Smart phones at the ready!

Authors: Sheena Visram and Mark Temple

Four out of five UK adults own a smartphone, collectively checking them over a billion times a day.[1] We share data across numerous channels, media and timeframes and this personal culture of digital connectedness helps shape our perspective of digital solutions in healthcare.

Professor Robert Wachter opened his report for NHS England, *Making IT work*, by stating:

> In order for the National Health Service (NHS) to continue to provide a high level of healthcare at an affordable cost, it simply must modernise and transform. This transformation will involve enormous changes in culture, structure, governance, workforce, and training.[2]

In this second *FHJ* issue focused on digital technology in healthcare, we explore the state of readiness of organisations to adopt and integrate digital technology as well as its impact.

The need for the NHS to 'modernise and transform' is an all too familiar refrain to transformation weary NHS staff. Furthermore, the complexity of healthcare – strategically, operationally and clinically – requires prudent application and integration of digital technology. Using NHS Digital data on accident and emergency waiting times, Eatock and colleagues[3] demonstrate the pitfalls of using a single 4-hour target in isolation for operational management in hospital. Daniel Johnston[4] challenges the NHS in its readiness to adopt new technologies, arguing for joined up thinking and joined up systems across health and social care. He also highlights the importance of assessing digital maturity to determine how well information systems can interface within and between organisations to enhance patient-centred care.

Amitava Banerjee[5] provides a cardiology context to emphasise that the electronic health record is at the centre of health informatics. He advocates a learning health system, where patient care is enhanced by the free flow of information between clinicians, researchers and policymakers. Banerjee views the ransomware cyberattack on the NHS in 2017 as a wake-up call, showing that 'modern medicine cannot be practised without informatics' and points to developments including an active chief clinical informatics officer network and the recent launch of a Digital Academy as evidence of positive intent.

The use of digital health technologies can deliver a diverse range of benefits for patients – reflected in the contributions to this issue. Hampton and colleagues[6] report a novel approach with the potential to help address the growing burden of obesity. The authors evaluated a digital behavioural change programme based on data gathered in a commercial setting. Participants paid to enrol for online health and dietary coaching and used a structured education programme to promote and sustain weight loss.

It is heartening to see social media breathing new life into the most traditional form of continuing professional development – the journal club. McGinnigle *et al*[7] show that Twitter can transform a departmental journal club to an interactive online platform with global reach. Damian Roland[8] goes further, exploring the reach of social media in medical education, policy and research. He challenges the status quo in the digital age to acknowledge the difference in learning styles across the NHS workforce, advocating that the 'ability to create new collaborations and novel educational opportunities, for both patients and professionals, should be facilitated not frowned upon'.

Digital applicability, connectivity and scalability open up a new era for healthcare delivery. The eminent neurologist who claimed that most doctors couldn't use a tendon hammer, but could use a telephone (to benefit their patients) would be amazed how prescient, in part, this statement was in respect of the smart phone. For those already nursing an addiction to their device, it may well prove a touchstone for digital development in healthcare and a LED beam shining through murky waters. ■

Authors: [A]quality improvement lead, Imperial College Healthcare NHS Trust, London, UK; [B]Future Hospital officer, Royal College of Physicians, London, UK

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Address for correspondence: Dr Mark Temple, Future Hospital Programme, Royal College of Physicians, 11 St Andrew's Place, Regent's Park, London NW1 4LE, UK.
Email: Mark.Temple@rcplondon.ac.uk