships between innovators and NHS organisations. Accordingly, we comment specifically on:

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

*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.*

### **Member examples of successful NHS partnerships**

We have many examples of partnerships with NHS organisations that have worked well and enabled our members to support NHS patients and staff.

#### ***Improving access to primary care using digital technology***

Our members have enabled patients to access primary care in a way that is convenient for them. They have supported NHS staff to care for patients using digital technology.

Clinicians at NHS practices use **AskmyGP's** online triage tools to prioritise patients and then arrange consultations either by message, telephone, video or face-to-face. AskMyGP is used by more than 200 NHS GP practices.

**Babylon's GP At Hand** service is currently accessed by more than 100,000 NHS patients. Using the GP At Hand app, NHS patients can book a video appointment with a healthcare professional at any time of day or night. In addition, Babylon also has seven physical clinics where NHS patients can be seen in person.

**Livi** is a digital healthcare provider delivering video GP consultations to over three million NHS patients across England, as well as partnering with a number of NHS Trusts and urgent care operators to deliver a local integrated digital service.

### ***Access to diagnostics***

**Preventx** works in partnership with over 70 UK local authority areas, using innovative health tech to make remote sexual health testing accessible to more people. Before 2020 traditionally 15%-20% of an Integrated Sexual Health contract was allocated to the provision of digital services e.g., online testing platforms to divert service users away from physical clinics.

During the pandemic Preventx were able to rapidly amend their online clinical triage, to allow service users with mild symptoms to safely test online. This meant Preventx could match digital capacity with increasing demand in the face of in-person sexual health services temporarily closing due to staff sickness or staff redeployment.

During the pandemic, as much as 60/70% of sexual health testing was being serviced through online channels, offering many service users a faster more discrete service, and ultimately offering commissioners better value for money.

### ***Focus on ethnic minority communities***

During the COVID pandemic it was noted that individuals of Black, Asian and minority Ethnic Backgrounds were most affected by COVID. Therefore, it was considered that optimising their long-term conditions (that could also act as risk factors for severe disease), would be beneficial. By providing this community with the equipment required to monitor their long-term health condition with GPs able to access their results, it reduced the need for in person appointments by 60%, enabling services to monitor patients in the comfort of their own home and reducing exposure to COVID. **Check-Up Health** received Innovate UK funding to work with 545 patients from different UK locations.

### ***Helping patients on NHS waiting lists using digital technology***

**HBSUK** provides capacity solutions to the NHS. It is the only provider that provides physical (face to face on site) and digital outpatient and treatment secondary care services. HBSUK owns Virtual Lucy, an innovative digital patient assessment service and can restructure pathways end-to-end across both primary and secondary care. Its services are led by experienced consultants and run across a range of clinical specialities, such as dermatology and MSK. HBSUK is currently working with around 20 NHS trusts, and Virtual Lucy has already helped around 30,000 patients, with excellent outcomes and patient satisfaction levels.

The impact of HBSUK's digital offer has had huge success in Buckinghamshire, where the local NHS Trust was facing a substantial dermatology waiting list. Following the trust's use of the Virtual Lucy platform, the trust was able to triage people to the appropriate level of care, reducing the waiting list from 2,109 to 1,552 people in just three months, a reduction of 27%). The non-admitted dermatology waiting list was reduced by 37%, with those who didn't need specialist care discharged with advised management plans and others sent directly into treatment services without the need for an outpatient appointment.

**Feedback Medical** has a highly secure clinical communications app called Bleepa which has received positive feedback from clinicians in both primary and secondary care who are increasingly frustrated with overly complicated platforms. Bleepa allows them to communicate effectively around a single

patient view with their colleagues across all care settings, whilst having access to the most pertinent information for that particular care episode. Clinicians find it an easy-to-use and it allows them to retain a clear understanding of where patients are on the pathway.

