

REFORM

Health Conference: Unlocking the promise of digital health

Wednesday 5 June 2019

@reformthinktank
#reformdigitalhealth

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Agenda

09.30– 09.55 Registration

09.55 – 10.00 Welcome and introduction by
Eleonora Harwich, Director of Research, *Reform*

10.00 – 10.20 Opening remarks
Simon Stevens, Chief Executive, NHS England

10.20 – 10.30 Putting the patient at the centre –
interview with a patient

10.30 – 11.20 Session One –
Digital Healthcare: decades of promises?

This session will address the factors that lead to failure in digital health.

Talk 1: Bad ideas or poor implementation? Denise Silber, Founder, Doctors 2.0

Talk 2: Typical trap: the tech-first approach Emma Bradley, Product Strategy Lead, Empower the Person, NHSX

Talk 3: The dangers of poor health tech design Pete Trainor, Co-Founder and Strategic Design Director, Us Ai

11.20 – 11.50 Break and refreshments

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11.50 – 12.45

Session Two – Getting the implementation right

The discussion will highlight the key enablers for delivering successful digital healthcare solutions from getting data to partnership models right.

Introduction to session Steven Fay, Country Lead UK & Ireland and Head of Integrated Care Solutions, Baxter Healthcare

Talk 4: Getting the data right Yvonne Gallagher, Director of Digital Value for Money, National Audit Office

Talk 5: Delivering high-value partnerships Lydia Torne, Managing Associate, Simmons & Simmons

Talk 6: The Sovereign Health Fund Annemarie Naylor MBE, Director of Policy and Strategy, Future Care Capital

Chair: Maxine Mackintosh, Doctoral Student, Alan Turing Institute and Co-Founder, One HealthTech

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12.45 – 13.00

Session Three – User voices: experience of digital healthcare

A patient will describe how their story and experience helped shape the design of a healthcare technology.

Talk 7: Patient Storytelling Liz O'Riordan, Consultant Breast Surgeon with recurrent breast cancer

13.00 – 13.45

Session Four – Reimagining the future of healthcare

The session will explore the future of healthcare, discussing emerging international trends and the technologies that are likely to come into fruition in the coming years.

Talk 8: The global perspective Jonathan Pearson, UK and Ireland healthcare lead, PA Consulting

Talk 9: Imagining a Better Care System for a Fairer Future Lydia Nicholas, Programme Manager, Better Care Systems, Doteveryone

Talk 10: A healthy future: Health beyond healthcare Maneesh Juneja, Digital Health Futurist

Chair: Claudia Martinez, Research Manager, Reform

This session is kindly sponsored by:

**13.45 – 13.50**

Closing remarks



Eleonora Harwich
 Director of Research, Reform
 @EleHrwch
 @reformthinktank

Reform Comment: setting the agenda

The speed of today's technological progress has allowed for incredible breakthroughs, such as the faster detection of breast cancer using artificial intelligence, or better access to healthcare using telemedicine. It has been almost thirty years since the NHS launched its first IT strategy. However, the healthcare system is still heavily paper based and digital transformation plans can often be implementation disasters. In this context it is crucial to ask whether digital healthcare has delivered on its promises.

As a digital healthcare enthusiast, it can be hard to ask that question and face the hard truth that it hasn't always worked so well. However, at Reform we truly believe in the value of creating forums to have these honest conversations and hopefully it's what this conference will bring today.

The event will start off by looking at the peaks and troughs in the history of digital healthcare and draw lessons from the mistakes that have been made. There is only so much that can be gained through digitising existing processes. Real digital transformation is about understanding organisational change and the outcomes that need to be achieved.

There are certain traps that can be avoided, such as having a 'tech will solve it all' approach. Digital technologies do not absolve anyone from having to think hard about the reforms that need to be put in place to create a better system. Yet, there are some important technical requirements that need to be addressed in order to harness the power of healthtech. Having a solid data architecture is crucial for the delivery of better direct patient care and the development digital tools that can improve the quality and efficiency of that care.

"At Reform we truly believe in the value of creating forums to have these honest conversations"

Poor design is yet another trap to avoid. Patients and healthcare practitioners should play a crucial role in the design of these technologies. Co-creation and design do not only ensure that healthcare technologies respond to the needs of the user, but also to how they use the tool.

