Written evidence submitted by techUK (CSR0087)

About techUK

techUK welcomes the opportunity to provide written evidence to the Health Select Committee. techUK is the industry voice of the UK tech sector, representing more than 850 companies who collectively employ over 700,000 people, about half of all tech jobs in the UK. These companies range from innovative start-ups to leading FTSE 100 companies. The majority of techUK members are small and medium sized businesses.

techUK's Health and Social Care programme provides a forum for our industry to articulate and champion industry positions directly to Government. It creates a structured environment to enable frank and open discussions about the challenges the industry and UK Government face, with the objective of driving innovation and growth, whilst improving patient and client outcomes in health and social care.

1. Introduction

1.1. This consultation response is framed from the perspective of techUK and its member-organisations who are directly involved in the provision of health and social care technology and data. As such, only issues within the terms of reference that are directly related to this will be addressed in our submission.

1.2. techUK broadly welcomed elements of the Spending Review relating to health and social care, but expresses some concerns around the absence of specificity around the £1bn investment in “new technology over the next 5 years to deliver better connected services for patients and ensure that doctors and nurses have the information they need at their fingertips”\(^1\). Similar concerns are also addressed regarding the introduction of the local government precept for social care and its implementation.

1.3. It also seeks to highlight that technology and data are central to successful integration of health and social care and transformation of services, and that securing genuine digital improvements based on a number of inter-related factors of which funding is just one.

1.4. Accordingly, this submission also considers: i) the broader digital skills and inclusion agenda; and ii) urgent priorities on information sharing and interoperability. Both of these should go hand-in-glove with financial commitments seen in the Spending Review. Only then will the service transformation and integration of health and social care sought by the government be achieved.

2. The distribution of funding for health and social care across the spending review period

\(^1\) HM Treasury, Spending review and autumn statement 2015,
2.1 techUK broadly welcomed the Chancellor’s Spending Review. Full funding of the Five Year Forward View was positively seen by the tech industry, as was the decision to frontload the investment in 2016-17 and 2017-18. Without this commitment there is a real risk that the ambition set out by Simon Stevens will not be met, including addressing the £30 billion funding gap by 2020.

2.2 techUK further welcomes the investment of £1 billion in technology over the next five years. The Spending Review states the money will go towards ensuring the delivery of fully integrated digital records by 2020. Whilst techUK fully supports this investment, it is important to note it is just one element of the digital health and social care agenda. As our submission will further explain, successfully achieving efficiency savings, service transformation, and a health and social care service that is fully integrated and patient-centric is dependent on other factors relating to technology and data, in addition to the digitisation of patient records.

2.3 In the wake of the Chancellor’s Spending Review, a number of announcements have been made relating to the adoption and implementation of technology in health and social care technology, including the Secretary of State’s commitment to free WiFi in all hospital buildings, and NHS England’s shared planning guidance, which includes Sustainability and Transformation Plans. Whilst these announcements are encouraging, and supported by techUK, at present there is limited information on where funding for these respective plans will be found, as both indicate that some or all of their funding will be from the £1 billion technology allocation, as reported by digitalhealth.net.

2.4 We are therefore concerned about the lack of information available on what precisely the £1 billion technology allocation from the Spending Review will and will not fund. Without this, service providers and suppliers alike cannot effectively forecast and adequately plan for effective technological investments.

2.5 We would encourage the Health Select Committee to seek further clarity on this matter from the Treasury when assessing the distribution of funds across health and social care. This information is crucial in assessing the efficacy of the Spending Review and what it seeks to achieve.

2.6 The Spending Review also introduced a social care council tax ‘precept’ of 2 per cent. This, combined with increased funding for the Better Care Fund, has the potential to deliver increased spending for social care in real terms, which we fully support as part of the management of deficits, and the broader wholesale service transformation aims of the Five Year Forward View. However this new model of raising finances for technology presents a number of potential limitations.

2.7 Firstly, there is currently very limited information on how local government will be compelled to raise additional funds in this way and to what extent. A number of questions remain on whether guidance will be issued on how it should be spent by local authorities. We recognise that in part this is in order to allow local authorities the flexibility to respond to the needs of their area, which is commendable. However, given that the

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4 Free wi-fi to be provided in all NHS buildings - Jeremy Hunt, http://www.bbc.co.uk/news/uk-35147380
6 IT funds to come from transformation pot, http://www.digitalhealth.net/news/47068/it-funds-to-come-from-transformation-pot
Five Year Forward View highlights the disadvantages of ‘letting a thousand flowers bloom’, there is a need for central government, working with stakeholders in this sector including techUK, to develop guidance on the precept’s implementation and how its success will be measured at a national level.