It is the first example of real digital integration in the Community Diagnostic Centre programme. It has been used highly effectively by the Sussex ICS to link clinicians across multiple care settings around the end-to-end pathway. As a result, early indications suggest that waiting times have been reduced from months to 35 days.

**Visiba Care** works in partnership with health service providers including the NHS to give users a patient portal, a scheduling system, an online triage tool, and a secure communication platform within primary and secondary health services.

### ***Facilitating patient flow to ensure NHS patients are where they should be***

**Teletracking** offers capacity and bed management solutions with contracts at over 25 NHS sites, reducing barriers to bed capacity and unlocking patient flow. Examples can be found in Kent Community Hospital NHS Foundation Trust (KCHFT) and at Maidstone and Tunbridge Wells NHS Trust (MTW), where Teletracking is working across the system to significantly improve cross-system visibility of bed capacity and resilience.

With the support of Teletracking, MTW has led the way on A&E performance improvement across the country, moving from one of the lowest performing to the 5<sup>th</sup> best in the country, within 18 months of the implementation of TeleTracking Technologies Care Coordination Centres, which provide real-time visibility of all bed-capacity related issues and integrated functions such as portering, bed-cleaning and ward management. The recent expansion of this into KCHFT, enables significantly improved integrated working and shared problem-solving across the system, with these partners continuing to push the boundaries on what is possible.

**Elder** is a technology-enabled care agency that helps provide care to elderly people in their own home based on their individual needs and personality.

In 2020 and 2021, Elder worked closely with Brighton and Hove Council, to release hospital capacity by discharging patients into a home setting. Prior to the project, the council had had an average of 12.8 beds occupied a day by people who well enough to be discharged, of which an average of 5 were occupied by people waiting to be placed into ongoing social care. Using Elder's digital platform, the council were able to speed up discharge by giving people access to social care support in their own home where appropriate and allowing residential services to focus on those who need full-time care.

### **The Government's role in facilitating the digital transformation of the NHS**

We support the Government's commitments to establish a well-functioning market for digital health with a level playing field for all providers, but with record pressures across all areas of health and social care, the time has come for these commitments to become actions.

The Government has generally been supportive of the use of digital technology in the NHS. In his October 2021 budget, then Chancellor Rishi Sunak confirmed £2.1 billion for NHS IT upgrades and digital health technology<sup>1</sup>.

---

<sup>1</sup> <https://www.gov.uk/government/news/budget-and-spending-review-october-2021-what-you-need-to-know>

Launched in summer 2022, the Department of Health and Social Care (DHSC)'s Plan for Digital Health and Social Care<sup>2</sup> made clear that digital transformation of health and social care is a top priority for the DHSC and NHS England. The plan set out how digital will be embedded throughout healthcare systems, delivering real transformative change for patients, improving access, and reducing disparities, and came with a £2bn funding commitment to roll out the use of Electronic Patient Records across the UK.

Further funding commitments have included the DHSC backed National Institute for Health Care and Research announcing £800 million to boost innovation and growth in healthcare and improve patient safety.

In terms of Commitment 6<sup>3</sup>, the experience of our members is that contracting methods have not been streamlined and contracting with NHS partners is slow and complex with highly localised decision-making even where there are national framework agreements. This means that (i) NHS buying power is rarely leveraged and (ii) the process of selling technology has not been simplified. We are aware of some initiatives during the pandemic to accelerate the take-up of digital technology, including the rapid increase in uptake of remote GP consultations during the COVID-19 pandemic, but momentum has been lost again. We are unaware of ongoing initiatives to implement this commitment.

In terms of Commitment 7<sup>4</sup>, the view of our members is that routes to market have not been consolidated and there remains considerable uncertainty about how the new procurement regime will work in practice.

#### ***Digitisation seen as optional and deprioritised when funding pressures bite***

There was a significant increase in the use of digital technology during the pandemic<sup>5</sup>. Health Data Research UK reports that 9 March and 8 June 2020 there was a 298% increase in remote consultations in those aged 18 to 65.<sup>6</sup> Now it seems that capital funding for digital technology may be reduced. In our view it is the time to use digital technology for greater efficiency and productivity.