Many of these digital healthcare tools necessitate the creation of partnerships between patients, NHS organisations, the private sector and universities in order to be developed. The nature of these partnerships is key to the creation of a trustworthy healthtech ecosystem. There are many debates about what these partnerships should look like and what a fair apportioning of value is between patients, the NHS and industry when there is access to data held by the NHS to create a product or service.

For the UK to truly harness the power of healthtech it needs to have an international outlook and understand what lessons it can learn from innovation in other countries. It will also need to be forward thinking and look at what the future of health and care might look like.



Speakers

Eleonora Harwich

Director of Research, Reform
@EleHrwch
@reformthinktank



Eleonora Harwich is Director of Research and Head of Digital and Tech Innovation at *Reform*. She has been involved with a wide variety of research projects ranging from assessing issues with ways of measuring public sector productivity, to developing a model for performance assessment within prisons.

Her work now focuses on how tech innovations can help deliver public service reforms. She has published papers on artificial intelligence in the NHS and on data sharing within the public sector. She is also member of the Kent, Surrey, Sussex Academic Health Science Network Advisory Board for their AI Programme. She is also the London Hub Lead at One HealthTech, a volunteer-led network, that seeks to promote diversity in healthtech.

Simon Stevens

Chief Executive, NHS England



Simon Stevens is CEO of NHS England, which leads the NHS' work nationally to improve health and ensure high quality care for all. As the NHS Accounting Officer he is also accountable to Parliament for over £100 billion of annual Health Service funding.

Simon joined the NHS through its Graduate Training Scheme in 1988. As a frontline NHS manager he subsequently led acute hospitals, mental health and community services, primary care and health commissioning in the North East of England, London and the South Coast. He also served seven years as the Prime Minister's Health Adviser at 10 Downing Street, and as policy adviser to successive Health Secretaries at the Department of Health.

Simon was born in Birmingham, and was educated at Balliol College, Oxford University; Strathclyde University, Glasgow; and Columbia University, New York where he was Harkness Fellow at the New York City Health Department. He is married with two school-age children and volunteers as a director of the Commonwealth Fund, a leading international health charity. He has also been a trustee of the King's Fund and the Nuffield Trust and Visiting Professor at the London School of Economics.



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Session One: Digital Healthcare: decades of promises?

Denise Silber

Founder, Doctors 2.0
@doctors20
@health20paris



Denise Silber is the Founder of Doctors 2.0, an event consultancy as well as an international thought leader and social media influencer in digital health. She has devoted over 20 years to the development of healthcare innovation in France, the USA, and internationally. Denise, as a strategic thinker, author, emcee and speaker, supports the improvement of healthcare through online communication and by bringing proven digital tools, talented start-ups, and the patient experience in innovation, to medical and consumer audiences globally.

Denise was awarded the French Legion of Honor in 2011 for her contribution to eHealth. Denise has a Harvard MBA and serves the alumni community as vice-president of the Harvard Club of France. In 2018, she was named one of the #InspiringFifty women in tech in France.

Emma Bradley

Product Strategy Lead, Empower the Person, NHSX
@nhsx



Emma is a specialist in digital transformation and is experienced in setting vision and strategy, product development and programme management. As Product Strategy Lead for the 'Empower the Person' portfolio within NHS England, Emma is responsible for defining the future digital services that will empower people to take personal responsibility for and manage their health and care. She works across organisations and teams to ensure digital tools and services provide a consistent and intuitive experience and defines implementation approaches that enable them to be adopted across all levels of the system at pace. Emma is passionate that integrating digital into care provision will improve health outcomes, reduce health inequalities and ensure a sustainable NHS for the future.

Pete Trainor

Co-Founder and Strategic Design Director, Us Ai
@petetrainor



Pete Trainor is an author, applied Artificial Intelligence designer, technologist, accidental polymath, mental health campaigner and co-founder of Us Ai. He talks all over the world on creative and social technologies, data, AI and the physiological and psychological effects on their audiences. His book *Human-Focused Digital* takes a philosophical look at technology and design, challenging us to look inwardly when designing future technologies.

Over the last three years, Pete has helped pioneer an entirely new approach to AI focused products, one that looks at 'self-evolving systems' and 'minimum viable personality' to help solve societal and human issues.

