

My View: what we can learn from the UK's digital dilemma

Friday, 11 October 2024

VIEW - Ray Delany, founder of CIO Studio



Despite not having been born in New Zealand, I am an unashamedly proud Kiwi. Apart from moments of internal conflict such as when the Black Ferns got beaten by the Irish recently, I resolutely back black. The only thing that irritates me more than our own cultural cringe – now thankfully receding – is when people arrive from overseas to tell us how rubbish we are.

In recent times we have been hearing a lot about how Godzone isn't really very good at digital health and that other jurisdictions that we might look to are doing it much better than us and we need to catch up.

We have a finely tuned tendency to listen to experts from overseas, on the basis that if they come from overseas they must be superior to us in every way. In my experience, this tendency withers in the face of evidence.

So, in the light of the [recently published Darzi Report](#) let's look at one startling example of one jurisdiction – our beloved United Kingdom of Great Britain and Northern Ireland - according to one of its own experts, Lord Darzi.

Before we begin, I should make it clear that I don't believe digital technology per se has any value whatsoever. The only purpose of introducing digital technology into any sphere of operation is to improve that outcomes of that operation.

The Darzi Report's Key Findings

The report finds major problems with:

- **Patient Satisfaction:** Public confidence in the NHS has declined, with satisfaction at its lowest level in recorded history.
- **Waiting Times:** Both general practitioner (GP) services and Accident & Emergency (A&E) are failing to meet demand, with long delays common.
- **Health Outcomes:** Life expectancy improvements have stagnated, and preventable mortality remains high compared to other OECD countries.

- **Mental Health Services:** Demand for mental health services is skyrocketing, but supply has not kept pace, resulting in extensive waiting lists.
- **Health Inequality:** Disparities in healthcare access and outcomes between affluent and deprived areas have widened.

Darzi paints a sobering picture of the NHS, showing that key performance indicators have deteriorated over the past decade. Waiting times have worsened, patient satisfaction is at an all-time low, and critical areas like cancer care, GP access, and emergency services are all underperforming.

This decline comes despite billions being invested in digital transformation since 2010. The contrast between this digital spend and the ongoing systemic problems raises important questions about the effectiveness of these technology projects.

Over the past two decades, the NHS has embarked on a series of digital technology initiatives aimed at modernising its systems, improving patient care, and increasing efficiency. Despite these efforts, the findings from the Darzi report suggest a disconnect between digital investment and tangible improvements in healthcare outcomes.

Digital was Supposed to Fix These Problems

Several digital initiatives over the years had the goal of addressing the very issues highlighted by the Darzi report. However, despite significant investment, these projects have not delivered the expected improvements. Here's a look at some of the key initiatives and where they may have fallen short:

1. **Global Digital Exemplar (GDE) Programme:** Launched in 2016, this project aimed to create digital leaders within NHS Trusts that could serve as models of efficiency and best practice. The GDE Programme was expected to improve waiting times and quality of care through better digital management of patient data and services. However, the Darzi report suggests that waiting times have worsened, and quality of care has not improved, especially in cancer and mental health services. The programme's focus on a few Trusts, rather than scaling improvements across the entire NHS, limited its overall impact.
2. **NHS App:** The NHS App, launched in 2018, was designed to streamline patient access to healthcare services, making it easier to book GP appointments, order repeat prescriptions, and access medical records. While the app gained significant adoption during the pandemic, the Darzi report indicates that GP access remains a significant problem. This suggests that the app's adoption has not been enough to alleviate the broader shortage of GPs or reduce the workload on primary care services.
3. **GP IT Futures:** Intended to modernise the IT infrastructure for GP practices, this programme sought to improve efficiency and access to care. However, patient dissatisfaction with GP access has increased, and waiting times continue to stretch. The underlying issue appears to be the shortage of qualified GPs, which no amount of digital infrastructure can fix on its own.
4. **NHS 111:** This digital call service was expected to ease pressure on A&E departments by providing quick advice and directing patients to appropriate services. Yet, A&E departments remain overwhelmed, and NHS 111 has been criticised for its inconsistent advice, leading to unnecessary A&E visits or, conversely, patients not seeking care when they should. This reflects a failure to fully integrate these digital tools into a broader care strategy.

Why Did These Initiatives Fail to Deliver?

Several factors likely contributed to the disconnect between the billions spent on digital projects and the worsening outcomes reported by Darzi:

- **Fragmentation:** Many digital initiatives were siloed, focusing on individual aspects of healthcare (like GP appointments or referrals) without integrating these systems into a cohesive whole. The lack of interoperability between systems hindered their ability to improve the patient experience across the NHS.
- **Shortage of Staff:** Digital tools cannot compensate for the systemic shortage of GPs, nurses, and specialists. Even with digital solutions to streamline workflows, the NHS's staffing crisis—especially in primary care—meant that many services simply couldn't keep up with demand.

- **Poor Execution and Scaling:** Projects like the GDE Programme succeeded in select locations but were not scaled across the broader NHS. This meant that improvements in digital maturity were localised, leaving many Trusts with outdated systems that could not keep up with rising patient needs.
- **Failure to Address Root Causes:** Digital tools were often implemented as technological fixes to problems that were fundamentally structural. For instance, the NHS's chronic underfunding of capital projects, including hospital infrastructure and workforce development, continued to strain resources regardless of how much was invested in digital tools.

Comparison with New Zealand

New Zealand hasn't been entirely immune to these sorts of issues, and nobody would pretend that technical debt is not a real problem (just as in, say, banks and insurance companies). Nevertheless, the narrative that we are in dire shape in comparison to others simply does not fit the available evidence. Everyone has these problems, we cannot simply import fixes from overseas, it is no more a good idea than introducing rabbits (once considered "highly desirable animals") to the New Zealand landscape.

Until recently and unlike the UK, New Zealand took a more phased and focused approach to digital healthcare. Strategies, such as **Digital Health 2020** and the **Hira Programme**, placed greater emphasis on integration and scalability across the entire system. New Zealand also managed to avoid many of the large-scale failures experienced by the NHS by focusing on pragmatic, smaller-scale projects that were closely aligned with their healthcare infrastructure. Furthermore, New Zealand's strategies have often been more patient-centric, aiming to deliver value directly to citizens through initiatives like **My Health Record** and the **National Telehealth Service** as well as longer run initiatives such as the National Data Platform.

But all the thinking that brought us these benefits is at risk of falling by the wayside. Major projects have been defunded and the focus is now on a ten-year digital strategy, which apparently must be completed before anything else can be.

This is a time-honoured technique. Funny how "we're still in the planning phase" often translates into "we've found a very organised way to avoid making progress"

What to do

I don't think we should stop looking overseas for lessons that we can learn from, but we should take a complete look, not just at the things that worked.

The Darzi report is a stunning recent example. We are now heading down our own track of austerity in health (and not just in digital). It would appear this is based on the opinion-based narratives of a few people in charge apparently ignoring the evidence that is strewn all over the path of the perils of the direction they are heading in.

We are a nation of innovators and pragmatic entrepreneurs, we have shown time and again that we can achieve far better results by doing it our way, not the way of some distant shore that has less and less in common with us.

Blindly adopting overseas models risks repeating costly mistakes. New Zealand's healthcare challenges are distinct, and our smaller population, different regulatory landscape, and emphasis on equity call for solutions specifically designed for our own needs. By continuing to focus on patient-centric, scalable digital health solutions and prioritising collaboration with local digital healthcare providers, we can build a robust, sustainable healthcare system. New Zealand's path forward should be guided by our own vision, not constrained by the missteps of others.

[recently published Darzi Report](https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf)

<https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>