

Health Futures: Report of the PMPA/DH 2009 Seminar Series

Introduction

1. The Department of Health and the Public Management and Policy Association held three seminars between March and November 2009 to debate various aspects of the impact of information technology on health and health services in the future. Each seminar was attended by a mix of NHS professionals and health academics as well as those who comment on, supply to or are commissioned by the NHS in the UK.
2. The objective of the series was to hear about new developments, to reflect on the opportunities they gave for better public services, and to identify actions that would contribute to successful implementation.
3. Over the three seminars five keynote speakers led the discussions:

Jill Finney, Director of Marketing at the British Library described the British Library's experience of how people accessed and used information.

Dan Welling, Ipsos MORI, gave an overview of MORI's data on people's views on information issues, particularly in the health context.

Harry Cayton, Chair of the National Information Governance Board for Health and Social Care, and formerly the DH National Director for Patients and the Public, focused on the citizen's experience of new health technologies and how patients could drive change.

Simon Tucker, Young Foundation, reviewed recent innovations in using the web to create health-focused communities of interest.

Dr Marc Bailey, Nokia, gave an update on developments in mobile phone technology and health and the world-wide challenges.

4. From these diverse perspectives, a number of key themes emerged throughout the series. These can be presented as a series of interlocking relationships.

The relationship between individuals and information

5. The debate under this heading related to the way individuals acquire, access and release information. Key points were:
 - a. There were issues around the ownership of personal data, with some public organizations taking the view that they owned data on individuals, but a growing viewpoint that individuals owned their own data and made it available to public organizations so they could deliver the right services. Commercial products such as Microsoft Health Vault allowed individuals to upload their health information into an online secure store. This was especially useful for people who traveled a lot, but was still restricted to patient-held rather than NHS-held records.

- b. There were issues about access to information. Information on all sorts of issues was now more widely available through the web, but individuals accessed it in a way that was different from the way in which they looked at printed information – skipping or bouncing across web-pages. People were also changing their attitude to paying for information, with a growing expectation that everything would be available online and free of charge. This was leading to some new challenges – for example NICE was under pressure to make public some of the algorithms it used to assess drugs, but knew this would lead to drugs companies changing their behaviour as a result.
- c. It's not possible to generalize what “people want” in relation to information – people are not all the same. They vary in their appetite for information, their willingness to search for it, and their willingness to be involved in decision-making about their health or public services more widely. There was an ongoing debate about the extent to which better information increased the likelihood of treatment success.

The relationships between people and technology

- 6. The core of the debate in this area related to the way in which technological change drove people's behaviour or whether it was the other way around. Four key points were made:
 - a. New technology was valuable in doing old things in new ways. Examples included Nokia's use of mobile phones by nurses to report infectious disease outbreaks in India – reducing the time from outbreak to the hospital issuing the necessary medicines by 11 days, or the use of online patient support groups as a source of patients for a new drug trial. But the real value was in using it for doing genuinely new things – such the “Healthmap” bottom-up, user-led networks for swine flu reporting – picking up outbreaks about a month before official sources.
 - b. Experience in the commercial sector suggested “people power” drove the success of interactive technologies – Amazon's “if you like this, you'll also like...” was the classic example in which the actions of individuals were aggregated and fed back to others.
 - c. It was generally felt that many technologies which could change the way the NHS worked were already in place, but weren't yet being harnessed. The challenge was not a technological one, but one of harnessing innovation.
 - d. In the English NHS structure, PCTs found it hard to “commission for innovation” as they were small, fragmented organizations. This would be likely to hinder the uptake of innovation. In addition, in the current climate, creating the space for new developments meant decommissioning other services, which required both strong leadership and political cover.

The relationships with professionals

7. One of the oft-quoted lines about the widespread use of modern technologies for health information is that it will put health professionals, especially GPs out of business. However the discussion repeatedly came back to a view that this was completely untrue – in fact the reverse was the case. The role of the GP seemed to be more and more important in interpreting and selecting relevant information for patients, and giving authoritative advice.
8. This was because:
 - There were many different versions of “the truth” available on the web and so easy access to information did not of itself lead to a clear decision as to a course of action;
 - People recognized that, unlike, for example, car insurance, health was a specialist subject and specialist knowledge was valuable
 - The issue of “trust” was critical. In an era of plentiful information there needed to be trusted sources. GPs, other health professionals, the NHS and other brands (such as the British Library) were considered to be trustworthy sources of information.
9. We also discussed the role of nurses, especially in community-based health care. Examples from developing countries suggested that equipping nurses with mobile phones or information was the most effective way of reaching communities with health information and changing cultures to healthy ways of living.
10. This approach did have implications -
 - a. For GP behaviour. MORI's data suggested that patient satisfaction was strongly correlated with the doctor being able to answer the questions raised by the patient. If the information world means a greater role for GPs, this needs to be understood and supported;
 - b. For education and training programmes for health professionals in understanding how patients may be using web or other information
 - c. For professional institutions, to be part of maximizing and harnessing new technologies, seeing it as an opportunity rather than a threat.
11. Harry Cayton summed up this part of the debate well – “the future is about new therapeutic relationships, not new therapeutic technologies”.

Relationships with society and the state

12. The fourth theme that emerged from the discussion concerned how society and the state responded to emerging health technology. This had a number of different aspects:
 - a. Evidence from the industrial revolution onwards suggested that while the private sector led in innovation, widespread uptake came when the state adopted the changes and used its mechanisms to roll them out.

- b. If health technologies were considered to be beneficial in the UK, a key challenge was therefore how to find a way for the NHS to identify and adopt innovations and roll them out nationwide. The fragmentation of the commissioning landscape, and the lack of a central focus, were considered to be barriers to this.
- c. In the meantime, there was considerable concern about the emergence of an "inverse information law" in which those who most needed access to information or technology (the elderly, housebound, geographically remote) would be least able to do so and increasing technology would mean increasing health inequality. As Harry Cayton said "the future is with us, it's just unequally distributed".
- d. Finally, there was the challenge of regulation. For example, the current mobile health world was described as being "a bit like the Wild West". The US Food and Drug Administration was just starting to license mobile health products and the first international mobile health conference had been held that year. However it was possible that regulation was not the answer in this area as it was too fast-moving, global and dynamic. Trust might need to replace regulation as the safeguard.

Conclusions

- 13. The three seminars in the DH/PMPA series proved stimulating and challenging. They suggested that there were huge opportunities for using new health technologies and for health information to change health services, health practice and health outcomes for the better. Change would come from both new ways of doing things, and doing altogether new things. Opportunities ranged from those relating to the wider availability of information for all, quicker reporting of killer diseases allowing rapid response, and ways to support the elderly or excluded to remain safe, well and independent.
- 14. The seminars also raised a number of challenges to be met if the opportunities were going to be maximized for the citizens of the UK. These included recognizing the individual nature of web and mobile technology, the fact that different people and groups wanted different things from information technology, and therefore the need to develop services which were flexible and responsive. They also included the challenge of scaling-up the rapid and exciting innovations happening in the UK and across the world to the benefit of NHS patients.
- 15. The seminars concluded by suggesting that these challenges needed to be addressed by many different organizations involved in UK healthcare – private sector companies, the Department of Health, the NHS, professional bodies, academic departments and key influencers such as the King's Fund. Only by seizing the opportunities could the benefits to future health be realized.

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