

A White | Paper

Dr Akshay Garg
Dr Alexander Graham

Health IT Progress

“While the NHS leads the world in the use of IT in primary care, the adoption of information technology in the acute, community and mental health sectors lags behind.”

NHS England
(March 2017)

Digital Exemplars: Unprecedented Opportunities for the Health IT Industry

A new vision for the NHS was described in the Five Year Forward View in 2014. It addressed three broad areas - the health gap, the quality gap, and the financial sustainability gap. Two and a half years in, NHS England has published the ‘Next Steps’ report outlining key achievements and setting out some “course corrections”. Crucially, an entire chapter has been dedicated to technology and innovation as a means to increase efficiency, highlighting the importance of health IT. With several key changes to funding arrangements and a renewed focus on integrated care, this white paper explores the main issues for health IT suppliers seeking to attain a foothold or expand in this attractive but continually evolving market.

Key Findings

Global Digital Exemplars (GDEs)

Global Digital Exemplars (GDEs) are NHS trusts with the most advanced IT systems. GDEs are expected to lead the way in delivering exceptional care efficiently and by utilising world-class digital technology and information flows. In conjunction with improving their own services, an essential aspect of their role is to create a blueprint that other trusts can follow for IT adoption. NHS England expects that exemplars will, using this blueprint, work with other trusts to implement the same IT systems, and anticipates that 80% of the systems will be the same, allowing up to 20% variability to meet local needs but only where absolutely necessary. **Therefore, being part of the solution stack at a GDE would be prudent for suppliers, as not only will their solutions receive additional publicity but it will also result in further ‘shoe-in’ procurement opportunities.** For mental health trusts, an additional expectation is the development of ‘innovative apps’ to improve access to health and care for patients.

Two GDE programmes have been announced - one for acute trusts and the other for mental health trusts. The acute trusts have been promised £10 million which

they must match with their own funds, and similarly the mental health trusts have been promised £5 million, again which they must match. Initially 12 acute trusts were chosen from a shortlist of 26. This was followed a few months later by the announcement of a further 4 acute trusts*, and finally the announcement of 7 mental health trusts as part of the second programme. The funding was due to be the first component of the £4.2 billion investment into NHS technology promised by health secretary Jeremy Hunt.

Increased Funding

There will be £590 million spent on health IT through the GDE programmes. The majority of this funding is due to be released in the first half of financial year 2017/18.

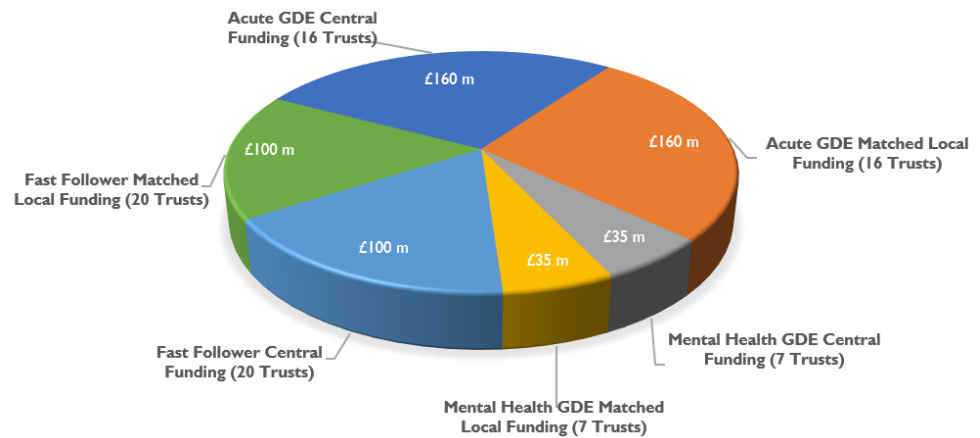


Figure 1: There will be up to £590 million being spent on health IT through the GDE programmes.

However, the programme's future was initially in serious doubt when the funding was not approved and released as expected. Concerns were raised of another 'Tech Fund 2' situation where in 2015, the Treasury raided a digital care technology fund, reducing £240 million to £43 million in order to 'cope with winter pressures'. Fortunately, it appears that the funding for the acute trusts has now been officially been approved as reported by the Health Service Journal (HSJ), and that it will be released in the first half of the financial year 2017/18.

