

# Permission to hope

The path to success in England's healthcare reorganisation: Insights from the Nuance UK Healthcare Council, in collaboration with <u>CHIME</u>.



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On 5th April 2022, health and care executives from England and international guests met at The King's Fund, London, for the inaugural meeting of the Nuance UK Healthcare Council.

### **Executive summary**

The Nuance UK Healthcare Council has been formed to encourage digital health leaders from across the NHS to share best practices and support each other as we transition to digitally-enabled healthcare in the UK.

This inaugural session, held at the London head-quarters of The King's Fund, gave industry leaders an unprecedented opportunity to sit down together and talk about the challenges they face every day in their organisations. This session's discussion stemmed from the government's busy reform agenda, as decision-makers work to advance the NHS—especially on the digital front—while overcoming longstanding funding and resource challenges and the ongoing impact of COVID-19. With the recently passed Health and Care Act 2022, leaders are anticipating dramatic changes to both the legislative framework and the daily realities of delivering health and care during the pandemic recovery and into the future.

Key insights from the session include:

- Mechanisms to collaborate between Trusts are currently few and far between—but there's a strong appetite to learn and progress together.
- There's a real opportunity to draw on lessons from the US and other health systems to guide investment and effort.
- Workforce management, including retention and growth, is a major challenge—especially as hospitals try to work through the backlog created by COVID-19.
- Digital initiatives need to target clinical and nonclinical settings to make a real impact on the NHS, considering the needs of medical staff, support teams, and patients.

Though it's a massive undertaking to steer the NHS into a sustainable, digitally-enabled, patient-centric future, this initial Council meeting is the starting point that will help galvanise partnerships and operationalise the transition to the integrated care system (ICS) structure.

"This inaugural meeting of our Healthcare Council gave us permission to have hope in the notion that together we could make an impact on the reorganisation of England's healthcare system."

— Dr Simon Wallace, CCIO, Nuance Communications



London headquarters of The King's Fund



#### The Nuance UK Healthcare Council

#### Keynote speaker:

#### **Richard Murray**

CEO, The King's Fund

#### **Guest speaker:**

#### Stephanie Lahr, MD, CHCIO

CIO & CMIO, Monument Health

#### **Facilitators:**

#### **Russ Branzell**

President and CEO CHIME

#### Tim Stettheimer

Vice President, Education CHIME

#### Jane Dwelly

Vice President, International (UK)
CHIMF

Many thanks to the Council members who contributed to this discussion:

#### Dr James Reed

CCIO, Birmingham and Solihull Mental Health NHS Foundation Trust

#### Dr Paul Altmann

CCIO, Oxford University Hospitals NHS Foundation Trust

#### Glenn Winteringham

Group Chief Digital Officer, Royal Free London NHS Foundation Trust

#### **Ellen Armistead**

Executive Director of Nursing and Deputy CEO, Calderdale and Huddersfield NHS Foundation Trust

#### **Louise Croxall**

Chief Nurse Information Officer, Calderdale and Huddersfield NHS Foundation Trust

#### **Helen Crowther**

National Digital Primary Care Nurse Lead, NHS E&I

#### Mike Cavaye

CIO, Surrey & Borders Partnership NHS Foundation Trust



# The state of England's healthcare system reform in 2022

Keynote speaker Richard Murray, CEO of The King's Fund, launched the first Council meeting with an overview of the current state of our healthcare system and its ongoing reforms.

Health and social care in England is at the centre of an incredibly complex balancing act. Challenges decades in the making—from shrinking budgets to an overstretched workforce—have been dramatically exacerbated by COVID-19.

The impact of COVID-19 has been well-documented: pressure on ICUs, reduction in available appointments, a growing backlog of postponed appointments and interventions, and more. England's healthcare services have been working in emergency mode for over two years, which has exhausted the workforce and eroded trust with the public. Overworked care professionals are leaving their roles in droves, and filling those vacancies is an ongoing struggle. This limits care provision, just as people are starting to seek care regularly again.

Indeed, many put off attending GP surgeries and emergency departments—even with potentially serious symptoms—due to COVID-19 fears or an unwillingness to put extra pressure on primary care providers or the NHS. This means many are now presenting late with conditions left untreated for months, needing more complex care and requiring resources that simply aren't available.

Reform is a necessity to aid England's healthcare services as they tackle these challenges and target improvement.

Digitally-focused reform has been underway within UK healthcare since at least 2014, when the newly formed NHS England began to introduce core elements of a digitally enabled NHS including efforts to educate the workforce in digital skills, but progress has been limited. This year's Health and Care Act 2022, which passed in late April, is the most comprehensive attempt at reform yet, setting out a complex agenda for the coming years.