Pete chairs the AI Think Tank for The British Interactive Media Association, and AI FS, the UK's Financial Service Think Tank for AI and Machine Learning. He was voted as one of the five most influential people in the British digital industry in 2017.

Session Two: Getting the implementation right

Steven Fay

Country Lead UK & Ireland and Head of Integrated Care Solutions, Baxter Healthcare
@baxter_intl



Steven's career in Healthcare began in the 1990s as a Vet in practice. Steve moved into industry 20 years ago and has a demonstrated track record of commercial success. After 10 years in the pharmaceutical industry with Pfizer, Steve joined Baxter. He has worked in roles of increasing responsibility, culminating in heading up the Integrated Care Solutions team, who work in partnership with the NHS to support, among many things, pathway redesign and Value Based Healthcare. Steve is also Country Lead for UK and Ireland. He is passionate about changing the relationship between suppliers and the NHS from purely transactional to partnerships that focus on Real World Outcomes for patients.

Lydia Torne

Managing Associate,
Simmons & Simmons
@SimmonsLLP



Lydia Torne is a Managing Associate at international law firm, Simmons & Simmons. Lydia advises on intellectual property transactions in the life sciences sector, including licensing, collaboration agreements, joint ventures, consortium agreements, commercialisation agreements and monetisations. Lydia also advises on regulatory compliance issues including product classification, market access, and promotion. Lydia has a particular focus on digital health and has written and spoken extensively on the subject.

Annemarie Naylor MBE

Director of Policy and Strategy,
Future Care Capital
@commonfutrs
@FCC_UK



Annemarie is Director of Policy and Strategy at Future Care Capital, a charity that helps to shape future health and social care policy to deliver better outcomes for society. She previously established the Asset Transfer Unit for England and assumed responsibility for enabling the transfer of publicly owned land and buildings to communities funded by Ministry for Housing, Communities and Local Government and the Big Lottery Fund. Her work involved supporting the acquisition and development of broad-ranging assets in community hands culminating in an MBE for services to community asset ownership.

Yvonne Gallagher

Director of Digital Value for Money,
National Audit Office (NAO)



Yvonne has over 25 years' experience in IT, business change, digital services and cyber and information assurance. She has held senior roles in the private sector in large organisations including Prudential and Network Rail. Yvonne was Chief Information Officer in two government departments, as well as Chief Digital Officer and CIO in the private sector before moving to the NAO. Yvonne is also a Fellow of the BCS and member of their Organisation and Employer board. Yvonne's role in the NAO over the past five years is to support their work for Parliament evaluating how well Digital and associated business change programmes are implemented to deliver value for money.

Chair: Maxine Mackintosh

Doctoral Student, Alan Turing Institute
and Co-Founder, One HealthTech
@Maxi_Macki



Maxine is an PhD student at the Alan Turing Institute and University College London's Institute of Health Informatics. Her PhD involves mining medical records to uncover early signs of dementia. She is interested in how we might make better use of routinely collected data to inform our understanding of health and diseases. Maxine is the co-founder of One HealthTech – a community which champions and supports underrepresented groups, particularly women, to be the future leaders in health innovation. Her professional work has led her to the Royal Society, Roche, L'Oreal, Department for International Development and NHS England. She is part of several communities and committees including the World Economic Forum's Global Shapers, and the British Computer Society (Health Exec).

Session Three: User voices: Experiences of digital healthcare

Liz O'Riordan

Consultant Breast Surgeon
with recurrent breast cancer
@Liz_ORiordan



Liz O'Riordan is a Consultant Breast Surgeon, who was diagnosed with Stage III breast cancer at the age of 40 in July 2015. Liz started a blog to help to come to terms with her cancer diagnosis, and now formally writes and talks about her experiences. This led her being nominated for a 'Woman of the Year' award in 2016. She had a local recurrence in May 2018 and has just finished treatment. She co-authored *The Complete Guide to Breast Cancer: How to Feel Empowered and Take Control* with Professor Trisha Greenhalgh.

