



BSA Response - Developing the Long Term Plan for the NHS discussion guide

September 2018

The BSA - Business Services Association - is pleased to respond to the discussion guide for developing the long term plan for the NHS. BSA members deliver the full range of corporate, digital and estates and facilities management services across the NHS, as well as working with local authorities and across private and public sectors.

BSA members attach significant importance to providing services to the public sector. Following the collapse of Carillion and the recent speech by the Rt. Hon. David Lidington MP, Minister for the Cabinet Office, there is a renewed sense of commitment to improving the delivery of services. We believe there is more the sector can do, working with government, to bring additional value to the delivery of public services.

Our response focuses on the workforce, primary care, digital innovation and technology, and engagement aspects of the 'enablers of improvement' theme. We would welcome the opportunity to discuss the points raised in this submission in more detail.

Workforce

3.2 How should we support staff to deliver the changes and ensure the NHS can attract and retain the staff we need?

A more rounded approach to workforce management, backed by systems that enable staff involvement, easy access to support services and e-rostering, can help to improve working conditions for NHS staff. Smart systems can give real-time information on factors such as staffing levels and condition of facilities used by staff. Collection and analysis of this data on a site-wide or ward-by-ward basis can then inform staff, resource and facilities planning in future.

NHS staff are highly committed to providing care and support given to staff to deliver that care enhances morale and pride in their vocation. For instance, enhancing the ability to collaborate and receive support from peers in delivering the best care enhances experience and ability to provide the best care for service users. Collaboration technologies now provide the opportunity for teams to collaborate remotely and bring a larger community of expertise together.

In considering support for staff, it is worth noting that a large number of people working in NHS hospitals, community services and wider health settings are not directly employed by the NHS. However they are a vital part of delivering NHS services and their roles have a direct impact on patient experience. When giving feedback, it is often the portering staff or catering services that patients comment on, which, across the NHS, are delivered by a mix of NHS staff and those employed by independent suppliers. It is important that all employees' and volunteers' contribution to the NHS is recognised, and enablers considered, through the long term plan.

3.3 What more could the NHS do to boost staff health and well-being and demonstrate how employers can help create a healthier country?

We know that across all sectors the working environment and services provided to staff in the workplace have a significant impact on morale and health and wellbeing. For example, catering facilities for staff can offer healthy, nutritious meals - particularly important for hard-working NHS staff working long shifts throughout the day and night.

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Estates and facilities management services ensure NHS staff are working in a clean, safe and functioning environment. When discussing these services, we often focus on the impact on the patient - it is important that these services are designed and delivered to support the health and wellbeing of NHS staff too.

Providing care is demanding and health professionals are at risk of burn-out both emotionally and physically. There is also a clear link between staff well-being and patient well-being. Therefore, supporting the needs of health professionals through reducing stress, isolation and discussing their contribution to the NHS, will help individuals to be able to provide compassionate care. This may be through face to face forums and frameworks such as Schwartz used in the NHS, but also the emerging self-care channels through the use of NHS approved apps and websites, mobiles and wearables and group support for emotional and physical well-being.

Primary Care

3.4 How can the NHS help and support patients to stay healthy and manage their own minor, short-term illnesses and long-term health conditions?

Digital services and technology have a greater role to play in helping patients to manage their own conditions. Technologies such as health monitoring devices integrated into consumer mobiles, apps and devices connected to the local GP practice enable people with long-term conditions to be monitored from home, rather than making frequent visits to see a GP, and problems can be detected earlier, ensuring help is offered sooner. The scope includes wearable sensing technology such as heart rate monitors but also smart sensing technology in the home such as movement detectors.

Teleconferencing technology allows patients, where appropriate, to seek medical advice from GPs without the need to visit the GP practice. This enables greater access to appointments and may encourage some to contact a GP when they otherwise would not. Apps such as fitness trackers, already very popular, can encourage healthier lifestyles, and many NHS-approved apps and websites offer patients information and advice on symptoms they may be experiencing, how to treat symptoms at home and when medical attention should be sought. This could help to reduce demand on the health system at key pressure points such as A&E departments.

3.5 How could services like general practice and pharmacy, work with other services like hospital services to better identify and meet the urgent and long-term needs of patients?