The two GDE programmes combined effectively means that 24 trusts (one is a joint venture) are potentially procuring £390 million worth of health IT (see Figure 1). Furthermore, each acute GDE is due to be paired up with a 'fast follower' trust who will also eventually be in the market for IT solutions. The 16 acute GDEs are expected to nominate between them 20 fast followers who will work closely with the GDEs to adopt their respective blueprints. The 'fast followers' are expected to receive £5 million which they are likely to need to match as with the GDEs. Several acute GDEs have already nominated their fast followers, for example, Salford Royal trust has selected Pennine trust, and Oxford University Hospitals has selected Royal Berkshire trust.

*One of these is a joint venture between two trusts - Imperial and Chelsea & Westminster.

Sustainability and Transformation Plans (STPs)

Sustainability and Transformation Plans (STPs) have now been published by the 44 regions in England (see Figure 2). STPs were a planning exercise, mandated by NHS England, in order to promote collaboration between the different organisations providing all aspects of health and social care in a particular geographical footprint. Interestingly, this was in contrast to the Health and Social Care Act 2012 which sought to increase competition amongst these very organisations.

Integrated Care

“...caring for these needs [long-term conditions] requires a partnership with patients over the long-term rather than providing single, unconnected ‘episodes’ of care. Increasingly we need to manage systems – networks of care – not just organisations. Out-of-hospital care needs to become a much larger part of what the NHS does.”

NHS England
(March 2017)

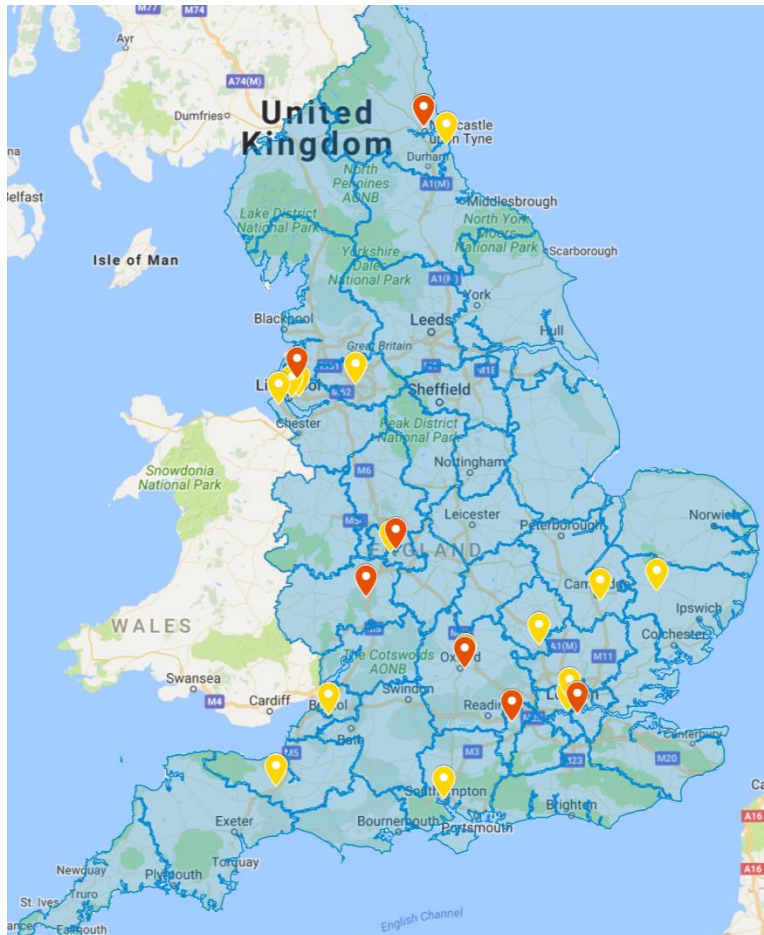


Figure 2: A map of England showing the geographical footprints of the 44 STPs (blue lines), and the acute GDEs (yellow icons) and mental health GDEs (red icons).*

The purpose of the STPs is to develop place-based proposals (initially introduced by the King’s Fund paper in 2015) that are built around the needs of the local population. Acute trusts, mental health trusts, clinical commissioning groups (CCGs) and local authorities (social care) in each region worked together to come up with proposals to shift the model of care from ‘episodic’ to a model which promotes management of long term conditions through ‘networks of care’. They are not new statutory bodies and will ultimately supplement rather than replace the accountability of the constituent organisations. The level of integration and

*Created using Google Maps with data from NHS England.

Evolving Landscape

“ACOs [Accountable Care Organisations] have attracted interest as one way of overcoming fragmented responsibility for the commissioning and provision of care in the NHS.”

