

Looking forwards 2016 Silver Jubilee NYHDIF Conference

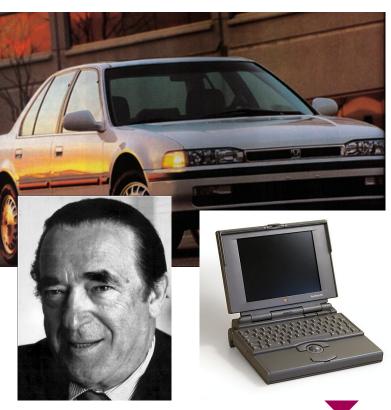
Will Smart
Chief Information Officer for Health and Social Care
11 November 2016





Congratulations ...





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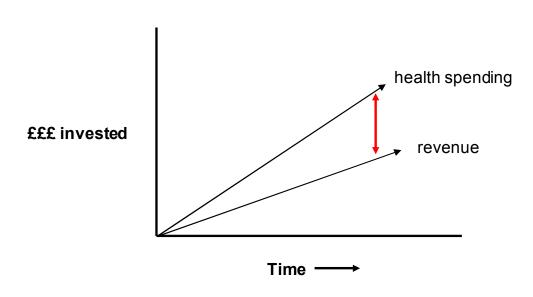
- The care and quality gap
- The funding and efficiency gap
- The health and wellbeing gap



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Sustainability



From 2012 to 2032

- •65-84 year olds increase by 39%
- •over 85s are set to increase by 106%
- •60% increase in those with care needs
- Increase in long term conditions

Today

- 50% GP appointments
- 64% outpatient appointments
- 70% of all inpatient bed days

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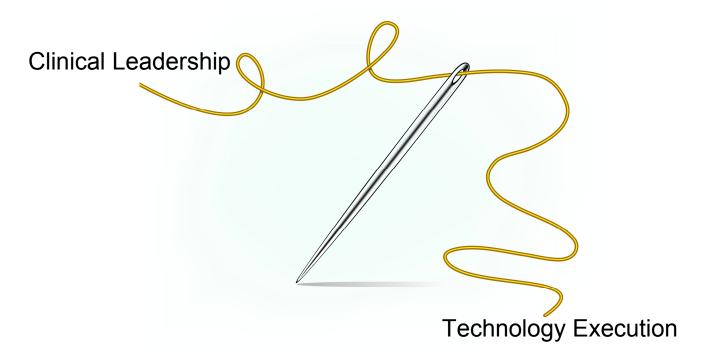
We need to do something different

"The experience of industry after industry has demonstrated that just installing computers without altering the work does not allow the system and its people to reach [its] potential; in fact, technology can sometimes get in the way. Getting it right requires a new approach, one that may appear paradoxical yet is ultimately obvious: digitising effectively is not simply about the technology, it is mostly about the people...."

From Wachter Report, 2016



The golden thread







Different thinking ...

- There is no such thing as digital healthcare ... only healthcare
- There are no IT projects, only transformation programmes supported by technology





Building an integrated, paper-free health and care system

10 domains with 33 programmes

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Patient engagement: Self-care and prevention

Help patients to take control of their own health and care and reduce the pressure on frontline services.

B

Urgent and emergency care

Improve telephone and online triage and provide better technology to support clinicians so that treatment is better targeted.

C

Transforming General Practice

Use technology to free GPs from time consuming administrative tasks and provide patients with online services.

D

Integrated care and social care

Inform clinical decisions across all health and care settings and improve the experience of service users by enabling and enhancing the flow of patient information.

Ε

Digital medicines

Give patients greater choice and added convenience by enabling them to choose where, when and how their medicines are delivered. Improve prescribing accuracy.

F

Elective care

Improve referral management and provide a better treatment choice for patients by automating referrals across the NHS.

G

Paper free at the point of care

Equip the NHS with technology that will transform care and ensure the workforce has the skills to get the most out of it.

Н

Data availability for outcomes for research and oversight

Improve the quality, availability and integrity of health data so that frontline staff, researchers and decision makers are better informed.