The Act will formalise the integrated care system, integrated care board (ICB), and integrated care partnership (ICP) structure—signalling the shift from competition to collaboration. Each ICP will need to develop an integrated care strategy by working with multiple NHS bodies and industry partners, as well as the people who live and work in the area, and local stakeholder organisations. It's a mammoth task, but this collaboration and cooperation will be vital to ensure better care for all patients, better experiences for patients and providers, and more sustainable use of NHS resources.

However, though it includes wide-ranging measures for social care, public health, and quality and safety oversight, the Act doesn't include any provision to deal with the growing shortage of healthcare professionals. Leaders involved with implementing the Act's requirements will need to find ways to effectively manage their workforce alongside the new demands.

### An ambitious plan for reform

Since the Council met, the Department of Health and Social Care has published its plan for Digital Health and Social Care (29 June 2022), which sets out intentions for using digital health technology to achieve four key goals:

- Prevent people's care needs from escalating
- Personalise care and reduce health disparities
- Improve the experience and impact of providers
- Transform performance

The plan focuses on embedding digital technologies throughout the healthcare system—from digitising patient records to implementing Al-powered imagesharing and clinical decision support solutions.





### Key reorganisation challenges

Throughout the day, our Council members discussed English healthcare's most pressing challenges, both across the whole industry and within their own trusts and organisations, including:

- Effectively managing the transition to the ICS structure. From 1st July, 42 integrated care systems will be established in England in the biggest shake-up from the 2022 Health and Care Act. NHS trusts, foundation trusts, primary care, social care, and VCSE groups will be working together to provide care continuity and improve community health.
- Introducing effective collaboration. After years of working largely independently, providers will be collaborating closely to deliver joined-up care through place-based partnerships. That means they'll need to adjust to each other's systems and workflows—and work to overcome the previously instilled sense of competition.

"It's important that the chief executive and C-suite are engaged. If you don't have that, it just gets pushed to IT clinical informatics is the bridge."

- Glenn Winteringham, Group Chief Digital Officer, Royal Free London NHS Foundation Trust
- Getting engagement from leaders while prioritising staff needs. Just like in business, gaining C-suite buy-in is vital for progress. However, for our Council members, it was important to note that this leadership engagement shouldn't come at the cost of listening to the needs and voices of frontline staff, both clinical and non-clinical.
- Choosing the right digital solutions. Many providers are undergoing significant digital transformation. But our Council members voiced concerns that many teams—under pressure to advance quickly and within a small budget—are at risk of simply replicating outdated paper processes in a digital environment.

"Effective engagement is also about engaging non-clinical staff in the clinical agenda. It's vital, but often forgotten."

- Dr Paul Altmann, CCIO, Oxford University Hospitals NHS Foundation Trust
- Finding the best way to digitise and improve such a complex ecosystem. English healthcare is already complicated. And the shift to neighbourhoods, places, and partnerships will likely add more complexity. This means there's no single best solution that will suit all environments; even with close collaboration, individual providers will likely still need to develop their digital systems independently.
- Improving the everyday experience for medical professionals. Burnout is one of the biggest contributors to clinical staff leaving the profession; so many are choosing new careers that the industry is anticipating a long-term shortage that will be keenly felt. Tackling causes of burnout, including excessive daily workloads and overly complex patient management systems, is one of our Council's top priorities.
- Routing patients to the right resources. The Council noted that GPs play a key role in guiding patients to the appropriate care options, whether that's referring them to social care, mental health support, a pharmacy consultation, or another route. The real challenge is ensuring those resources can effectively support them when they arrive; social and mental health care in particular are often too stretched to manage patient needs.
- Centring the patient experience in every initiative. Patients should be at the core of everything we do, especially when there are sweeping changes to implement. Alongside the voices of clinical staff and support teams, patient needs and opinions should be considered as the guiding force for every project.

With challenges discussed, the meeting turned to solutions—and where the Council might look for best-practice recommendations to help England's healthcare services adapt to the ICS structure more effectively.



"UK healthcare currently relies on GPs to be the gatekeepers. The key for the future is getting the right work in the right places with the right people."

 Mike Cavaye, CIO, Surrey & Borders Partnership NHS Foundation Trust

# Collaboration on a local and international level

Collaboration is a key theme in this latest push for reform and will need to be embraced by hospital leaders and care providers throughout England if UK healthcare is to recover effectively from COVID-19 and continue advancing.

Beyond collaboration with our local partners, there's scope to expand our view. Advice and best practices don't just have to come from our local colleagues; we can learn from elsewhere in Europe—and even from the US. Dr Stephanie Lahr, a member of the Council's US counterpart, guided a constructive dialogue around what we can learn from one another and solve together.

Though the UK and US healthcare systems are dramatically different, they have more in common than you might expect. Patient-centricity, burnout among clinical staff, and limited healthcare resources for populations with diverse needs are challenges on both sides of the Atlantic.