Session Four: Reimagining the future of healthcare

Jonathan Pearson

UK and Ireland Healthcare lead,
PA Consulting
@PA_healthcare



Jonathan leads PA's healthcare business in the UK. As a consultant he blends analytics, digital and transformation capabilities with deep health expertise to solve client problems and impact people's lives. His main areas of interest are strategy execution and value creation; digitalisation and productivity; advanced analytics; operational excellence, commercial strategy and transactions; venture management; capital development and investment appraisal; and population health management. Jonathan has led, shaped and directed a wide range of assignments for clients across public healthcare, private healthcare and life science sectors.

He won, with colleagues, the Healthcare Deal of the Year award in 2014 from Acquisition International; and he won a Management Consultancy Association award in 2015 for thought leadership.

Maneesh Juneja

Digital Health Futurist
@maneeshjuneja



Maneesh Juneja is a Digital Health Futurist who explores the convergence of emerging technologies to see how they can make the world a healthier and happier place. He looks at these technologies in the context of socio-cultural, political and economic trends, helping organisations around the world to think differently about the future. He is passionate about ensuring the choices we make in society result in a better future for everyone, not just the privileged few.

In 2012, he left his career at GlaxoSmithKline to immerse himself in the new world of Digital Health. In a career spanning 20 years, Maneesh has worked with data to improve decision-making across a number of industries. From supporting the Whitehall study at University College London, managing the Tesco database at DunnHumby, and most recently, working with the world's largest U.S. & European patient databases at GlaxoSmithKline R&D.

Lydia Nicholas

Programme Manager,
Better Care Systems, Doteveryone
@LydNicholas
@doteveryone



Lydia is Programme Manager of Better Care Systems at Doteveryone, exploring ways automation can be part of a more sustainable, fair care system.

Lydia is an anthropologist specialising in the implementation of technology policy in health and social care. She previously was a senior researcher in Nesta's Futures Team and Health Lab working on projects such as Collective Intelligence in Patient Organisations, Social Movements in Health and AI in Clinical Practice. She explores health futures through storytelling and participatory workshops such as "Townhall 2020: should AI run your local services" and "Infectious Futures: Science Fictions from a world after antibiotics." She studied Digital and Medical Anthropology at UCL and researched the implementation of new electronic record systems with UCL's Interaction Centre and Great Ormond Street Hospital.

Chair: Claudia Martinez

Research Manager, Reform
@claumartinezv
@reformthinktank



Claudia Martinez is Research Manager at Reform where she leads on a variety of research projects, including health tech, mental health and social care policy. Prior to Reform, Claudia was part of the research and innovation team at Clarion Housing Group, delivering a strategic innovation programme for assistive technologies across the care and support business. She was involved in several projects, including scoping out an integrated telecare and telehealth service model for a London Local Authority; assessing the impact of the digital switchover on housing providers; and evaluating the effect of AI-powered monitoring technologies in people's health and wellbeing outcomes.

She has worked with partners in academia, local government and technology start-ups. Claudia is passionate about "technology for good" and its potential to deliver transformative change in public service delivery.



Steven Fay
Country Lead UK & Ireland
and Head of Integrated Care
Solutions, Baxter Healthcare
[@baxter_intl](#)

Implementing digital technologies: making it happen

The value of digital innovation is relatively well understood by policy-makers, NHS leaders and patient groups. There is, however, still a challenge in making it a reality and ensuring the effective adoption and spread of digital technologies across the NHS.

As the number of people who require care rises, this places huge pressure on already stretched acute health services. This has led to increased efforts across the NHS to introduce innovative technologies that help shift care out of acute hospitals and enable people to self-manage their conditions in a home or community setting. Supporting effective self-management using digital technologies represents a promising strategy for treating and preventing complications related to long-term conditions. They can offer opportunities to improve privacy, free up more time for personal interactions, reduce costs, and make it easier for patients to navigate their own healthcare. Inevitably, there are barriers to the introduction and spread of digital technologies. These include a lack of funding, poor interoperability of systems, governance concerns, evidence, technological literacy and capacity to implement.

Implementing new technologies will also require overcoming organisational inertia and resistance to change. Embedding a different system into clinical practice can be particularly challenging. Delivery is likely to be more successful if the local clinical community supports the change. A key element of growing and maintaining momentum around a new approach is therefore bringing the wider clinical community on board as early as possible. In fact, it is a must. Collaboration between all affected stakeholders, directly or indirectly, is the only way to successful implementation, and that includes the suppliers of the technologies.

