

## RESPONSE TO CONSULTATION

# CCIA response to Change NHS: Help build a health service fit for the future

## ***Q1: What does your organisation want to see included in the 10-Year Health Plan and why?***

- Tackling silos that prevent services from working together and sharing data appropriately (either anonymised or with consent). The NHS should become more patient-centric with greater visibility over health data and interoperability between different services and stages in the care journey.
- Committing to innovation in the NHS and particularly scaling successful initiatives. New initiatives are always likely to start at the Trust or other subnational level, but too often successful initiatives start and end in a pilot. This limits the value of this innovation to the NHS and discourages commercial partners, which are not able to recoup the costs of investing in innovative programmes.
- Improving procurement and tackling artificial licensing barriers relating to legacy software.

## ***Q2: What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?***

Community-based care will tend to mean smaller and more specialised providers versus the general care available from hospitals. This means any barriers to adoption and interoperability of technology within the health service will have particularly pronounced effects. These organisations will have less capacity to overcome any problems and any costs will be harder to justify if they support smaller organisations.

If these barriers are overcome, however, technology can produce particular benefits in terms of enabling community care, with cloud connected devices enabling virtual care, remote monitoring and other means of improving effective care outside a hospital setting.

The Government should commit to investing in improved technology to support community care. It should also more generally see wider measures to improve NHS innovation and adoption of technology as a means to enable this shift.

## ***Q3: What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?***

- **Scaling innovation.** There are a very large number of innovative pilots that have been implemented in a small number of NHS Trusts and that have yielded positive results. Many of these have been confined to those Trusts for a prolonged period. While those pilot programmes still create benefits for the Trust(s) implementing them, not scaling the new service to the wider NHS limits the upside. These limits will deter new projects by reducing the return on success in what are often challenging programmes.
- **Tackling availability and transferability of data.** As a well-established national service, the NHS is a natural environment in which some degree of interoperability will enable more effective services. The goal should be for health, care and other public services to be able to engage effectively with healthcare data. This might mean anonymised data to support the delivery of more effective services, or allowing customers to give permission for their data to be used in new settings. Reports globally suggest 97% of healthcare data goes unused and the Government should aim for the UK to do much better than that.
- **Modernising procurement.** There is a general need to adapt procurement to the needs of modern, digital services with, for example, IT infrastructure now being provided as opex (through cloud services) rather than capex. Already challenging processes are exacerbated by licensing conditions for legacy software. Social Market Foundation research sponsored by CCIA found that such licensing restrictions would cost public sector bodies £300m in the next five years and “in in-depth interviews with public sector IT professionals, the SMF learnt that current software licensing rules are making it harder to switch between providers, and thus keeping them locked into pricey deals.”
- **Communicating around innovation.** There is always a risk that innovative programmes in a sensitive area like healthcare can be misunderstood (intentionally or not). If this is handled well, it will reassure NHS staff and partners that innovation is worthwhile to pursue. If not, reputational risk can deter innovation. It is therefore important that the Government, from the top down, works to defend programmes that involve partnerships with private sector organisations, using data in novel ways (with appropriate safeguards) or innovating more generally.
- **Skills.** Many organisations across the economy need to ensure that their workforce can engage with innovative new tools. Many CCIA members operate skills programmes supporting organisations including the NHS. The Government should encourage those organisations to work together across sectoral lines and develop best practices, learning what has and has not worked. Evidence on how to maximise impact is likely to provide the best support to NHS organisations with the capabilities and incentives to train. In its report on how the UK can seize AI opportunities, Google recommended the creation of a National Skills Service that would provide a platform and accreditation for

---

free and paid courses. The NHS as the largest single employer could play an important part in supporting (and benefitting from) these changes.

## ***Q4: What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?***

The UK is well-positioned to take advantage of important opportunities to spot illnesses earlier and tackle the causes of ill health, particularly genomics. This will require upfront investment in suitable screening, however the benefits could be very large. Taking advantage of that investment will depend on addressing some of the challenges identified elsewhere in this response to ensure that a broad range of organisations can make full use of the resulting data.

## ***Q5: Please use this box to share specific policy ideas for change.***

The NHS Innovation Service works to support organisations in bringing projects or ideas to the NHS. However, it is widely acknowledged in wider economic policy that there are distinct challenges in taking innovative ideas and scaling them into larger services. The environment for “scale ups” is a general concern for UK innovation policy and scaling up within the NHS also needs particular attention. If successful, this will encourage both the workforce and particularly commercial partners to engage with NHS innovation more; as the returns on investments in pioneering projects will be greater, the risks and upfront costs will be easier to justify.

There are a wide range of organisational models such an organisation could take (not mutually exclusive) including a purely advisory service, helping Trusts identify pioneering work elsewhere that might benefit them, or an organisation with a deeper role in the process of funding new ideas. The organisation might also provide an independent view on the effectiveness of new programmes, building trust they deliver what is claimed. This could go as far as funding new pilots on the condition that those pilots are designed in such a way (e.g. including randomised controlled trials where possible) that their performance can be robustly assessed and they can be replicated elsewhere (this was done in the U.S. welfare reform programme in the 1990s). Restricting the work of this new organisation to new pilots will delay its impact though so this might be a medium-term objective, with the immediate focus scaling existing successful pilots.

Work along these lines could be quick to do, established within the next year or so, and an impact could be expected “in the middle”, in the next 2 to 5 years, although the gains could grow over the longer term.