The Plan for Digital Health and Social Care: what will be needed to deliver on its ambitions?

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Few would argue that better use of tech and data aren't important for improving health care quality, adjusting to changing public expectations and ensuring the NHS remains sustainable for the long term. But Sajid Javid certainly raised eyebrows earlier this month when he described the NHS as 'a Blockbuster health care system in the age of Netflix', saying 'big and bold changes' were needed to bring the health service into the modern age.

Today sees the publication of the government's Plan for Digital Health and Social Care in England, intended to deliver on this rhetoric. While the plan takes a more gradualist than revolutionary approach, and contains little in the way of major new commitments, it does usefully and sensibly pull together the myriad of existing ambitions and workstreams on tech and data, which – if properly aligned – could add up to much more than the sum of their parts.

What's in the plan?

The strategy underpinning the plan is one of 'digitise – connect – transform'. The first two of these require continued expansion of electronic records in the NHS and social care, along with further progress in developing interoperability and platforms for data sharing – set out in more detail in the recently updated data strategy.

The 'transform' bit – which more directly relates to what most service users will experience – focuses particularly on strengthening the 'digital front door' to services by improving the NHS App and NHS.uk. It also aims to support more people to receive care at home – through remote

monitoring, virtual wards and devices for managing long-term conditions (such as wearable blood pressure monitors).

Beyond this, there are also significant initiatives to support research and innovation. These include the development of Trusted Research Environments, which are important to protect the security of data used in research – although questions remain about how best to put them in place. They also include support for research and development partnerships between the NHS and industry – enabling NHS providers with relevant expertise to lead the way in developing and testing new products.

Delivering on the ambitions

Just because there are no new asks of local systems in the plan doesn't mean the actions outlined aren't already ambitious, nor that they won't be challenging to achieve. One example is the target for 75% of adults to be registered with the NHS App by March 2024, originally set out by the Secretary of State in February. The rapid growth in uptake of the app during the pandemic was largely driven by the NHS COVID Pass – for a short time essential for attending events or travelling abroad – which clearly can't be relied on to drive further progress. So hitting the new target will require the app becoming a much more central part of the way people interact with the NHS.

Another example is the target of 90% of NHS trusts having electronic records by the end of 2023 and 100% by March 2025 – an important ambition both for direct care delivery and also for enabling the health and care system to harness the potential of data. But it is far from new. For example, Personalised Health and Care 2020 (published in 2014) set out a vision to create a paperless NHS by 2018.

So how can we be confident the latest target will be achieved? The National Audit Office's report on digital transformation in the NHS raised questions about the extent to which lessons have been learned from previous initiatives. And by providing relatively little detail on implementation, the latest plan does leave questions hanging about exactly what will be

different this time around. Ultimately, experience has shown that full digitisation is incredibly difficult to achieve in a system as large and complex as health and social care. It certainly requires more than just a target.

Given the importance of tech and data for so many of the NHS's objectives, though, it's important that the plan's proposals are successfully delivered. So what are some of the big issues that must be addressed if this is to happen?

Supporting the change, not just the tech

The transformation in services envisaged by the Plan for Digital Health and Social Care is much broader than the use of technology itself. The service changes are enabled by technology, but go much wider – involving changes in the ways pathways are structured, staff work and patients interact with services. In many cases, then, the major challenges required to deliver on the vision are not about the acquisition and use of technology, but rather about the work required to redesign roles, processes and ways of working to embed the technology successfully in care pathways.

In our report _Switched on_ we highlight how all of this entails significant implementation efforts – co-designing changes, training, double running of services, evaluation, and so on – that teams on the ground will need to be supported to achieve. It's also the kind of work that requires a lot of adaptation, iteration and course correction to get right. And to the plan's credit, it exhibits a healthy dose of realism about the timescale for many of the benefits to materialise, with local realisation of the vision expected by 2028.

The elephant in the room: workforce pressures

Some of the measures in the plan are couched in the language of 'improving access to services'. And making it easier for patients and carers to interact with the NHS and get up-to-date information about their care (for example, viewing and changing elective care appointments through the NHS App) is indeed an important objective.

But this is not quite the same as improving access to services. An improved front door is not much use if it opens onto a massive queue. With 6.5 million people currently waiting for elective treatment and tens of thousands of staff posts vacant, it's clear that improving access to services will depend on a large range of factors beyond the scope of the plan itself.

Indeed, while the plan majors on how technology can reshape care delivery, just as important is the potential for technology to help ease workforce pressures through releasing staff time and increasing service productivity. Applying technology to administrative tasks tends to get fewer headlines than cutting-edge medical innovations, but can have major benefits. NHS England's Digital Productivity Programme, for example, is supporting the use of robotic process automation – which has been deployed to improve administrative work in many industries, but for which there still remain substantial opportunities in the NHS.

Nevertheless, no amount of tech can compensate for underlying staff shortages. That is why a comprehensive, long-term and fully funded workforce strategy is urgently needed for both the NHS and social care if progress is to made on a range of wider reform objectives. And a similar point applies to the ambition of supporting people to live independent, healthy lives: digital tech can definitely help, but can't compensate for a lack of wider services and support.

Taking the public with you

Another issue will be gaining support from the public and NHS workforce for the proposed service changes.

The Plan for Digital Health and Social Care rightly highlights how the NHS response to COVID-19 accelerated the rollout of important new ways of using technology. And Health Foundation research during the first phase of the pandemic found that the majority of patients and staff who used technology more during this period had positive experiences. But some had negative experiences – and there were higher rates of negative experiences among older people and those with a carer. Moreover, around a third of the public thought that while increased use of technology made sense during COVID-19, it was 'not for the long term'. So the NHS has not yet

sealed the deal with the public as a whole on the push towards digitally enabled care.

To address this, there needs to be a meaningful conversation with the public and NHS staff to understand and address concerns, as well as to raise awareness and build confidence in tech-enabled approaches. This will be particularly important for public-facing technologies, such as online appointment booking or mobile health apps, which potentially affect all users of the NHS. And a push will also be needed to tackle digital exclusion and improve digital skills, to ensure that the increased use of technology doesn't create or widen inequalities (though the plan's reassurance that non-digital options will remain for those who want them is important and welcome in this regard).

In summary, the vision set out in the Plan for Digital Health and Social Care is a good one, the ambitions make sense, and it deserves to succeed. Better use of tech and data offers significant potential to drive faster improvement in health and care – and we at the Health Foundation will continue to focus on this area in the coming years (for an example, check out the latest Q community project on the use of data to reduce backlogs equitably).

But delivering on the plan's ambitions is another matter. It will be a long, hard slog and require action on multiple fronts.

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https://www.health.org.uk/news-and-comment/blogs/the-plan-for-digital-health-and-social-care-what-will-be-needed-to-deliver