Digital health and care plan: a compelling and surprisingly realistic vision

But underestimates key challenges to success

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This week, Sajid Javid, the Secretary of State for Health and Social Care, published the Digital Health and Care Plan, a document that brings clarity to the myriad digital transformation plans in health and social care and sets a vision for 2028 when the system is digitised and insights from data can help change services.

The newly published plan sets out the short term commitments that national health and care bodies must meet by 2025, as well as the targets local systems are expected to meet. In doing so, it provides much needed clarity on how all the various digital strategies and initiatives knit together. The document brings welcome reassurance that digital technologies remain a key priority for development.

So what is the vision, and where do the challenges lie?

The health secretary’s vision of a digitally enabled 2028 is one of co-development with the public and with tech innovators. A future where staff are freed from admin burdens by the use of artificial intelligence (AI) and automation, and real world data are used to iteratively improve services and evaluate new tools. Critically it’s a vision that has digital at the core, but doesn’t mandate that all patients will have to use digital tools to interact with services—people will still have a choice over how they access care. These, and more, are all meaningful changes that could enhance the experience of staff delivering care as well as improving outcomes and experience for those accessing care.

To achieve this vision the next three years will focus on enhancing the digital capability of hospitals, social care providers, and Integrated Care Systems (ICS’s) by increasing the number of NHS and social care providers using digital patient records. Workload pressures will be reduced through AI powered automation to help staff with admin tasks, and AI will also be key to improving screening services. The NHS App and the NHS.uk website will evolve to support patients to access digital services and prevention services.

NHS and social care providers will be encouraged to develop partnerships with tech innovators to drive adoption of new digital tools.

Finally, there’s also a focus on upgrading internet connectivity within 1,000 care homes and the use of falls prevention technology to reduce falls and give a quicker response when falls do occur.

If the above sounds like a lot, especially in today’s context of a workforce crisis and catastrophic delays in care, that’s because it is. And this is where the biggest challenge lies. Digital transformation will help to usher in a digitally enabled future health and care system and funding is provided to support this to become a reality. But while the funding is helpful it’s not addressing the most significant barrier—capacity.

For successful transformation staff need to have the time to deliver services while also putting time and effort into evolving culture and building skills and capabilities.

Staff skills feature highly in the plan, but some very important skills are missing. Digital transformation is a change management process, yet there is nothing in the plan about the need to develop more change management expertise in health and care services.

Similarly, the ambition to co-develop services with local communities relies on NHS and social care organisations having sufficient co-production skills and expertise in approaches such as citizens’ deliberations. Yet, the plan says little about how these skills will be made widespread across the NHS and social care.

The digital health and care plan does contain some commitments to train staff to use new technologies, but it misses some essential ingredients—the need for staff to develop relationships, build trust and establish a shared understanding—all enabled through compassionate and shared leadership.

The plan envisages a future where the NHS and social care more frequently partners with innovators and the tech industry, but for those partnerships to succeed, a lot of effort needs to go into changing cultures and ways of working. Attempting transformation without staff involvement, or using temporary staff parachuted in, risks teams feeling that they are being “done to” not “doing with.”

The likely outcome is low digital confidence, limited staff buy-in and little culture change, creating an elasticity to revert back to previous processes.

Another common barrier to the adoption of new technologies is a focus on shiny new tools at the expense of the boring-yet-essential work of maintaining systems and updating basic tech infrastructure. The plan proposes using regulation or contracting to incentivise providers to have an ongoing focus on maintaining digital maturity.

The chance of this succeeding will depend upon what the plan refers to as “non-negotiable standards of digital capability.” These measured standards need to avoid driving activity at the expense of realising improvements for staff and citizens, such as providing new computers which don’t give benefits because of software crashes or slow load times.

Finally, this is not the first time we have seen an attempt to overhaul the health and care system’s approach to digital tech. Learning from past mistakes...
is essential to avoiding a repeat of those same errors. The 2016 Wachter review found problems in the past that risk being repeated. For example, the planned consolidation of procurement frameworks might make it easier to buy technologies, but also risks reducing competition and choice. Similarly, in the past we have seen that stretched staff can feel timelines are rushed and unrealistic, and previous emphasis on upskilling staff but not culture change lead to a narrow focus on the technology instead of the wider aim of service change.

The vision set out in the digital health and care plan feels tantalisingly achievable and realistic. However, it’s crucially dependent upon three years of ambitious transformation, yet the plan understates the importance of key enablers such as workforce capacity, culture change, leadership and new processes. Achieving the “digital revolution” is not just about rolling out new tech, the real benefits will come from a steady focus on how digital technologies can best improve services for patients.

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