

NON-VERBATIM MINUTES

- DATE:** Tuesday, 17 October 2023
- TIME:** 14:45 – 15:45
- VENUE:** Room P, Portcullis House (and via Zoom)
- TITLE:** Empowering UK Healthcare through digital innovation
- CHAIR:** Chris Green MP (Con, Bolton West)
- SPEAKERS:** Dr Charlotte Blease - Philosopher and interdisciplinary healthcare researcher at the Department of Women’s and Children’s Health, Uppsala University, Sweden, and Research Affiliate at Digital Psychiatry, Beth Israel Deaconess Medical Center, Boston, USA.
- Cllr Dan Watkins – Cabinet Member for Adult Social Care & Public Health on Kent County Council.
- Robert Walker – Programme Manager (Health and Social Care & Justice and Emergency Services at techUK.
- Cllr Christopher Kennedy – Cabinet Member for Health, Adult Social Care, Voluntary Sector and Culture for Hackney Council.

Minutes

Chris Green MP, Chair of the APPG for Digital Skills, opened the meeting and welcomed speakers and attendees. Chris said healthcare is never far from the minds of politicians and digital aspects are increasingly important with many meetings taking place on the subject. Many record systems are still kept on paper, but there are huge advantages and opportunities for clinicians, universities and charities engaging with digital in regard to the health sector. Digital innovation could deliver huge benefits for patients. Chris expressed interest in integrated care systems in England, Scotland and Wales, but asked if the country has the digital skills we need and is the NHS in a position to recruit these skills?

Chris introduced and handed over to the first speaker, Dr Charlotte Blease.

Dr Charlotte Blease

Charlotte acknowledged that whilst there have already been considerable digital developments, it is easy to get caught up in hype and scepticism in this domain. We tend to overestimate the effect of technology in the short-term and underestimate it’s effects in the longer-term. Digital development will be linked to the machines and optimising the human skills.

Charlotte focused on the training of clinicians. Her surveys suggest there is a disparity between doctors and leading AI experts on incursions of digital tools regarding medicine. Charlotte did a survey in the United States looking at how medicine would change by 2029

and experts forecast changes to medical tasks and a need to increase AI training requirements for medical students. They also predicted that by 2029 there would be an increase in diagnostic accuracy for people with limited access to experts, for example, minorities and people with rare diseases. Doctors surveyed held a wide variety of views about the scope and potential for digital advances. Charlotte surveyed UK GPs in 2018 and most seemed ill-prepared for the digital age. Recent surveys reported that most doctors are excited about AI but only 1 in 3 feel knowledgeable about it.

Charlotte highlighted her research in regard to medical students. Education about digital advances is not routine, although elite education establishments have made small pockets of progress. In a recent survey in Ireland, more than 2 in 3 final year students said they spent zero hours discussing artificial intelligence on either a formal, or informal, basis. 4 in 10 had not heard of machine learning and 80% had not read an academic article on AI, yet most agreed AI should be part of their training.

Charlotte concluded by saying she feels this all points to a pan-national complaint, not helped by the apprenticeship nature of medical learning. Students are being taught for an analogue world. Recalibration of course content is needed, but noting that perfect is often the enemy of the good, short, targeted courses on digital health could be beneficial and content could be added to current education. Charlotte highlighted evidence-based medicine as one area where this progress could be achieved, where the evaluation of algorithmic decisions, including understanding the limits of these tools and how their usage compares to human decisions could be added. Because technology changes rapidly, education must include critical thinking skills.

Chris thanked Charlotte for her remarks and invited Cllr Dan Watkins to speak.

Cllr Dan Watkins

Kent is the most populated county council area in the UK with 1.5 million residents, and about 30,000 of those receiving care services. KCC spends almost £1 billion pounds annually on care. Dan concentrated his remarks on care which he said dovetailed nicely with Charlotte's remarks which focused primarily on clinicians.

Kent County Council (KCC) very much welcomes the care white paper and the transformative power of digital to improve safety, care and personalisation for patients which helps deliver independence. They deliver better social outcomes for patients and carers and reduce the demand for residential care, which delivers savings for the council amid budget pressures. With staff shortages, digital technology helps build capacity in the sector. Health and Social Care must reflect other sectors in embracing technology.