It has been reported that exceptional inflationary pressures in recent months and other unexpected cost pressures have already left the NHS facing a £7bn gap in the budget next year compared to that set out in the 2021 spending review. This funding gap will already have to be made up by some key areas of planned expenditure being delayed, including on digital and diagnostic capacity.<sup>7</sup>

It is the experience of some of our members that so many initiatives are announced, often with large headline funding, then never materialise. There are many examples of where national funding pots have been announced only to be reabsorbed by the system with no explanation, leaving businesses trying to pivot to any new opportunity they can find. This is challenging for smaller companies in particular.

---

<sup>2</sup> <https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care>

<sup>3</sup> Commitment 6: We will streamline contracting methods both to leverage NHS buying power and simplify the process of selling technology to NHS buyers (ongoing)

<sup>4</sup> 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.

<sup>5</sup> See e.g. [Briefing by the Nuffield Trust](#) on The impact of Covid-19 on the use of digital technology in the NHS which states "The Covid-19 pandemic has resulted in the rapid adoption of digital technology in the NHS and significant changes in the delivery of services more widely – to free up space and capacity in acute hospitals, enable remote working and reduce the risk of infection transmission in NHS settings. Primary care in particular has seen a huge increase in remote appointments".

<sup>6</sup> <https://www.hdruk.ac.uk/news/the-covid-19-pandemic-has-led-to-rapid-uptake-of-remote-consultations-in-mental-healthcare/>

<sup>7</sup> <https://www.nhsconfed.org/news/further-raids-nhs-budget-will-plunge-it-its-deepest-crisis-decades-and-now-direct-threat>

There are also examples where funding has been given and claims of delivery have been made, leading to the conclusion that an initiative is underway when this is not the case. The Community Diagnostic Centres initiative is an example of this with people describing a scanner in a car park to as a be a Community Diagnostic Centres when this is not what was intended.

### ***NHS Culture***

One of the biggest barriers to engagement around digital technology and adoption is stakeholder appetite and bandwidth for change.

Some of the more significant solutions our members offer risk disrupting core services on a local level. We have seen historically that this can be a political challenge with local NHS leaders risking their jobs to back new innovations. Providers are therefore reluctant, despite the significant benefits, to take risks on their core business as they know performance is being closely monitored. Encouraging NHS England leads to support that process would be helpful. If we do not, people opt to maintain things as they are which can lead to organisational inertia and lost opportunities to do things better.

We need to permit NHS leaders and staff feel supported to take an acceptable level of risk and adopt digital innovation within systems. This is especially important as technology often does not deliver value in the short term, rather it is the changes that the technology facilitates that delivers costs savings, and these can take time to bed in. The Government must recognise significant funding is needed to deliver long-term change and that these benefits may not be seen during a political cycle.

In the NHS, there tends to be a preference for hiring people instead of engaging technology, with many roles being created which could have been more effectively delivered at a lower price point by an available technology solution. There are also additional pressures where it is not possible to hire staff (current estimates are that there are more than 10,000 medical and more than 40,000 nursing vacancies).

We have also seen unhelpful narratives – such as the negative perception of remote GP appointments – go unchallenged in the media. The health service must be bold and challenge these misconceptions, providing evidence of the benefits of digital and how it is improving the experience of patients and services.

### ***Establishing NHS partnerships is slow and uncertain***

Many of our members have invested significant amounts of time and capital into NHS partnerships and have yet to see a return on that investment. They are willing to be patient and work collaboratively but the expectation on Small and medium-sized enterprises (SMEs) to provide free pilots, in some cases for years, coupled with slow procurement decisions makes it almost impossible to gain commercial traction. Ultimately NHS patients and staff lose out.

