The context and challenges of digitisation in the NHS

10 October 2019

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Plan

1. The King’s Fund and what we do

2. Six key challenges facing national policymakers

3. Three potential modes of influencing
Who we are

The King’s Fund is an independent charity working to improve health and care in England. Our vision is that the best possible care is available to all. We strive to realise this vision by influencing the way health care and related social care in England is organised, funded and delivered and by supporting individuals, teams and organisations to lead change in order to improve care.
History

We were founded in 1897 by the Prince of Wales – who later became King Edward VII – to help London’s voluntary hospitals. Since then our work has evolved in response to the creation of the NHS and to changes in health policy and practice. The funding built up in our early years helps us maintain our much-valued independence.
What we do

Help to shape policy through research and analysis

Develop individuals, teams and organisations

Promote understanding of the health and social care system

Bring people together to learn, share knowledge and debate
Drawing on...

Clicks and mortar
Technology and the NHS estate

Digital change in health and social care

What will new technology mean for the NHS and its patients?
Four big technological trends

Sophie Castle-Clarke
Six themes from our work

- Nothing is set in stone
- Complexity abounds
- Data is pervasive
- Work is changing
- Engagement of staff, citizens, users is essential
- William Gibson was right

William Gibson was right
Nothing is set in stone

Determinism:
• Technology -> Social structure
Because it’s been built, means that we’ll start to use it.

Social shaping:
• Social structure <-> Technology
Hard to predict.

What the system is prioritising will have implications for the technology it seeks to buy/build.
Complexity abounds

There are methods and tools for handling it.

Bob Wachter seems to put it most simply:

➤ “Digitise the work, then you redesign the work”

Adaptive, not a simple technical change

Data is central

Quantity, type increasing

Supports:
- Direct care
- Operations
- Research and development

Political implications

Work implications

Winners and losers?

Work and the workforce

Promises:
• Reduce waste, errors (of some kinds)
• ‘The gift of time’
• Automation

Downsides:
• A rigidity, loss of autonomy
• Work intensification
• Automation
Engagement of staff, citizens, communities, users

“Bring the patient into the room[*]”

Don Berwick

- Early and continuous
- Explore what’s possible
- Reach across spectrum of attitudes and bridge cultures
- Avoid imposing fixed solutions
- Decide together on appropriate implementation models
William Gibson was right

“*The future is already here, it’s just unevenly distributed.*”

“*The future has already arrived – it’s just unevenly distributed.*”

...

“*The future is already here, it’s just in beta testing.*”
The six themes

- Nothing is set in stone
- Complexity abounds
- Data is pervasive
- Work is changing
- Engagement of staff, citizens, users is essential
- William Gibson was right
Story time
<table>
<thead>
<tr>
<th>DHSC</th>
<th>NHS England</th>
<th>NHS Digital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation</td>
<td>Operational decisions</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>Convening leaders and providers</td>
<td>Strategic direction</td>
<td>Collection, sharing of data</td>
</tr>
<tr>
<td>Political leadership</td>
<td>Most funding and investment</td>
<td>Data standards and quality</td>
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<tr>
<td>Some funding and investment</td>
<td>Provider digital transformation programmes</td>
<td>Cybersecurity support</td>
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<tr>
<td></td>
<td>National patient-facing services</td>
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</tbody>
</table>

**CQC**

- Regulation of providers and their use of tech

**And...**

- Social care systems
- NICE
- MHRA
- PHE
- HEE
- OLS

**Local Authorities**

- NICE
- MHRA
- PHE
- HEE
- OLS
Mat thinks this is a mess and gets to work sorting out
Mode 1: builders

NHS App

Likely to be used sparingly

But will apply it to common systems:
• Booking and screening
• In-house capacity: an NHSX skunkworks?
Mode 2: philosophers and judges

For matters where there are no simple answers – the ethics of tech

e.g. How do we distribute the benefits of health data between its various stakeholders
Mode 3: networkers

Matching and convening power

• Users and suppliers: to support engagement and improve user experience

• Technologists and clinical leaders: to build and develop standards together

• Citizens and formal decisionmakers: because these must be involved in those decisions where it's philosophers and judges

Already some great examples
Other modes
#KFdigital20: call for projects

We’re keen to hear from projects that are:

- place-based
- integrated across different parts of the health and care system
- engaging with health and care staff, patients and service users.

Accepted projects will be presenting their **in-depth case study** as the focus of a 40 minute breakout session at the congress, with 15 minutes Q&A.

**Deadline Friday 8 November 2019**

Please get in touch

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