NHS Consultation
DEVELOPING THE LONG-TERM PLAN FOR THE NHS

fieldfisher

Question (set out in full)	Fieldfisher response

Are there examples of innovative excellent practice that you think could be scaled up nationally to improve outcomes, experience or mortality?

Social prescribing (sometimes referred to as community referral, enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services) can make a crucial difference for individuals with medical conditions linked to a non-medical cause. While the results of social prescribing can be more difficult to quantify, it can make significant changes to people's health. Social prescribing could have more demonstrable benefits in areas of integrated health and social care, as the benefits are likely to spread across both of these areas (particularly in areas of mental health).

On a smaller scale, we have also seen the app used by NHS Blood and Transplant, DonorPath, which was developed by Apadmi. While this app was designed specifically for the transfer of information relating to organ donation (such as information about the donor, recipient and organ quality), we envisage how it could be used for the transfer of information where patients are transferred between hospitals, particularly in urgent matters. Simplifying the process of sharing information could improve experience by speeding up urgent treatment, and could avoid Serious Adverse Incidents.

How can personalised approaches such as paying attention to patient activation, health literacy and offering a personal health budget reduce health inequalities?

Providing tools to ensure patients can cheaply and easily obtain clear information: (i) about different medical conditions, (ii) about the signs to look out for in respect of certain conditions; and (iii) that, where necessary, advises them to go to the doctor has the potential to help reduce inequality and improve health literacy.

As most NHS users have smartphones, one of the options available to patients should be tools provided by way of mobile applications which are compatible with both main platforms (iPhone and Android).

Also, using tele-medicine (e.g. video-chat) could give access to first instance diagnostics to (1) persons with reduced mobility and (2) living in remote areas of the country. It should help to reduce waiting times at A&E, as persons could access a diagnosis quickly, and avoid rushing to the hospital if the initial diagnosis indicates that it is not an urgent matter (for example, a flu). Moreover, it could give NHS users easy access to specialists (including for a second opinion).

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What more could be done to encourage and enable patients with long-term health issues to play a fuller role in managing their health?

Providing simple digital tools (such as mobile apps) that help patients understand their condition (e.g. in a non-medical way), encourage them to create healthy habits, ask questions and send them reminders of when to take the relevant medicines could assist in meaningfully improving their quality of life and management of their condition.

We are aware of a number of companies who undertake research into how patients interact with these kind of tools (i.e. whether they would continue to use them over a long period of time), as continuous engagement is key to viability of their business model.

We suggest that the NHS, when assessing a mobile application, asks the provider about how they intend to maintain user engagement.

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Question (set out in full) Fieldfisher response

How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?

Technology should be used to, amongst other things, give the population more access to information, first line diagnostics and to monitor treatment. For example:

› *Validated and freely available Artificial Intelligence technology could be used to help patients get a first diagnosis – which does not have to be in certain terms, but in terms of probability – and instruct them to go to the doctor if there are causes for concern.*

› *Technology (such as apps) could also be used to educate patients and offer plain English information for self checks via apps.*

› *The NHS should also consider providing mobile apps that educate NHS patients on signs to look out for in each long term condition, as well as aid with reminders to take the relevant medicines.*

Also, more focus on and investment in preventive medicine, for example, by offering full check-ups every two years to the entire population, or sending buses with scanners or consultants around the country, would help diagnose diseases at an early stage.

What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere and how might they be supported to do so?

The NHS could consider engaging pharmacists and psychologists to identify the issues and help filter what should go to the GP, or other professionals (such as debt relief, lawyer, social workers or mental health specialists).

Pharmacist's role in particular could be extended to carrying out routine check-ups, triage and first aid - with the support of a doctor, if necessary. Pharmacists are trained professionals, who might in some cases be better placed to perform those functions, as they are embedded in the community.

Our clients tell us that, in other countries (e.g. Australia and France), pharmacists play a significant role in triage. In France, some pharmacies are open late, have a doctor on call and are used as an alternative to A&E. In Australia, pharmacists have the role of a trusted advisor and are often consulted before the patient seeks doctor's advice.

How could prevention and pro-active strategies of population health management be built more strongly into primary care?

It would be helpful if there was a system for hospitals to share information to run anonymous reports to analyse trends in order to take preventive actions. As replacing all existing systems would be time and cost consuming; a more practical solution could be to have a way to pull anonymous/pseudonymized data from all the systems (for example, everything could be downloaded in Excel and the NHS could have a specialist team/tool to combine it) and then use the anonymous/pseudonymized data to run reports, spot trends and see what issues need to be prioritized (for example, if there is an obesity problem in a particular area, if certain cancers are more common in a particular area, to determine why that is and what steps can be taken to prevent this).

Technology (such as apps) could also be used to educate patients and offer plain English information for self checks via apps. Apps could also be used to educate patients on signs to look out for in long term conditions, as well as aid with reminders to take the relevant medicines.

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How can digital technology help the NHS to:

a) Improve patient care and experience?

b) Enable people and patients to manage their own health and care?

c) Improve the efficiency of delivering care?

There are 3 key ways that we believe digital technology could help the NHS:

1. Patience experience: Technology (such as apps) could be used to educate patients and offer plain English information for self checks via apps. Apps could also be used to educate patients on signs to look out for in long term conditions, as well as aid with reminders to take the relevant medicines.