### ***Scaling can be difficult and slow***

Highly localised purchasing decisions makes scaling is difficult and slow, which means that it is difficult for NHS organisations to benefits from economics of scale. Even where there is a well-established value proposition in one area, it is necessary to begin afresh in another area. This is costly and unhelpful.

We welcome the establishment of the NHS Innovation Lab, but our members have not reported any interactions with it. It therefore remains to be seen if it can help innovative organisations scale their solutions across the NHS eco system.

***Procurement opportunities not frequent enough and too complex***

One of our members has a solution than can help with elective waits. They are a supplier on a framework agreement with call-offs being slow despite the support they are able to evidence. They are ready to help but unable to.

Other members find that procurement is only focussed on inputs and not outcomes. Not enough work is done engaging with the market to discover what options are available so innovative solutions cannot be procured.

***Interoperability crucial but is controlled by large incumbents***

“Going digital’ is so often considered the same as “going paperless” and adopting an Electronic Health Record (EHR). An EHR project is very expensive and commits an organisation to years of implementation that stops it engaging in other types of innovation that could have far greater benefit at lower cost.

Incumbent system solution providers are often slow to collaborate with new entrants.

By ensuring interoperability in systems, and supplier conformity to this expectation, it would be possible rapidly to accelerate the digitisation of frontline provider sites, faster than through large EHR projects. Ensuring interoperability will enable the creation of IT ecosystems which can cope with complexity rather than seeking enforced conformity to a single provider.

We also need to take care not to make the NHS App a barrier to entry to innovative companies. The NHS App can provide a safe, trusted, and secure way for people to access NHS services, but it need not be the only route in, with a single-minded focus on the app a potential deterrent for innovative companies.

In the section that follows we set out some suggestions that our members believe would contribute to a vibrant digital healthcare ecosystem that works for patients.

**Our recommendations**

With clear opportunities ahead stemming from the most significant challenges the health service has faced, now is the time to press ahead with uptake of digital technology.

We have set out some actions that the Government could take to facilitate a well-functioning market in digital health, through a strategic policy approach to the NHS or through the NHS mandate, for example:

- i. **Funding.** Having committed to funding for digital technology in the NHS, the Government should continue to emphasise the importance of this and ask NHS England to monitor the share of spend of digital services and ask for metrics around digital infrastructure and adoption. NHS England should be asked to review funding models if these do not incentivise value-based care.

Consider asking NHS England to co-fund innovative technology with NHS provider organisations. This would enable providers to adopt more innovative technology from early-stage companies that may be better able to deliver the solution needed. It de-risks it for the

provider that is taking a chance on an SME and can be better than working with less innovative but more established partners. It also enables the SME to be paid properly for the work undertaken and achieve full contract values upfront rather than having to rely on the provision of free pilots or discounted contracts in order to win business.

- ii. **Support the use of innovative technology in health and care** and provide political support to those organisations trying to meet the challenges they face using technology as part of the solution. Make the case for virtual or remote access to the NHS where patients want it.
- iii. **Insist on the uptake of best practice digital care solutions** so that solutions that work can be scaled across the NHS more quickly. Many good solutions are simply not shared across the NHS eco system.
- iv. **Review barriers to entry.** Ask NHS England to review and report on barriers to entry and expansion for innovative companies. This could include a review of:
  - a. the requirement for CQC registration to bid for contracts (which seems to exclude innovative platform operators with a social care offering);
  - b. the effect of requirement for interoperability between systems where large incumbent providers may not have open APIs;
  - c. a focus on enterprise level solutions.
- v. **Give patients ownership of their health records** so that they can use whichever provider best suits their needs, removing barriers to market for innovative companies. This is working well in primary care but more needs to be done to improve access in secondary care.

Now is the time to press ahead with the roll out of innovative technology across the NHS to help manage the challenges the system faces. The Government has been supportive but there is more to be done.

*Nov 2022*