Within KCC they have a digital roadmap which recognises the importance of digital skills for their workforce. When people are referred to KCC they now do so via the digital front door, which involves a short web form where care service users, for example, undertake a self-assessment online so the initial heavy lifting is done digitally rather than by people. Technology solutions are being delivered in the home allowing people to remain independent for longer. These systems are in their early stages but KCC has high hopes for them. These projects are co-designed between staff and users.

KCC has a network of digital champions throughout the organisation to help colleagues access digital solutions.

In terms of the care sector, the workforce must be digitally literate. This is difficult to achieve due to the fragmentation of the workforce, which includes diversity, hundreds of providers and third sector organisations. Some are very digitally literate, but some remain far behind. KCC aim to get everyone to the same level and are delivering initiatives to help organisations develop their digital skills. The Skills for Care Digital Champions initiative is being tested and promoted throughout KCC which helps both internal and external partners.

Dan concluded his comments by highlighting a challenge where some managers and owners of the care organisations, in contrast to their front-line staff who are often younger and more used to smartphones and digital ways of working in their day-to-day lives, are slower to adopt these digital solutions in their organisations. KCC work with them to support these organisations to level up their digital skills. There remains a lot of paper in the system, leading Dan to conclude we remain in a transitional phase.”

The Chair thanked Dan for his remarks and introduced Robert Walker, of techUK and invited him to address the meeting.

Robert Walker

TechUK’s overarching aim is to make the UK the best possible place to be a tech company. They have over 1000 members, with their policy work looking at the application of market technology to specific markets. The Health and Social care Programme, the area Robert works within, aims to better digitise the health and social care sector. Around 400 members of techUK have an interest in health and social care.

Working closely with NHS England and the Department for Health and Social Care, techUK recently held a roundtable which looked at strategic and tactical solutions to digital skills within the NHS. It is worrying to note that there is a digital data and technology skills shortage across the UK in many sectors, a point alluded to by previous speakers and if this is not solved by 2030, by this time the NHS will need 32,000 digital roles.

We need to create the foundations for advances in technology and innovation that will positively impact the delivery of care to both patients and clinicians. NHS England has a target to implement Electronic Patient Records across all NHS Trusts by 2025, but this project has highlighted a small pool of digital skills. As well as EPRs, the NHS data app will connect all our health records and make our own healthcare journeys more integrated. Robert suggested we need a published NHS digital skills workforce plan. TechUK are identifying where they can help in this area and they advocate for the national curriculum to ensure that digital skills are integrated at primary and secondary school level.

They hope for an end to digital poverty, which should be led by the cabinet office and the implementation of a digital inclusion unit within the Department for Science and Innovation. They would like Government to work directly with combined authorities and councils to deliver digital skills programs and better target solutions to under skilled underrepresented groups and have called for reform to the apprenticeship levy to allow for high quality training to cascade through supply chains including increasing the rate of transferable funds from 25% to 80% and the lifetime of funds from two to five years.

Cllr Christopher Kennedy

The number of councils issuing Section 114 notices is at the highest level he has ever seen in over 20 years as a councillor in local politics. Most of these councils are citing the budget pressures faced by adult and social care as one of the main drivers to these financial difficulties, notwithstanding other important issues such as the gender pay gap, for example, but this suggests we need technology to help us.

Christopher had consulted the Directors of Public Health and Adult Social Care at Hackney Council (HC) before speaking today and they agree with Charlotte's earlier comments that digital skills can have a huge impression and help us make better use of resources, particularly at a time when they are shrinking. Simple things can save a vast amount of time. During COVID, HC switched to using python for data extraction and the amount of time they spent updating Covid dashboards for the week went down from 3 days to a couple of hours.

HC's Director of Social Care cited wearable and portable technology as the way forward for residents and staff, but noted that with, for example, pendants they do not prevent the falls that cause them to be required. Christopher agreed with Charlotte's view that we can overestimate technology's benefits in the short term but underestimate them in the longer term and questioned, in retrospect, the handing out of 8,000 pendants when falls often happen getting in and out of the bath, when the pendant is unlikely to be worn and not necessarily then within reach. Therefore, what appeared to be an easy solution was not necessarily so.