2.8 Secondly, technology and the use of data is not always considered as an option by local authorities to help address the significant financial constraints and increasing demands on services they are facing day to day. Whilst it is not a panacea, many of the efficiency savings and service improvements sought by local authorities can be achieved at scale and pace if technology is better embedded into the way they work.

2.9 As such, we would like to see greater support for local authorities in understanding the extensive number of solutions offered by industry. We would urge the Committee to support and promote some of the ongoing work undertaken by NHS England, the HSCIC and other key stakeholders in working directly with the supplier market in pre-procurement consultation, and would ask that similar work be seen in local government procurement and commissioning preparation. Commissioners must be informed decisions-makers with regards to technologies and innovation and the opportunities for efficiency savings they can present. techUK’s Concept Viability work supports this, helping public sector customers reach out to the tech market to draw upon its depth and breadth of skills, knowledge and innovation.7

2.10 Lastly, techUK recognises that benefits of additional funding for services or resources are not often felt within the organisation or care setting commissioning them. For example, greater investment in social care support for an elderly person – through telecare, telehealth or increased at home support - can result in fewer admissions to hospital. This means that although the commissioning decisions are made by local government, the benefits are felt in primary care.

2.11 This in turn can create disincentives to invest, and although initiatives such as the Better Care Fund support pooled budgets, we do not believe such disincentives can be eradicated without the complete integration of health and social care budgets. Without this, we believe the disincentives to investment may impact upon the efficacy of the precept, and the ability to measure its success in creating the efficiency savings and improvements in care sought.

3. Achieving service transformation set out in the Five Year Forward View at scale and pace

3.1 techUK believes that embedding government’s principle of ‘digital by default’ across health and social care is essential to achieving the targets outlined in the Five Year Forward View and Personalised Health and Care 2020.

3.2 Whilst some of the changes required to embed such technologies across the care continuum require essential monetary investment, there is also a need for a cultural mind-shift ensuring that patients and health and care professionals understand the value of a digitally progressive health and social care service. As such, to achieve the service transformation desired, it is imperative that alongside the funding outlined in the Spending Review several policy areas are also reviewed and revised.

3.3 First and foremost there is a need to address digital skills capabilities in the sector. As outlined in techUK’s recent submission to the Science and Technology Committee’s inquiry into the Digital Skills Gap5 there is an

7 Concept Viability, https://www.techuk.org/services/concept-viability
urgent need to address skills capabilities at all levels. This includes intermediate skills such as those required in the modern workplace, and more advanced technical skills required by the growing number of digitally intensive careers.

3.4 The intermediate skills required relate directly to both patients and health and care professionals: it is essential that citizens at the heart of the service are equipped with the appropriate understanding of technology to interact with the modern and future health service.

3.5 Digital skills must also become an essential part of the training for health and care professionals. This ensures that digital capabilities can be realised across the health services and practitioners and patients can use the technology available to them to the best of their ability.

3.6 At an advanced skills level - as recently identified in an Ecoys report commissioned by BIS and DCMS\(^9\) – there is a major skills gap within the health analytics subsector, as there is a lack of workers with the healthcare and analytics experience needed to work in the role effectively. This could have far-reaching ramifications across the sector, as without the knowledge and capabilities to assess the “big picture” for health and social care decision-makers are not appropriately equipped with the necessary knowledge to make commissioning and policy decisions. Given the NHS’ limited resources, it is imperative they are used efficiently, and health analytics is integral to this.

3.7 As techUK has recommended in its submission to the government’s call for inputs on the forthcoming UK Digital Strategy,\(^10\) digital skills should be an essential component of the strategy to ensure that each sector is geared with the capability of facing an increasing digital economy.

3.8 We would also encourage the Health Committee to work with colleagues in the Science and Technology Committee to consider the impact of a number of government changes on technology firms’ ability to access digital talent. Without ensuring that the UK is the hub for digital talent, we will not be able to bring innovation to the health and social care industry and techUK firmly believes the UK can be the leader in digital innovation.