Transparency was a key theme in this part of the session—both with other care providers and the public. Dr Lahr told us that, in the US, leaders frequently share information and best practices with each other, even with the innately more competitive environment of US healthcare. It's not necessarily a natural instinct for healthcare providers to share data. But being more open about information like resource utilisation, care outcomes, waiting lists, and more can help identify widespread issues or highlight areas of excellence. This will be instrumental in shifting from competitive to collaborative, helping care providers solve issues communally rather than attempting completely different solutions independently.

"Data is the language of transparency. Figure out what your problems are and try to solve them. You all have data—what are you doing, individually or collectively, based on a problem, to solve it?"

 Stephanie Lahr, MD , CHCIO, CIO & CMIO, Monument Health

## Best practices for successful reform

One of the main aims of the Council is to facilitate healthcare leaders as they discuss, identify, and share ideas and best practices for care reform. To this end, we asked our members to focus on practical ways they plan to address the challenges of England's upcoming reform schedule.

"The top priority now is getting it right for patient outcomes and the patient journey."

 Louise Croxall, CNIO, Calderdale and Huddersfield NHS Foundation Trust

# There were four major takeaways from this final outcome-focused session:

- Partnership is vital for faster progress and a greater impact. Though it may be unfamiliar territory to be so transparent with their successes and struggles, and the data that accompanies them, many providers will find themselves making little headway without open, enthusiastic collaboration. Creating more dedicated forums for discussion like the Council—will help facilitate this.
- Diverse experience is needed to find the most effective solutions. Decisions should be informed by all the people they affect, whether they're clinical professionals, non-clinical staff, C-suite leaders, or the patients themselves. Research, including surveys, interviews, and focus groups, along with formal gatherings like the Council, will help expand the range of inputs leaders have to guide their reform efforts.



"We need to remind people of what can be done. We need to get the message out that things can change—and we welcome ideas."

- Dr James Reed, CCIO, Birmingham and Solihull Mental Health NHS Foundation Trust
- Digital is a key enabler for reform. Potential high-impact use cases include establishing more robust IT governance, streamlining and optimising the electronic patient record (EPR), retiring legacy systems and processes, and implementing digital patient engagement tools. This will all require careful consideration, commitment, and investment—and will be most effective if leaders collaborate to implement the same systems or, at least, tools that can communicate with each other easily.
- An iterative approach is likely to be the most beneficial. None of these challenges will be solved overnight; even with all-new systems and processes in place, there will be a learning and improvement cycle. This is especially true in IT, where many decision-makers are used to disruptive, expensive "rip and replace" initiatives.

"What digital transformation means to me is different to someone else. Make the language simpler, and get patients to tell us what would make life easier for them."

 Helen Crowther, National Digital Primary Care Nurse Lead, NHS E&I

"It's a strategic imperative that England's leading Hospital Trusts share best practices with one another in order to successfully move forward with the transition to ICSs."

— Jane Dwelly, Vice President, CHIME International (UK)

# Permission to hope—and a direction to move forward

Although there was extensive discussion of the fundamental challenges of running a healthcare organisation in England, the overwhelming theme of the day was "hope". "This inaugural meeting of our Healthcare Council gave us permission to have hope in the notion that together we could make an impact on the reorganisation of England's healthcare system," explained Dr Simon Wallace, CCIO for Nuance and part of the facilitation team.

Crucially, the Council agreed that it's not enough just to discuss their shared and individual challenges. To make the most of this collaborative opportunity, leaders—both within the Council and more generally in the industry—need to actively work together to find solutions that can benefit the whole system.

It's promising to see how useful the participants found the initial meeting of the Council, and it will be interesting to see how the discussion and conclusions evolve as they continue to work together.

## **Next steps**

The Nuance UK Healthcare Council offers a unique forum for England's healthcare leaders and their industry peers to share best practices and support each other to ensure successful reform. It's also an opportunity for collaboration that will inform tomorrow's healthcare innovations, ensuring future Nuance solutions are innovated with and for our healthcare customers.

The Council will meet twice a year to advance digital transformation and together face the current NHS priorities such as workforce management, integrated care, and productivity. More experts from UK's healthcare system will be joining the discussion and we'll also be gathering at industry conferences.

We're keen to expand the Council, including a diverse range of voices from across England's healthcare system. If you would like more information, contact <a href="mailto:vanessa.richter@nuance.com">vanessa.richter@nuance.com</a>.

Perspective paper Nuance UK Healthcare Council





#### About Nuance Communications, Inc.

Nuance Communications is a technology pioneer with market leadership in conversational AI and ambient intelligence. A full-service partner trusted by 77 percent of U.S. hospitals and 85 percent of the Fortune 100 companies worldwide, Nuance creates intuitive solutions that amplify people's ability to help others. Nuance is a Microsoft company.