



VIEWS AND REVIEWS

THE BOTTOM LINE

Partha Kar: Technology and the NHS—a world of false promises?

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“Interoperability,” “AI,” “tech”: these phrases fly around in discussions about the NHS, but what do they mean to us? Are they just fancy buzzwords, a new fad the NHS has latched onto? Do they conjure up images of Skynet, the Terminator, and a desolate future world? Or do they suggest a much needed step change for an NHS stuck in a technological time warp? The reality, as ever, is somewhere in the middle, with emotions in the NHS ranging from unbridled enthusiasm to jaded cynicism.

One fundamental issue—and this isn’t necessarily a problem—is that the NHS can’t be seen to fail. Any failure is seen as a waste of taxpayers’ money that could have been spent “better” on other priorities. The problem is that, in the world of innovation and technology, you first have to fail to succeed. Innovation is about learning from failure. But, in a cautious NHS, this falters.

Another challenge is the importance of the NHS having to provide for all, which isn’t such an issue in the private sector. Then you have the cheerleaders and extreme enthusiasts, for whom it’s all about absolutes. Any criticism of their approach is seen as negativity, opponents are branded Luddites, and the divide continues.

We also see a fundamental challenge around evidence for new innovations, in a health service steeped in a culture of evidence based medicine and randomised controlled trials (RCTs). This throws up the question of what constitutes evidence. “Real world data” is a fashionable phrase, but it has its biases and challenges and can be met with snippy disdain from purists.

Healthcare innovation rarely stands still long enough for anyone to undertake an RCT, let alone await approval from NICE or other organisations. With this approach, and the pace at which

the NHS works, NICE would probably have just approved Betamax videos while the rest of the world was contemplating the move from Blu-ray to streaming.

The challenge for those doing the daily grind is whether we’re doing enough on the basics when it comes to technology. Simple things—such as being able to log into a computer at work, finding decent wi-fi, or ensuring that GP and specialist colleagues can see their patient notes in one place rather than having to log into 11 different systems or rely on letters—would transform care. One can understand the scepticism these shortcomings provoke as the latest iteration of AI is announced and is found to be rich with possibilities but with little evidence yet to suggest that it does much more than raise hope.

The most sensible path may be to take a cautious approach while ensuring that we engage with cynics and tackle the basics. If we think about devices and technology that prioritise self management and enable closer working then maybe, just maybe, we’ll get somewhere.

But we should remember the many examples of how technology’s benefits are skewed towards certain socioeconomic groups. While technology can help the NHS improve the care it provides, we need to make sure that it does so for everyone, not just the digitally literate or, indeed, the socioeconomically fortunate.

Competing interests: I am national specialty adviser for diabetes with NHS England.

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