Digital Health Networks' Top Five Digital Priorities for the NHS in 2024

Introduction

The elected leaders of Digital Health Networks, an independent community of best practice and collaboration representing local NHS digital leaders, have set out their five highly pragmatic digital priorities for the NHS to focus on in 2024.

The priorities call for sustained focus on getting the fundamental basics of IT infrastructure, developing a digitally skilled workforce and providing much greater stability and predictability on funding and policy initiatives.

Against the backdrop of intense pressure on NHS services and funding it is utterly essential to maintain investment and focus on delivering the core IT infrastructure, networks that doctors and nurses rely on every single day to deliver safe and effective care.

The priorities were identified at an in-person meeting of the elected advisory panels of the CCIO, CIO and CNIO networks held in London on 8 December.

The five priorities are:

1. **Financial Predictability, Governance and Trust**

NHS digital leaders said that they desperately need more predictability in funding, and better governance to prevent last-minute changes. The chronic uncertainty over funding for digital is paralysing and debilitating to effective local decision making and creates a lot of waste in terms of money and time.

There is huge frustration about the endless cycle of last-minute announcements of relatively small pots of money for digital projects, which organisations then have to bid for, often at incredibly short notice. The Digital Health Network leaders say these appear to come out of the blue, and that initiatives are often chosen by central teams, and lack any enterprise architecture or integration.

Greater certainty was called for on the future direction of national programmes including the Electronic Staff Record (ESR).

Overall, there was a strong call for better governance, collaborative partnership and predictability of funding to enable effective planning and implementation of digital healthcare projects.

Accompanying this was a call for greater clarity on who is responsible for what on digital at trust, ICB, regional and national levels.

Digital leaders do not want to be micromanaged. They need to be trusted to identify local priorities, formulate locally appropriate strategies, and get on with implementing them with the right level of reporting. Faced with a torrent of national initiatives, they are often not able to do so.

2. **Consistent Focus on Getting the Basics Right (Smart Foundations)**

NHS digital leaders said that there needed to be a much more consistent focus and recognition that basic high quality IT infrastructure, networks, devices and services are essential foundations for a modern and productive health service, requiring sustained annual investment. They should not be

considered as 'a nice to have' or something that organisations can cut budgets for without facing significant consequences. They are as essential as electricity, drugs or buildings.

Most of the frustrations that staff have with using digital technology in the NHS is grounded in having to use obsolete or out of date PCs, laptops and networks, which are often slow or unreliable.

The group estimate that funding of core modern IT infrastructure requires approximately 1% of the trust budgets. This isn't in the system at the moment and with estates and medical devices also competing for the limited available capital we are actually in a place where the core is deteriorating.

A common view from NHS IT leaders is that ministers and policy makers are often far more interested in the latest 'shiny' things such as AI or Apps, rather than consistently ensuring staff have modern and reliable IT, which though less exciting, have a much greater impact on staff productivity and their ability to care for patients.

3.   Workforce Development and reducing Digital Burnout through improved User Experience

Workforce-related issues, such as the lack of a DDaT professional pay structure, workforce training and digital literacy, are a major concern.

The NHS digital leaders called for far greater national priority and investment to be given to investing in workforce development and training, to equip all staff with the digital, data and analytics skills needed to make effective use of digital data. A particular issue in nursing is training agency staff.

They said that the long-delayed NHS Digital Workforce Strategy urgently needs to be published and then backed with significant resource. Unless there is funding in developing the NHS DDaT workforce digitally enabled modernisation will remain frustratingly slow (the lack of capability and capacity is already a major drag on progress)

Greater focus needs to be given to developing and retaining staff in key areas such as cyber security and other key technical skills, where there is intense competition with other sectors. In these are other areas the NHS also needs to be more effective in pooling and sharing skills and knowledge.

Growing and developing young CCIOs, CNIOs and other clinical informatics leaders from all healthcare professional groups was also identified as an important area to focus on.

Related to workforce is a wider issue of 'technostress' and burnout, and a widespread concern that the introduction of software systems such as electronic patient records is leading to greater staff burnout, as they are required to spend more time using software that too often has poor user experience.

Greater support with user experience and new technologies such as ambient noting and NLP was called for.

4.   Data, Shared Records and Interoperability

NHS digital leaders highlighted the importance of focusing on data quality, data asset management, data sharing, standards and data infrastructure. There was a call for recognition that improved data quality is also driven by workforce training and development (see Priority 3).

Support is needed to address current GDPR limitations, said to be severely limiting research opportunities, improve analytics capabilities and skills, and ensure greater interoperability to harness the benefits of digital healthcare fully.

An area of concern was the proliferation of local Trusted Research Environments, often with a lack of common standards or architecture. Regional TREs require additional funding to move forward.

This was accompanied by a call for much greater clarity in 2024 on plans for the nationally procured Federated Data Platform, the use case for which is still poorly understood by many.

A renewed focus on joining up regional shared records nationally was welcomed by the group, which called for investment in this area, and described any national strategy as pointless without it. At the moment the leaders said shared records is an important digital initiative that has no nationally supported programme or funding

There was also a call for policy makers to rethink current approaches to interoperability, based on standards and data exchange, on shared records and instead look at the potential of NLP and generative AI to create record summaries.

5.   Greater sharing of skills, knowledge and experience

The Digital Health Networks leaders recognised that 2024 looks certain to continue to be extremely challenging for the NHS, and that uncertainty will likely increase in the run up to a General Election. However, they argued that much could still be achieved by promoting more systematic sharing of knowledge, skills and experience on digital and data across the NHS.

Areas of opportunity identified for sharing skills and knowledge include procurement, system implementation, optimisation, technical skills, and digital leadership. Existing initiatives and networks, including NHSE's long-running blueprinting initiative and Digital Health Networks, offer significant foundations on which to potentially build.

The leaders of Digital Health Networks welcomed the developing and strengthening partnership with NHS England and policy leaders. They have been hearted by the development of collaborative discussions over recent months, which show the potential for significant change and partnership in 2024.