Baxter has a team of trained people who work collaboratively with trusts to understand their patient pathways and identify the pinch points, highlighting where changes are likely to be needed to achieve the desired outcomes.

Collaboration has enabled hospitals to successfully embed the use of a digital two-way cloud based remote management technology to manage dialysis, allowing patients and clinicians to input and monitor therapy data, moving care out of hospital and leading to a positive impact for patient's support. To do this clinicians have needed to change and adapt to a different way of managing patients and work flow. They have moved away from seeing patients in clinics on a reactive basis, to proactively reviewing patients daily and managing them remotely before patients present in clinic with complications. Identifying problems in patients much earlier than before reduces the need for patient visits and saves on staff resources.

"Implementing new technologies will also require overcoming organisational inertia and resistance to change."

The process does not end when a digital technology has been implemented. Investing in a programme of organisational change may be needed to make sure the technology becomes embedded in practice. This requires a culture that is receptive to change and an environment where all staff feel empowered to spot opportunities to improve. Once the change is fully implemented, it is important to monitor to ensure the original aims and benefits are being achieved.

Having worked in partnership with many trusts over the years Baxter has learned much about what can go well and what can go wrong. We wanted to put our learning to good use, so asked a group of experts in their field from across the NHS to talk through their experiences of implementing change. From this, Baxter has developed a toolkit to support frontline NHS employees to introduce innovation to service delivery. The toolkit brings together a range of tools and resources in an accessible guide. It will help those considering new approaches to find the most effective routes to delivering change.



Jonathan Pearson
UK and Ireland Healthcare
lead, PA Consulting
[@PA_healthcare](#)

Long NHS waiting times are killing UK productivity: Harnessing emerging technologies

We now live our everyday lives in a digital world where new technologies like artificial intelligence and virtual reality are taken for granted. They have transformed the way we receive services and, in many cases, made them more convenient and more efficient. In contrast, much of the UK healthcare system is failing to keep pace with these developments and has been unable to harness the benefits of this technology to deal with growing demand and increasing waiting times.

The NHS's recently announced plan to use Skype for hospital appointments is a step in the right direction as well as the advent of technology allowing virtual consultations with a GP that will mean more people have access to high quality and faster care.

"What is needed now is a careful examination of where particular technology can add value to the organisation"

We are also seeing individual trusts beginning to innovate with new technologies. The Hillingdon Hospitals NHS Foundation Trust has adopted a system of sending appointment reminder texts to patients, which reduced clinic no-shows by 18 per cent in three months. The Trust also deployed innovative new software tools at its two hospitals, which led to 80 additional hours of surgery and 430 more outpatient appointments per month. Theatre use also improved from 75 to 82 per cent.

Yet these tend to be the exceptions, the NHS as a whole isn't effectively embracing advancing technologies such as mobile apps, wearables, and virtual consultations which could make a real impact on reducing waiting times. What is needed now is a careful examination of where particular technology can add value to the organisation and, in particular, how it will work with the existing IT systems and ways of working. This also means being aware of the pitfalls and avoiding the temptation of simply embracing the latest shiny, new product. Any decision about technology needs to be based on the understanding that its successful implementation is not about the device but its ability to drive certain behaviours. In order to do this, it needs to be seen as effective and easy to use by practitioners and patients. If it is not, it will simply be a waste of money.

The NHS has a real task ahead of it in educating staff and patients on the benefits of different technologies and understanding what will make the difference. However, it will be worth the effort as it is clear that injecting innovation into the sector will make a real difference to treatment, reducing sickness at work and improving the productivity of the economy.



Join us in 2019

Reform is established as the leading Westminster think tank for public service reform. We are dedicated to achieving better and smarter public services. Our mission is to set out ideas that will improve public services for all and deliver value for money. We are determinedly independent and strictly non-party in our approach.

We work on core sectors such as health and social care, education, home affairs and justice, and work and pensions. Our work also covers issues that cut across these sectors, including public service design and delivery, and digital public services.

Reform is a charity, funded by philanthropic individuals, corporate organisations and other charitable trusts. We aim to produce research of outstanding quality on our core sectors. If you share our passion for quality public services, please consider joining as an individual or company.

If you would like to find out more or are interested in supporting our work, please feel free to contact Charlotte or Caoife.



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