П

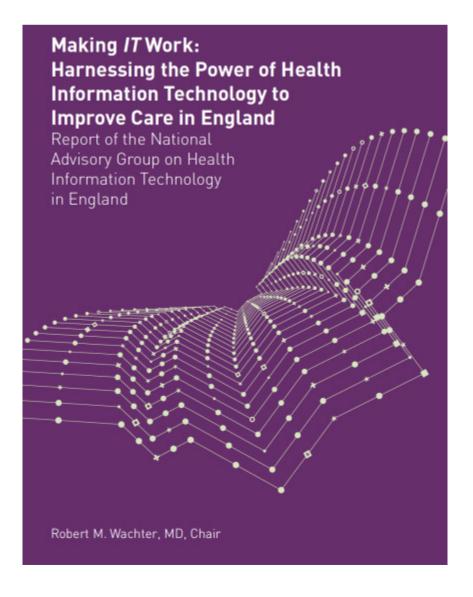
Infrastructure

Enable information to move securely across all health and care settings by providing and maintaining robust and future-proofed national systems and networks.

П

Public trust and security

Respect the data sharing preferences of patients and keep their data secure in all settings.









Our Ten Major Recommendations

- 5. Allocate the New National Funding to Help Trusts Go Digital and Achieve Maximum Benefit from Digitisation
- 6. While Some Trusts May Need Time to Prepare to Go Digital, All Trusts Should be Largely Digitised by 2023
- 7. Link National Funding to a Viable Local Implementation/Improvement Plan



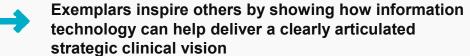


Our Ten Major Recommendations

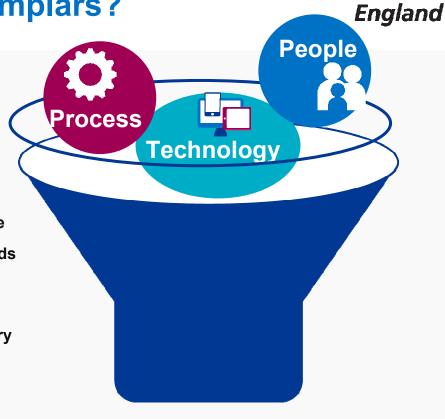
- 8. Organise Local/Regional Learning Networks to Support Implementation and Improvement
- Ensure Interoperability as a Core Characteristic of the NHS Digital Ecosystem – to Promote Clinical Care, Innovation, and Research
- 10. A Robust Independent Evaluation of the Programme Should be Supported and Acted Upon



Why Create Global Digital Exemplars?



- Can realise the benefits of digital technology at the scale and pace needed particularly in secondary care
- Move from "bespoke" to "off the peg" technology builds
- Identify and confirm target business requirements and model architecture
- Drive up expectations re consistent and complementary approaches
- Capture and share re insights re managing business change and culture



Extending settings



Mental Health, Community and Ambulance Services:

A further cohort of candidate GDEs will be identified from mental health, community and ambulance service providers.

The process for selecting providers will follow the principles established with designating the first round of GDEs.



Fast Followers

- Providers in formal partnerships chains, alliances
- Providers in similar geography
- Providers working with the same vendor
- Providers with similar characteristics, prioritising the same objectives and ambitions





Related Activity

- Refresh the Digital Maturity Self-Assessment
- Placed Based Exemplar Programme
- STP/LDR alignment, local prioritisation and investment







A focus on local delivery

- Engage
 - STP and LDR
 - Board and Executive
 - Clinical Leaders
- Prioritise
 - Focus on transformation no technology
- Get the basics right
- Work with us ...





Two messages ...







And here's to the next 25 years ...

- Our brains will extend to the cloud, which will allow us to learn new things at any age.
- We will be able to selectively erase pieces of our memory.
- We'll be in augmented reality at all times.
- By 2029, <u>machines will be able to match the intelligence of humans</u>, and they'll be able to make us laugh and cry.
- Around the 2030s, tiny "nanobots" able to repair and preserve our organs will keep us healthier and smarter.
- 3D printing <u>will be even more common than it is today</u>, with public 3D printing stations for people to print out clothes, toys, and anything else.
- Within 25 years, <u>computers will be the size of a blood cell</u> and we'll be able to connect
 it to the brain without the need for surgery.
- Society will reach a state of "technological singularity" in 2045 where technology enables superhuman machine intelligences to emerge and people and machines become deeply integrated.

Ray Kurzweil

