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UK learning about digital health and COVID-19

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In a few short weeks, the COVID-19 pandemic radically changed the way health and care services are delivered. The rapid acceleration of digital transformation has been one of the most dramatic changes. Professionals and members of the public have welcomed the benefits that virtual working has brought about, though serious reservations have been expressed by some people and implementation challenges remain a key concern. A report by the Royal College of General Practitioners[1] shows changes to clinical practice, with nearly three-quarters of patients consulting their general practitioner remotely via computer or phone during the pandemic compared with nearly three-quarters attending in person in 2019.

Digital is here to stay, but it is vital that we learn lessons from the experience of front-line clinicians, care professionals and patients to address the challenges and opportunities that transformation presents. The Professional Record Standards Body (PRSB)[2] is a UK-wide member organisation set up by the Department of Health and Social Care to set standards for the information shared in health and care records. PRSB asked nearly 100 members[3] and partners including the royal colleges, social care system leaders, health and care providers, patient groups, regulators and others for their views and experience of digital health and care during the pandemic—both positive and negative. The themes that emerged were discussed with representatives from 64 of the stakeholder organisations with whom the PRSB works.

In February 2021, a round table discussion was arranged by PRSB with some 20 senior leaders from the National Health Service (NHS), social care, regulators, royal colleges and other professional and patient bodies reinforced the importance and relevance of the findings to the future delivery of care. Participants agreed more coordinated action is needed to understand the safety, regulatory and workforce implications of digital transformation brought about by the pandemic as well as the impact on the accessibility of care for people using services. The findings and recommendations centred around the following themes:

BUILDING ON THE MOMENTUM FOR CHANGE
Harnessing the enthusiasm of patients and professionals for digital transformation should be seized and practical solutions should be adopted, rather than seeking technical perfection. However, challenges must be addressed. The PRSB calls on professional bodies and patient groups to consider a targeted review of the safety implications of remote consultation, including assessing the impact on clinical risk management and continued patient access to face-to-face consultations. It should identify and address gaps in existing guidance (eg, a policy on providing recordings of consultations to patients); address access issues for the digitally excluded and any potential liabilities arising from the shift to virtual consultations and sharing recordings.

INTEGRATED CARE
The pandemic has highlighted the pressing need to integrate health and social care, particularly in England. In collaboration with NHS Digital's Social Care Programme[4] and 16 local pathfinders, PRSB has developed standards which have the potential to have a major impact on those using social care services. An implementation plan for the new standards is needed in order to build support for digital transformation in areas where it is most needed and to realise the promise of integrated care.

SELF-MANAGEMENT AND REMOTE MONITORING
PRSB members foresee a step change in digital remote monitoring and self-care tools including apps and other digital health

technologies. But the tools deployed need to command public trust as well as professional confidence. The current regulation of digital health technologies is not sufficiently robust or responsive and needs to be strengthened urgently by the NHS, working with professional bodies, patient groups and medical device regulators to ensure their safe use.

REDUCING THE BURDEN OF DATA COLLECTIONS

Clinicians and care professionals welcomed suspension of some national data collections for secondary uses during the early phase of the pandemic, when the Data Coordination Board was put on hold. System leaders have seized the initiative to improve the number, quality and timeliness of data collections so they are fit for purpose, avoid duplication and reduce burden on over-stretched clinicians. PRSB and its member professional bodies are working with NHSX on its plans to streamline data collections and ensure alignment between data collected for direct care and other uses such as commissioning and research.

RESETTING SERVICES

The pandemic has also highlighted the need to redesign the front door to urgent and emergency services in order to avoid overcrowding, reduce infection risks and improve safety for patients and staff. NHS 111,[5] England's rapid medical advice line for non-emergencies, is a key feature of the new model of care but better information based on standardised flows from 111 that interoperate with acute and emergency services as well as primary and community care are needed. This will need to be underpinned by new standards for information exchange and NHSX, NHS Digital, PRSB and others have begun this work.

SHARED DECISION-MAKING AND END-OF-LIFE CARE

The pressures to clear waiting lists and prioritise patients while dealing with COVID-19 highlight the need for a consistent approach to shared decision-making. The pandemic may change the view of the balance of risks for some patients and they need to be enabled to engage in these decisions. PRSB believes that a national standard for shared decision-making with a meaningful implementation programme is an urgent priority for the NHS. Equally, PRSB supports NHS England's Palliative and End-of-Life Care programme[6] in its efforts to align different approaches to the recording of end-of-life care wishes with the Electronic Palliative Care Coordination Systems. Given the impact of the pandemic on end-of-life care, this work is urgently needed and digital solutions should give certainty about the provenance and curation of end-of-life information.

The speed and nature of digital transformation arising from the pandemic is a testament to everyone working in health and social care. However, given the concerns raised, issues around the safety and effectiveness of implementation must now be addressed if we are to maximise the benefits while minimising the risk that digital technologies to patients and health and care workers.

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