

Technology, health and social care

How innovation is delivering a people-first NHS



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BUSINESS

A digital approach to health and social care

Virgin Media Business runs through the key findings from its 2017-18 report written in conjunction with iGOV, which surveyed 100 healthcare organisations



48%

Nearly half of respondents were very supportive of digital technologies in health and social care.



15%

Only a small percentage felt their current infrastructure was ready to support digital innovation.



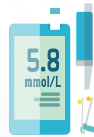
6%

Very few organisations said that cost-cutting was a principle driver for digitisation.



42%

Many organisations said a strong case for digital transformation was to empower patients.



97%

The majority of respondents said that accessing information in real time was the main advantage of digitisation.



78%

Most respondents did not have plans in place to retrain and redeploy staff as a result of technology.

Source: *The Digital Healthcare Agenda – Challenges and Barriers in Healthcare*

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Delivering a service fit for the 21st century

Martin McFadyen,
head of public
sector at Virgin
Media Business,
says that health
and social care
represent a
single issue



As the United Kingdom's population continues to age and grow, public services must adapt to deliver better experiences and outcomes under evolving pressures – to operate within tighter budgets and, where possible, to avoid patients spending more time in a hospital bed than they need to. In meeting the challenge of creating an integrated health and social care system, technology can be the catalyst for success. Digitally empowered health and social care, built on the foundations of seamless data flows, mobile or personalised treatments and more deep-seated collaboration between healthcare providers and social services, should be a core aim for any UK government.

If it is the envy of the world for being free at the point of delivery, the UK's National Health Service is not to be coveted for its reliance on outdated technologies. The world-class doctors and nurses, alarmingly, are not matched by world-class communications capabilities. For the time being at least, the NHS remains one of the world's most prominent users of fax machines. That the health secretary has moved to phase these out is a welcome call, but the urgency attached to finding devices to replace them should not be understated.

The transition to a paperless NHS is not only an environmental

necessity and obvious cost-cutter, it is an administrative relief. Cloud-based technologies and more reliable internet connectivity have the potential not only to make data more readily accessible to clinicians and patients alike, in real time no less, but are more secure, and can be backed up.

The fragmented nature of the NHS and social care – that the two are too often viewed as separate issues is harmful – means that related problems are rarely treated as such. The Health and Social Care Network (HSCN) – the wide area network system delivered by multiple suppliers that many public and private health and social care organisations are connecting to – represents an opportunity to square this circle. Setting standards for data exchange that will protect sensitive information will be crucial to HSCN's success. But if the UK can get this right and create digital architecture that links up GP surgeries, hospitals, therapy clinics and more, then patients can look forward to a more holistic approach.

By providing common standards, the HSCN provides clarity to suppliers, supports interoperability, offers greater choice and encourages competition in the market, which is essential in driving down prices. It also offers the chance for third-sector community organisations to play a role in the overall care agenda.

Virgin Media Business has more than 20 years' experience supporting healthcare providers. As a member of Innopsis – the industry association that worked closely with NHS Digital to shape HSCN – we played a key role in defining and planning the new framework. Technology has enormous potential to empower staff and patients, and put people at the heart of healthcare organisations. Virgin Media Business has been a key player in the development of the HSCN, and so I feel excited about what the future has in store.

Creating a culture of innovation exchange

Virgin Media Business and the *New Statesman* brought experts together to discuss the potential of technology to enhance health and social care services

Modern medicine and treatments deserve a modern healthcare system in which to thrive. New technologies, data and digitisation all have a role to play in updating the National Health Service and social care frameworks, which are tasked with supporting the United Kingdom’s ageing population on perennially stretched budgets. But the cutting of costs is just part of the motivation to modernise; long-term patient experience and outcomes can be improved and enhanced through the transition to digital and mobile solutions. Last year, at an event in Westminster, Virgin Media Business and the *New Statesman* brought a group of policymakers and experts together to discuss the challenges and opportunities in delivering digitally empowered health and social care.

William Smart, the chief information officer at NHS England, noted in his opening address the potential of more mobile and remote technologies in “managing patient flows”. He explained: “From the research that we’ve done, we estimate that around 25 per cent of people who are in hospital for longer than three weeks don’t actually need to be there. The figure that gets bandied around – that we are 4,000 beds short a day in the NHS and struggling to meet the demand – does not necessarily translate to a need to build more hospitals. Being able to treat more patients at home, with technology, seems a very logical way to go.”

