

NHSX: getting the basix right

Blog post by Senior Associate Giulia Corsi, 1 July 2019

The UK government has just launched a new joint policy unit for healthcare innovation. Though the new unit's CEO, Matthew Gould, made his unofficial debut in early April, the strategically named NHSX (X meaning user eXperience), will today begin fully operating. It will integrate control of digital policy currently residing across NHS England, NHS Digital, NHS Improvement and the Department for Health and Social Care (DHSC), aiming to streamline tech policy that has historically been decentralised and fragmented.

Despite having the full support of Secretary of State for Healthcare, Matt Hancock, who has thrown his political capital behind tech innovation across the health service, NHSX will still need to overcome the same barriers that have so far stymied investment in tech. One thing that NHSX will not do is enforce the adoption of new technologies on patients, clinicians or local NHS organisations. Rather, it will set national policy and standards for technology across the system. It will have to be a compelling persuader of both its diagnosis and prescription.

One of the primary challenges NHSX will face is the slow and uneven uptake of technology in the NHS. The health and care landscape is by no means short of sophisticated technological solutions that can help with the day to day management of patient care, or indeed the evidence that they work. The real barrier to the 'digital revolution' envisioned by Matt Hancock remains building the internal architecture that is essential to integrating the various silos of NHS activity but also integrating technology so that it is augmenting, rather than automating, the work of the clinician. Digital innovation that can improve clinical and administrative processes is undoubtedly important, but if technological solutions sit on top of a platform that cannot support them, their impact will be diluted.

This is already a strategic priority for Matthew Gould. In his first blog as CEO he discussed how the new NHS app is a 'digital front door' that will be kept thin to "let others use the platform [and] to come up with brilliant features on top." He stressed the importance of 'get[ting] the basics right' for NHSX.

On a practical level, the basics are ensuring that information is easily shared across acute and primary care settings so that clinicians have the most up to date information for their patients. It can be things as 'basic' as ensuring that GPs and hospitals are not working on computer operating systems that are slow and unreliable. All this will mean taking a step back to understand what outcomes patients and members of the care community want from healthtech and what already exists that is filling those needs. It will then be about implementing effective policies and regulation to support the development of new technologies that respect clinical ethics and operate within a standardised framework that ensures interoperability.

A second major challenge will be about the people ultimately in charge of implementing digital change. New technology is often misconstrued as automation, when in reality, technology is only as good as the efficiencies that people use it for. Uptake of technological solutions across the system will work best when those on the front line endorse it. Although embedded in the NHS long-term plan and central to the interim NHS workforce plan, upskilling the clinical workforce to use sophisticated electronic patient records and other tools will be key. So is having an internal IT team to deploy and maintain sophisticated technology and encouraging integration with the research community to make sense of the data that is being gathered through day to day NHS activity. All need to be at the top of NHSX's priority list. It will be up to the NHS to facilitate a process of ensuring that digital innovation does not happen in a vacuum away from the people who are ultimately going to be the guardians of it. NHSX can bang this drum loudly.

A final observation is that it is not yet clear what NHSX will mean for social care. If the NHS system is fragmented, then the social care system is even more complex, because it is so localised and contextual. The NHS long-term care plan boasts renewed focus on integrated care systems that will simplify a patient journey by sharing information across the health and social care system. Gould has committed to making “social care... a core part of the NHSX mission, and not an afterthought”. The big question will be the extent to which social care will be integrated into the wider digital change from the beginning. Another basic to get right.