Data, both at the individual and population level, is vital to identifying the health needs and risks of patients. At population level, Population Health Management allows clinicians to analyse the characteristics of the population and identify prevalent health conditions and co-morbidities so that services can be put in place targeted at specific patient cohorts. For individuals, monitoring the condition in real-time, connected to a GP practice or other healthcare professional, can predict when an episode could be likely so treatment can be sought quickly.

To ensure the health and social care system can work together to identify the needs of patients, it needs to be easier to share health data, and databases need to be compatible across the system. Many areas are pushing forward the creation of electronic health records to enable this. It is important that patients themselves are at the heart of this process.

Alongside general practice, pharmacy and hospital services, local authority social care services and public health services will also have a role to play to better identify and meet the urgent and long-term needs of patients.



3.6 What other kinds of professionals could play a role in primary care, what services might they be able to deliver which are currently delivered elsewhere and how might they be supported to do so?

It is recognised that other factors, such as housing, welfare support and social networking, can impact on a patients' health condition. Therefore, looking at the wider services that may need to be put in place to help a patient manage a condition is important. A number of Integrated Care Systems and Sustainability and Transformation Partnerships have identified this and are looking to set up community hubs, bringing together primary care, community and social care services, charities, housing support, welfare and employment support, for example. The services provided within the hub can be tailored to the needs of the local population, determined by analysis of population health data.

Public health programmes, currently delivered by a mix of public, private and voluntary sector providers, help patients to manage long-term conditions, or can be targeted at preventing those at risk of developing certain conditions such as diabetes. In this area, greater collaboration between the NHS and local authorities to commission such services may be beneficial.

3.7 How could prevention and pro-active strategies of population health management be built more strongly into primary care?

Population Health Management is critically dependent on the ability to link data across the continuum of patient care (Population Health Analytics). The NHS has the potential to be a world leader given the GP registered list and NHS number. In order to realise this potential there are four critical factors to address:

1. Information governance: removing impediments to Population Health Analytics
2. Investment in organisational development for General Practice to engage with the development of primary care at scale and Population Health Management
3. Alignment of financial incentives to enable appropriate reward and benefit realisation from Population Health Management
4. Implementation of the right metrics to support Population Health Management

This will require transformation in political, public and professional understanding and behaviours and, together with linking of the data and the analytical insight, is the other critical component in delivering improved outcomes for patient care.

Through Population Health Management, health leaders and GPs can identify the conditions and co-morbidities effecting the local population, enabling support to be targeted at those who need it most and who may otherwise fall through the cracks in the system. By identifying these groups, preventative and pro-active strategies can be put in place to help manage these conditions.

Digital Innovation and Technology

3.8 How can digital technology help the NHS to:

- a) **Improve patient care and experience?**

Incorporating the use of technology into the holistic care of the patient would help to improve patient care and experience by promoting patient-centred care using technology as an aid to integrating different parts of the health and care system, and possibly wider public services, and encouraging patients to be active participants in their own healthcare.



Digital technologies can help to deliver a seamless service to patients throughout the patient journey. Technology can enable clinicians to access comprehensive patient records whenever they are needed throughout the health and care system, providing one version of a patient's history and removing the need to patients to repeat their information multiple times. There are already numerous examples of digital, integrated care records in action.

Foundations for this such as fast and reliable connectivity, mobility solutions, secure data sharing and electronic collaboration across the health and social care system will enhance the quality and timeliness of patient care across the care pathways. By empowering health professionals and ensuring staff have access to the right information when and where they need it will support staff to deliver the best possible care. This will provide the environment for better care through more timely information in order to anticipate and deliver care.

Technology also helps to improve patient experience by supporting the delivery of key patient services, such as catering services, and enabling easier navigation and utilisation of facilities through digital wayfinding. Some BSA members, for example, have introduced new systems whereby patients order their food through an easy to read computer tablet. This can improve patient experience and save staff time. Data can also be collected to improve menus and cut down on food waste.

Technology provides the opportunity for real-time feedback on how well services are being delivered and immediately flag any issues that need to be resolved. From a clinical perspective, this includes alerts to a patient deteriorating, for example. More widely, from an estates and facilities perspective, this could alert repairs and maintenance issues, which can then be addressed quickly if necessary. The 'Happy Dubai' initiative puts this principle into practice. Using screens placed around the city, authorities in Dubai better understand how satisfied users are with municipal services. A similar NHS programme would allow patients to feel involved in shaping the type of service they receive.

b) Enable people and patients to manage their own health and care?