Smart suggested that a digitally empowered health and social care system “should put citizens at the heart of every decision. I welcome [Secretary of State for Health and Social Care] Matt Hancock’s





vision for more personalised care. We need citizens to have access to the tools and data that will help them to have a stronger understanding of their condition. We need the infrastructure in place that allows this to happen.”

The Labour Party’s **Dr Paul Williams**, a member of the health and social care select committee and a practising GP, said that the NHS “needs to take more steps towards being a preventive rather than reactive organisation”. He said: “I would welcome a culture that encouraged data exchange. Information sharing is crucial from a patient’s point of view. Perhaps, in the NHS, we need to step away from the traditional model of medicalisation and the decision-making power being exclusively with doctors or clinicians. We have to remember that the NHS is a people-first industry and our greatest

asset is our patients. There are too many instances, I find, where doctors have trouble accessing social care information... the two of these things are inextricably linked.”

Williams said that “understanding the health of the population” could help to better inform decisions when it comes to treatments. He added: “We should be making the most of the fact that everyone is carrying around a smartphone. There is an opportunity for patients’ data – about their exercise, their diet, and their allergies – to be presented to a doctor more readily than is the case presently.”

Peter Dowd MP, the Shadow Chief Secretary to the Treasury, agreed that more seamless exchange between health and social care professionals should be the aim for the future. “I’ve been to a doctor’s [surgery] and seen fax machines. When

was the last time anyone used a fax machine? I think that is symptomatic of the problem. If we want an effective, responsive NHS, then data needs to be available to doctors in real time.”

Keith Smith, business development manager at Virgin Media Business, was keen to point out the advantages of a far-reaching Health and Social Care Network (HSCN) – the wide area network service delivered by multiple suppliers that a growing number of health and social care organisations, both public and private, are connecting to. HSCN is replacing the previous N3 single-supplier contract that all NHS providers were previously tied to and has, according to Smith, “opened up the market place”. He explained: “What you have now with HSCN is flexibility for health and social care providers to choose a technology partner that suits them. The new competition could not only drive cost savings, but incentivise technology partners to innovate and think about how to deliver things differently. We should be asking what we can do to make them think outside of the box, and what we can do to make them think differently about data sharing and information exchange.”

Health and care organisations connecting to the HSCN, Smith said, would require “strong leadership” and he praised the network for “logically bringing health and social care into the same sphere”. His point was echoed by Virgin Media Business’s senior segment manager for the public sector, **Alison Brown**, who said that HSCN could offer the perfect tonic to the “fragmentation” of health and social care. “For too long, health has been viewed as the NHS in and of itself, but the HSCN gives us the chance to logically, at last, bring health and social care into the same environment. There is an opportunity to put the citizen, who will use multiple public services, at the heart of it. If organisations can show that strong leadership to sign up to the HSCN, then they have the chance to deliver a more personalised and bespoke experience to the citizen.”

Data can deliver personalised services



Martin Bell, an independent consultant on healthcare and business and former director of ICT at North Bristol NHS Trust, said that the HSCN could be extended to include wider “voluntary social enterprises”. Nodding to Matt Hancock’s pledge for £4.5m’s worth of investment in “social prescribing schemes”, which are a range of community-led support activities to improve people’s physical and mental health such as arts and crafts groups or sports, Bell said that the HSCN had the opportunity to recognise “once and for all” that “health and social care are not different issues, but the same one”.

While the transition to a paperless NHS is underway, Virgin Media Business’s head of public sector **Martin McFadyen** said there is still “a long way to go”. McFadyen argued that “mobilising the workforce” was crucial to cutting out inefficient uses of staff time. “I am encouraged that technology is now a boardroom item,” he continued, “and to see CTOs and IT directors in a greater position of influence is a step in the right direction. I have a daughter and I remember when my wife and I were in the maternity suite awaiting her arrival, I was astonished by the number of times that the midwife had to write out various bits of information, on duplicate, sometimes triplicate forms. The time spent bent over a desk with handwritten notes has to be eliminated. Improving connectivity within a department or

ward, so that notes are transferred digitally, via efficient and reliable Wi-Fi, on mobile devices, will save time. And staff can then use that new time on what really matters: the patients.”