The King's Fund
(March 2016)

organisational form will vary from region to region based on their own needs, and neither NHS England nor the government are being overly prescriptive. However, to ensure that the plans are implemented effectively, there will be an STP board drawn from the various organisations. It should be noted that NHS England and NHS Improvement will monitor progress and intervene should they find a particular organisation is being resistant to change or not meeting their duties of collaboration. An STP leader will also be nominated locally and then ratified by NHS Improvement and NHS England.

STPs demonstrate an important shift in the way health care is provided with a renewed focus on community care, and it becomes imperative that any IT solutions take this into account. The urgency with which these STPs were put together meant that there was limited time for public consultation and clinical engagement, which the next steps document aims to rectify by encouraging each STP to ensure local people have their say.

Accountable Care Systems (ACSs)

Accountable care systems (ACSs) have been described as an ‘evolved version of an STP’ and could encompass the whole STP or a sub-area within an STP. They are not mandatory and will vary by region, and would choose to take collective responsibility for resources and population health, which would allow more coordinated care and more control and freedom over the operations of the health system. **It is important to note these ACSs could very well be making procurement decisions as they begin to implement their plans over the next 5 years and it would therefore be imperative when approaching a trust or local authority to have a thorough understanding of the local STP with which solutions can be aligned.**

ACSs* are a complex and very significant transition, especially with regards to the financial framework and will therefore be a staged implementation. ACSs are basically an integrated group of decision makers who are agreeing to an ‘accountable performance contract’ with NHS England and NHS Improvement, to credibly commit to make faster improvements. They will manage funding for their given population as a group rather than as individual organisations in a horizontal chain. This will create ‘effective collective decision making’ and governance structures which align the constituent bodies’ individual strategies. ACSs will have to demonstrate how their organisations will operate in a horizontally integrated manner, an example of which could be ‘one hospital on several sites’.

*ACSs may lead to the establishment of Accountable Care Organisations (ACOs), that would have greater responsibility, however given the complexity particularly with regards to procurement, they are not the focus of activity for at least the next few years.

NHS Digital Academy

In September 2017, a new academy will be launched to train Chief Information Officers (CIOs) and Chief Clinical Information Officers (CCIOs), who will develop the skills to align information technology with clinical and business needs. The aim is to increase the chances of successful adoption of new IT and to use this to drive quality and efficiency. This will be a 12-month training course which is looking to train 300 people by 2020/21, and was developed as an idea in response to the Wachter review. Indeed, during eHealth Week 2017 it was announced that the initial 50 leaders will come from GDEs and their fast followers. The formation of this academy is significant for health IT suppliers because it indicates that there is a shift in decision making power from non-clinicians to clinicians and therefore having the ability to navigate the complexities of clinical scenarios will become increasingly important during procurement.

Clinical Leadership

“Professor Wachter [through the Wachter review] highlighted the need to develop a workforce of trained ‘clinician-informaticists’ at the Trusts, and give them appropriate resources and authority.”

NHS England
(March 2017)

Our Recommendations

The evolution of funding arrangements and governing bodies in the NHS over the next 5 years will simultaneously add complexities and opportunities for vendors. While there will be additional funds available specifically for health IT spend through the GDEs and their fast followers, those suppliers best able to align their solutions’ value-add to the organisations’ commitments to STPs and the FYFV goals related to efficiency will ultimately be successful. In addition, with the STPs and ACSs being implemented, suppliers will need to mould their solution so that it takes into account the whole ‘horizontal chain of care’ as ACSs start to make funding decisions.

Furthermore, the creation of the NHS Digital Academy will attempt to drive clinical engagement and IT project delivery from a clinical viewpoint from the trust side. Suppliers should look to match this commitment by improving their clinical leadership/engagement and benefits realisation strategies to maximise the chance of success in this dynamic market.

About AbedGraham

AbedGraham is Europe's leading, exclusively clinically based, healthcare IT strategy, operations, and risk consultancy. The organisation's combination of clinical and strategic expertise is utilised by global IT infrastructure industry leaders to shape corporate strategies, clinical engagement and leadership initiatives, business case developments, major project bids and project management processes to maximise the positive impact of their solutions for healthcare providers. For more information, visit <http://www.abedgraham.com> or follow on Twitter at [@AbedGraham](https://twitter.com/AbedGraham).

Contact the Authors

Dr Akshay Garg BSc MBBS, Clinical Strategist, AbedGraham
E-mail: agarg@abedgraham.com

Dr Alexander Graham BSc MBBS MSc, Founding Partner, AbedGraham
E-mail: agraham@abedgraham.com