Christopher raised the ethics of technology, for example, the use of cameras in properties. How can consent be obtained for these installations, even when the intentions are good, for example, to ensure the safety of someone with dementia? Targets for digital access to appointments runs the risk of widening the digital divide. How do you make sure that the people who can't afford the technology have access to it?

Christopher concluded his comments by highlighting that the physical presence of a workforce will always be required, for example, for the residents who need help getting in and out of bed, to visit the bathroom and to feed themselves. Tech cannot do that for us. We should not be led by the tech, the tech should do what we want it to do. Different integrated care systems will have different strategies, slightly different priorities, slightly different resident groups and inequalities that they want to focus on. He agreed with the need to level up digital knowledge and, from personal experience, Christopher suggested a move away from medical records held on paper feels far away, making the 2025 target, in his view, difficult to reach.

Discussion

Sanjana Mehta from (ICS)2 asked about the enhancement of cyber security. Aside from skills has government done an impact assessment of demographics and who could be at risk of being left out of accessing health and social care?

Charlotte said the largest digital divide in the United States sits around disability, so the co-creation of digital tools will ensure no-one gets left behind. Meeting the patients in their own home will become more important.

Christopher said that 10% of residents in the HC area do not have a mobile phone, laptop or iPad. They have digital buddy schemes where people are encouraged to learn about digital skills and how to learn platforms in community centres or libraries. It is a concern

as slowly landlines are being switched off and digitised. Nearly all of the 10% mentioned rely on a landline to call their doctors or the hospital. We must be conscious of leaving a pathway open to this demographic.

Dan suggested that in the care sector the divide may not be as bad as other sectors as we are in a long transition towards digitising. There will still be care workers going into people's homes and spending time with people for decades to come and as long as they or the service user has the digital skills no-one should be left behind. We must have solutions for these people but not be nervous to pushing ahead because the budgets are so stretched we must move forward.

Baroness Verma, a former councillor in Tower Hamlets, acknowledged the strain on local authorities. We are far behind in digital and this cannot be taken lightly. In her borough there are literacy issues and some demographics have been underrepresented for fifty years. Telecoms are being switched off and we must ensure we remain accountable. People are not accessing jobs and something is not right when this divide remains, and has remained so, for decades.

Robert said that the mere presence of the words 'digital', 'data' or 'technology' can reduce job applications by 75% and of the people who do apply, those who are not data specialists discover the work is not very difficult, so this suggests there is a real barrier to progress.

Toby Parkins from Head Forwards said the digital programmes exist, which requires training, resulting in that they are not always used. The social care departments have huge time pressures to manage. He asked how we balance people being forced to use the technology or a more organic approach, which takes longer.

The Chair asked each of the speakers to respond, making any closing comments alongside their answer.

Chris said training has to be part of continued professional development and time must be made by the employer to allow this training to take place. The technology is there and has large benefits, so people must be adequately trained. Progress will be made from partnership and we must talk to our care workers and ask what they want technology to help them to do.

Robert said he agreed with continuous professional development. We must recognise that nurses, doctors and clinicians are not digital developers. Robert highlighted the immediate recruitment problem and that a sustainable recruitment model must be found.

Dan said that KCC are developing an intelligent piece of software that learns the natural rhythm of the individual and highlights any changes to this natural rhythm to both the care worker and their GP via an alert, advising them when an intervention may be needed. Developing custom alerts to ensure the person is well and safe is potentially a very powerful use of AI, but this only works well if the care worker has the skills to fit the application, explain it and monitor it. The doctor must interpret the feedback and the social worker and monitoring local authority must be able to adopt, assess and recommend it. We want organic adoption, but training may need to intervene to make the change as

digital will become too important to assessment and operations to avoid it, but the outcomes we can achieve are worth the effort.

Charlotte said the role of peer professionals are important. She works with a psychiatrist and where a patient will benefit from a remote monitoring app or online patient portals, they will immediately reform the patient to a digital navigator, who are volunteers, who train them on how to use the portal or app. Patients are the most underutilised resource in healthcare. Patients expectations about technology needs to be managed, as does clinicians but patients can be very helpful in spotting errors in their records.

Chris thanked all speakers and attendees for their contributions and closed the meeting.