2. Analytics: Analysing patient data to spot trends in certain areas could be used to (a) take preventive actions and (b) spot issues that need further research.

3. Patient files: Systems should be created to enable there to be single patient file. The patient should have control on who can access the file (for example, access could be time limited with a token).

The NHS has already made significant steps in this direction – by allowing patients to book their GP appointments and view their medical records online, but this can go a lot further.

What can the health and care system usefully learn from other industries who use digital technology well?

According to our clients, digitisation of health records in a way that ensures their interoperability and portability is one of the biggest issues facing the NHS now. In trying to resolve this issue, the NHS could draw on the experience of the research community: e.g. the European Molecular Biology Laboratory (EMBL) established a standard for recording DNA sequences, which has been generally adopted by everyone involved in DNA sequencing – in research and in the industry. The NHS could deploy this kind of expertise to create a standard for an electronic patient record. The NHS could also consult with the Land Registry, where digitization of land registry records has resulted in increased clarity and transparency of property dealings, better access to relevant data, and faster engagement and decision-making.

With respect to data security, the NHS should consider consulting with the banking industry, which was facing similar challenges with regards to data security when developing online banking solutions.

Finally, to facilitate procurement of successful digital technology solutions, the NHS could deploy some of the project management techniques used in that industry. For example, development teams in the software industry are generally small and focused – involvement of too many stakeholders delays decision-making.

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How do we encourage people to use digital tools and services? (What are the issues and considerations that people may have?)

One concern associated with digital health services that people might have is privacy. The NHS would need to re-assure the public that the data they provide to the NHS-recommended digital providers is secure and would not be used inappropriately e.g. to affect the terms on which they are able to obtain a mortgage. This can be achieved by identifying robust security standards and making it a requirement for digital health service providers to comply with them before they can supply to NHS patients. Online banking -

Our technology clients tell us that, apart from the fact that it involves processing of sensitive personal data, a medical technology platform is no different from any other digital platform. Therefore, people will use it if it is:

1. useful – i.e. either saves effort or gives access to a specialist or information;

2. pleasant to use / user-friendly – i.e. it has a simple, attractive and intuitive design and communicates with the user in simple (i.e. non-medical) language; and

3. makes people feel in control – i.e. allows them to manage their own matters in their own time e.g. online banking.

How do we ensure we don't widen inequalities through digital services and technology?

Whilst being able to continuously monitor your health is a very exciting prospect, we realise that the costs of doing so may be prohibitive for the NHS and /or many of its users.

To address this issue, our clients recommend that the NHS should ensure that digital solutions:

1. do not work exclusively on high-cost devices – developers should be required to create versions compatible with low-cost (e.g. Android) devices and follow accessibility standards;

2. do not require inordinate amounts of mobile data or high-speed internet connection; and

3. where they use black-box algorithms, that these algorithms are trained using un-biased data, so as not to perpetuate discrimination based on e.g. income inequality.

Making digital services available in the community (e.g. health stations in libraries or local stores), as well as on patients' own devices might also help to ensure it reaches populations that traditionally do not engage with the healthcare system or technology.

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What transformative actions could we take to enable innovations to be developed and to support their use by staff in the NHS?

When it comes to research, traditionally under-examined topics include: progress of chronic diseases, children's diseases and rare diseases.

Our clients, who are engaged in clinical research, have made the following overarching recommendation: increase access to good quality data.

In particular:

1. In respect of chronic and rare diseases: the NHS could persuade NHS users to share their data for research purposes – we think this can be achieved by making it as easy for patients to give their consent as it is for them to agree to be organ donors. Access to this kind of data would dramatically increase our understanding of chronic diseases and provide data for re-purposing of existing medicines for rare indications.

2. In respect of children's diseases: facilitate utilisation of mobile technology in design of clinical trials - e.g. parents might be more willing to participate in observational studies that just involve them reporting their children's symptoms via a mobile application.

3. In respect of rare diseases – develop stronger links between the NHS clinical sites, patient advocacy groups and commercial research sponsors. This would help research sponsors to reach the relevant patient populations.

How can we encourage more people to participate in research in the NHS and do so in a way that reflects the diversity of our population and differing health and care needs?

We suggest the NHS consider making it as easy for people to give their consent to their GP's sharing of their medical records for research purposes in the same way they agree to be organ donors – i.e. at the point they register with the GP surgery.

Combined with a standard form electronic patient record, this would allow (i) the research institutions to spot population trends and make valid conclusions; and (ii) the NHS to make better informed policy decisions.

More people might agree to this, if their data is shared on anonymous basis – however for this to be the case, the NHS would need to better understand what is the minimum set of medical data that allows identification of a person – and grant permissions accordingly.

What should our priorities be to ensure that we continue to lead the world in genomic medicine?

The NHS is already engaging in genomic medicine – utilisation of CAR-T therapy in paediatric leukaemia and Genomics England's sandbox environments are just two examples of how the NHS is leading in this area.

Having said that, our clients tell us that the NHS should also consider what should be its role in development of genomic medicine:

1. Genomics is about gathering data and the NHS' role could be the source of large sets of high quality data. Even data collected by GP surgeries could be of assistance, for example in developing low-cost biomarkers of genetic diseases.

2. Another area where the NHS is well placed to contribute would be in high quality facilities and workforce – without those basics, genetic (or any other) therapies cannot be delivered effectively.