4. **Impact of the Spending Review on the integration of health and social care**

4.1 Although some of the funding outlined in the Spending Review will help tackle the issue of health and social care integration, techUK believes it is not only funding solutions, but enhanced policies and standards that will deliver the integration agenda. Specifically, we see achieving safe and effective information sharing, and universal interoperability as essential in order to achieve integration, which we will address in turn.

4.2 Firstly, successful integration between health and social care is dependent upon safe and effective information sharing. This means fostering an environment which enables the exchange of data between care settings, and

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citizen consent for appropriate secondary uses, such as risk stratification, data analytics and other planning and research outcomes. This not only improves direct patient care, but helps providers identify and manage services and predict future demand more effectively.

4.3 However, information sharing currently faces several key challenges: safeguarding an individual’s confidentiality in line with the law and best practice; ensuring security of data when used for secondary purposes; and communicating the benefits to citizens to establish informed consent across the nation.

4.4 techUK published a paper in January 2016 on “Achieving a safe and effective information sharing in health and social care”\(^\text{11}\) which sets out five guiding principles for solving the challenge of improving data sharing across the sector while protecting confidentiality and adhering to data protection regulations.

4.5 These principles are: clear, consistent and practical consent model(s) for citizens and health and care professionals; linking and sharing data across the care continuum for citizen benefit; a clear and consistent approach to information governance and data security standards; practical and usable information governance guidance that is proportionate to risk; and closer collaboration between the technology industry and government. Also included in our paper are 12 recommendations as to how we believe industry and the government can work together to support these.

4.6 Should techUK’s recommendations be implemented, we believe that both the service transformation envisaged in the Five Year Forward View and the efficiency savings sought by the government will be significantly more attainable.

4.7 We urge the Health Select Committee to look closely at the issue of information sharing, particularly once the review currently being undertaken by Dame Fiona Caldicott is concluded.

4.8 Also vital to improved integration of health and social care is interoperability. Interoperability standards are essential to make integrated care happen at scale. It is key to delivering an ecosystem whereby applications, data and processes allow the right information to be available to the right user at the right time. This is a key issue that is not wholly dependent on funding, but that could have a huge impact on productivity and transformation of the service.

4.9 Secondly, there is a need to advance the approach to interoperability so that it can adequately meet the intention for new models of integrated care set out in the Five Year Forward View, which will radically transform the traditional boundaries between primary, secondary, community and social care. To meet this ambition, information systems need to be more open and easier to integrate and service providers need to apply appropriate standards and proportionate accreditation to their procurement decisions.

4.10 techUK’s Vision for Interoperability,\(^\text{12}\) which we published in 2015 set out how the supplier industry, working with NHS England, HSCIC and health and care professionals can achieve interoperability fit for now and future policy aspirations. This in turn resulted in the development and successful launch of techUK’s Interoperability Charter,\(^\text{13}\) which requires suppliers to adhere to a set of principles that ensure their systems are

\(^\text{13}\) techUK’s Interoperability Charter, https://www.techuk.org/insights/news/item/5276-techuk-s-interoperability-
neither financial nor technical obstacles, but are the enablers of change in support of integrated care. It is vital that the recommendation’s we have set out in our Vision paper and Charter’s principles become the default approach to interoperability for both suppliers and providers.

5. Conclusions

5.1 The Spending Review represents some positive steps in supporting the vision outlined in the Five Year Forward View and Personalised Health and Care 2020. We particularly welcome the frontloading of investment and the £1 billion allocation for technology in health and social care.

5.2 We would however urge the Health Select Committee to consider the following regarding the key issues mentioned in our submission:

- Seeking further confirmation from the government on the plans for the £1bn allocated to technology.
- Seeking further guidance on the local government precept, including whether any prerequisites will be implemented regarding how it is to be used, and how its success is to be measured.
- Working with colleagues in the Science and Technology Committee to consider the impact of a number of government changes on technology firms’ ability to access digital talent.
- Look closely at the issue of information sharing, particularly once the review currently being undertaken by Dame Fiona Caldicott is concluded.
- Supporting techUK’s aims regarding interoperability and standards sought universally across the health and social care sector.

5.3 These recommendations are essential to achieving the efficiency savings, service transformation and integration of health and social care sought by government and needed by service providers to ensure a patient-centric healthcare service.

27 January 2016