See answer to 3.4

A key element of enabling patients to manage their own health and care is to put patients in control of their data so that it can be shared across the system, with their knowledge and consent, and used to design services and facilities around their individual needs.

c) Improve the efficiency of delivering care?

Digital technologies can improve efficiencies by enabling patients to manage their conditions independently, in turn helping to reduce hospital admissions and readmissions. Digital tools can also provide access to information and advice that directs those needing medical attention to an appropriate level of care, whether that be a pharmacist, NHS 111 service, GP or A&E department.

Efficiency can also be improved where digital technologies enable NHS staff to work smarter. Tablets enabling access to patient records and real-time information on the move is an example of this. E-rostering offers a practical solution for achieving Lord Carter's aim of ending 'inefficient and outdated paper rosters'. Establishing a clear and easy to use system of electronic staff timetabling will allow managers and staff to quickly see the upcoming work schedule. This in turn has the potential to save man hours which can then be dedicated to the delivery of patient care. As with many digital solutions, these require an element of investment in hardware and software, as well as interoperability between IT systems and, importantly, patient consent.



Digital technologies and automation with near-time feedback loops on information completeness, accuracy and clarity could also improve efficiency in the back office and administrative services that support frontline health and care services. These areas have been identified by a number of STPs as one of the largest areas for potential savings.

Efficiency of delivering care should be centred on delivering the right care, at the right time, in the right place. To ensure digital technologies support more efficient care, solutions must be deployed in a practical way that truly supports clinicians to work smarter and in a co-ordinated manner to achieve this aim. What works in theory may not be practical in a busy GP practice or hospital ward. For example, getting clinicians using self-service portals may not be the best use of their time.

3.9 What can the health and care system usefully learn from other industries who use digital technology well?

Other industries have adopted agile and human centred design techniques to better design services with the end user in mind. Putting the patient or customer at the centre of the health system and designing innovative services around their needs and not on processes will ultimately improve the quality of service and achieve better outcomes. It would also be beneficial to involve patients in the process using a lean and agile development approach, with reassurances given around security.

Aside from health data, financial information is one of the most sensitive pieces of personal information. The banking sector has worked hard to provide levels of security and routes to redress for mobile banking apps such that it is now the norm to use such apps regularly.

3.10 How do we encourage people to use digital tools and services? (What are the issues and considerations that people may have?)

As care.data shows, there is a real public concern about sharing personal health information. Placing ownership of the data with patients would help to ensure clearer routes of consent to use and share data. Other ways to encourage people to use digital tools and services is to take a digital by default approach to build digital solutions into patient pathways and make the digital route the norm, with additional support available to those who need it. Digital tools and services also need to be easy to use, intuitive and user-focussed

There are some great potential benefits from the use of medical grade wearable technology but we also need to find less intrusive ways to monitor health and well-being. Examples include motion detection in homes to monitor activity and for the risk of falls; as well as the potential of nanotechnology 'e-skin' sensors. People may be more likely adopt to non-intrusive health monitoring that do not impede their daily routines or need to be managed.

Within the NHS, in order to digitally transform services, new ways of working and embracing a culture of change need to develop with health professionals at the centre of the change. Operationally, staff face a significant day to day demand so to drive adoption, communication and training should be timely, focused, practical and helpful. The benefits to the individual should be communicated and the digital services must be intuitive and result in a high quality experience. The health professionals must be supported through the lifecycle of change and adoption measured and refined leading to a continuous improvement cycle.



Engagement

3.17 How can the NHS improve the way it feeds back to people about how their input is shaping decisions and demonstrate that the NHS is the world's largest learning organisation?

Throughout the process, from gathering ideas to implementing changes and monitoring the impact, all those involved and affected by health services need to be involved. The discussion guide, aimed at NHS staff, patients and the public, is part of this. The NHS needs to ensure that it also engages with other stakeholders across the public and private sectors. Suppliers of business services, such as BSA members, have worked to support the NHS for a long time through the delivery of estates and facilities, corporate and digital services. These services are vital for the day-to-day running of hospitals, GP practices and care services across the health and care system and more widely.

Local authorities, particularly the social care and public health teams, will also be vital to the design and delivery of health and care services in future and should be working more closely with the NHS. This is already happening in many parts of the country, through health devolution deals and Integrated Care Systems. However, in some places, local authorities have been vocal in saying they have not been involved in CCGs or the STP process in any meaningful way.