Baroness Masham, a crossbench peer and co-chair of the all-party parliamentary group on health, was left physically disabled after a riding accident when she was younger. Drawing on her experiences of having to deal with different specialist doctors at a variety of hospitals and clinics, she highlighted that while the idea of “open data” was “undoubtedly a good one”, the challenge in turning this vision into a reality was largely related to privacy and information security. “At their worst, I suppose you could argue that confidentiality concerns are a cop-out. It’s easier not to share the data. But the fact remains that, when you have multiple conditions or a complex condition such as mine, then you will need more than one person to be kept in the loop. I had a situation recently when I had an MRI scan in Yorkshire [where Masham lives] and the results were never sent down to the consultant I was seeing at Charing Cross. All the while, it’s been left up to me to inform my GP of what’s going on. I think what is needed, beyond the will of health and care organisations to share data, is actual policy that sets out that need in clear terms; otherwise you run the risk of ending up with a very disjointed patient experience.”

Ultimately, the round table agreed, the future of the NHS and social care in the UK hinges on a willingness to think about the two things together. Technology, as NHS Digital’s director of strategy **James Hawkins** put it, can deliver a “people-first service where a bricks and mortar organisation may struggle”. Mobile and remote services can provide support and guidance on location, a paperless hospital frees up staff time, and, if a clear set of standards can be agreed on and managed accordingly, a culture of data exchange and inter-working could drive efficiency of care. Hawkins added: “I think, as a point of necessity, we’ve got to invest in IT – services should be designed around patients’ needs.”

What clinicians need to know, when they need to know

People are public services' prized asset, writes **Will Smart**, chief information officer at NHS England



Almost 1.5m people come into contact with the NHS every 24 hours and the drive to improve the quality of the care they receive underpins everything we do in healthcare technology. As the NHS increasingly focuses on the health of populations as well as individuals, we need to ensure we have the right technology in place to support patients managing their own health, clinicians in delivering world-class care, and to join up health and care across hospitals, community settings, GP practices and people's own homes at the same time as making NHS services more efficient than they are now.

Throughout my 20 years in the health and care sectors, one of the most enduring concerns I've heard from patients and clinical colleagues is how difficult it is to base critical decisions on a complete view of patients' relevant medical records. In most cases this makes it harder for clinicians to do their job than it needs to be and at worst, it can create unnecessary risk to patients because vital information is unavailable, incomplete or out of date.

Of course, technology will never by itself eliminate the risk of tragedies happening, but when the tools exist to capture, record and share crucial information safely between organisations I want it to play a full and proper role in minimising them.

This is why we are investing so much time, effort and money into our Local Health and Care Records programme. It is designed to ensure that, in the future, healthcare professionals have access to a

complete record for all their patients all of the time. By doing so it is also putting one of the keystone foundations in place for the new models of integrated care so fundamental to the long-term success and sustainability of the NHS.

We also have an opportunity to use data and mobile technologies to help people stay healthier and support the development of new, much more effective treatments for the biggest causes of ill-health. The vast amounts of data and information generated by our healthcare services can, if used properly, provide insights that will let us help the people who need it most, particularly those with long-term health conditions such as diabetes.

Alongside supporting better, safer care and helping people maintain healthier lives, I want to show how technology can help make services more sustainable. Giving staff digital access to the information they need will reduce the spend on creating, maintaining and sharing paper records and it will reduce duplicate and unnecessary diagnostic testing. Over time, by improving the quality of care and helping people take greater control of their own health, we will be helping to address the growth in demand that ultimately puts our healthcare services under pressure.

In the future, patients won't have to keep repeating the same story every time they meet a new clinician; they won't have to re-organise their appointments because a vital piece of information wasn't made available in time for the outpatient clinic.

Eventually we will get to a stage where patients, in some circumstances, may not even need an outpatient appointment because the remote monitoring tools and apps they're using to manage their condition show it's under control and they don't need to see the doctor at all. Over the next five years there will be significant changes to our NHS as it becomes more integrated, person-centred and proactive in how it helps people manage their health. New technology has a big role to play and it's an exciting time to be involved.



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