we continue to evolve, so 'til next time I hope you enjoy the offering… ■

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Will the digital cavalry rescue the NHS?

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In an NHS that is underfunded, underdoctored and overstretched,[1] digitalisation is seen as the cavalry. Rising clinical demand and chronic multimorbidity associated with an ageing population are adding to the complexity of clinical care delivered by a widening range of staff. Superimposed on this is the aspiration to deliver patient care closer to home.[2,3] However, physicians in secondary care already identify lack of continuity of care as their main concern,[4] with up to 25% reporting continuity in their own hospitals as poor. This is a priority for patients as well, with fragmented care a major concern.[5] Extending the reach of specialist care into the community further challenges the delivery of coordinated clinical care and threatens to overwhelm traditional service boundaries of primary, community and secondary care. In this context there has never been a better time for digital integration to facilitate a new paradigm of 'joined up' care.

From a global perspective starting with a single national health system appears advantageous; however, Sood and McNeil[6] are clear that 'the NHS is the largest semi-integrated health system in the world, but it remains fragmented in how it organises the delivery of care'. The authors attribute the failure to engage clinicians from the outset as a key reason why the National Programme for Information Technology (NPfIT) failed to deliver digital capability in secondary care, although it did leave important legacy developments.

The Wachter report[7] exhorts the NHS to move on from NPfIT, but sounds a note of realism with the projected date for a paperless NHS pushed back to 2023. Kelly and Young[8] see digitalisation of the health record as a key first step in joining up healthcare and welcome the advent of a mixed ecosystem of IT system providers building the essential foundation for future health innovations. Historically, the NHS and British academia may have led the world in healthcare invention, but all too often others have led implementation and commercial exploitation. It is reassuring to learn of the constellation of support that is now in place to take innovation from concept to clinic and the authors highlight the need for intellectual property, procurement and governance requirements to support, rather than hinder, successful clinical applications.

The Future Hospital Commission emphasised the need to place the patient at the centre of healthcare.[2] This includes, but is not confined to, organising services around the needs of patients, taking a holistic approach and valuing patient experience as much as clinical effectiveness. Co-design and co-production of systems of care with patients are also critically important. Marlene Whitfield[9] provides a thoughtful patient perspective and highlights a fundamental weakness in the Wachter report:[7] despite the report acknowledging that patients and clinicians have to make the technology work and extoling the virtue of user-centred design, the patient is marginalised as user or evaluator. Patients and carers remain profoundly undervalued resources in the NHS despite being highly engaged stakeholders that come at no cost to the taxpayer. To develop a national digital strategy without recognising the patient as an active user and evaluator is to miss a huge opportunity to tailor a digital NHS to the needs of the patients it serves. Patients and their carers 'play a substantial part in securing continuity, working hard to bridge gaps in communication and co-ordination when they occur'.[5] This, together with the potential to enhance self-care, disease prevention and health promotion, makes the requirement for co-design beyond reproach. Furthermore patients who are more vulnerable and dependent attach more weight to continuity of care, something that is particularly important for older people because of accumulated multiple chronic medical problems and related complexities of treatment.[5]

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Co-design with the most vulnerable patient cohorts and their carers means working in partnership with highly motivated contributors who potentially have the most to gain.

Commercial advances in digital technology lead the consumer to conclude that the healthcare sector has been left behind in the blooming of digital communication. From an NHS-wide perspective this rings true, but Harold Thimbleby[10] seeks to dispel the notion that paperless junior doctor handover or the operation of an infusion pump are but an iPad away from nirvana. Finally, in what we hope is a range of contributions of wide interest, Williams *et al*[11] combine a review of telemedicine, a subset of technology-enabled care (TEC), with a case study highlighting the challenges of delivering a telemedicine (C@rtref) in rural North Wales. 'Cartref' is the Welsh for home and although TEC has been around for two decades and the opportunities for TEC in a home setting are considerable, the authors highlight the paucity of robust evidence of impact of this technology on patient experience and outcomes in the UK. ■

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